



Background

Non-Hodgkin lymphomas (NHL) are heterogeneous lymphoproliferative tumors with differently marked disease burden (DB) and responses to treatment depending on the histopathological type, stage and primary tumor site. Generalized and refractory NHL are commonly associated with a higher DALYs rate and lower life expectancy, representing, thus, an actual issues of health care and social security systems.

Objective

Identification of the diagnosis patterns and assessment of the short-term results of treatment in primary nasopharyngeal NHL.

Materials & Methods

This analytical and cohort study included 66 patients with nasopharyngeal NHL who were managed at the Institute of Oncology from Moldova between 2014–2020. The diagnosis was proved by cytological, histopathological, and immunohistochemical examinations. The patients' follow-up and study were performed at the comprehensive cancer center. The patients age ranged between 19–86 years (average age: 58.4±2,14 years). Stage I was diagnosed in 10 (15.2%) cases, stage II in 36 (54.5%), stage III in 8 (12.1), and stage IV in 12 (18.2). The ECOG-WHO score and complete response (CR) rate should estimate the short-term results of combined chemotherapy (CChT) and CChT followed by locoregional radiotherapy (LRT). The eligible patients underwent mostly CVChIP, R-CVChIP, CHOP, and R-CHOP regimens combined with LRT on bulky or residual tumors.

Summary & Discussion

The aggressive NHL were diagnosed mostly (76.1%) at stage I and II due to the earlier developed DB. The ECOG-WHO score accounted for 1–3. CR was achieved in 10 (100%) stage I cases after CChT and RT. CR occurred in 21 (67.7%) and partial response (PR) in 7 (22.6%) in stage II NHL after CChT and RT. In stage II NHL treated with CChT also, CR was achieved in 1 (25%) and PR in 2 (50%) cases. In stage III treated with CChT and RT, CR was registered in 1 (20%) and PR in 2 (40%) cases. Only PR occurred in 2 (66.7%) stage III cases and 1 (33.3%) stage IV case after CChT alone. In stage IV NHL, CR was obtained in 1 (11.1%) case and PR in 5 (55.6%) after CChT and RT. The ECOG-WHO score reached 0–1 as a result of CChT and RT in cases with CR and PR.

Table 1. Short-term results of treatment of localized and generalized nasopharyngeal NHL

Clinical stage	Number of patients	Responses, abs. (%)			Failures, abs. (%)
		complete	partial	total	
I E	10	10 (100)	-	10 (100)	-
II E	31	21 (67.7)	7 (22.6)	28 (90.3)	3 (9.7)
III E	8	3 (37.5)	3 (37.5)	6 (75.0)	2 (25.0)
IV	12	4 (33.3)	5 (41.7)	9 (75.0)	3 (25)
Total:	61	38 (62.3)	15 (24.5)	53 (86.8)	8 (13.2)

Conclusions

Aggressive NHL were diagnosed mostly in localized stages due to the earlier developed DB. Regardless of stage, the highest response rates were achieved after R-CHOP regimen combined with LRT.

References

1. Armitage J.O., Gascoyne R.D., Lunning M.A. et al. Non-Hodgkin lymphoma. The Lancet, 2017; 390: 298-310.
2. Boffetta P. Epidemiology of adult non-Hodgkin lymphoma. Annals of Oncology, 2011; 22: 27- 31.
3. Fitzmaurice C. Global, regional and national cancer incidence, mortality, years of life lost, years lived with disability, and disability-adjusted life-years for 29 cancer groups, 1990 to 2016 a systematic analysis for the global burden of disease study. JAMA Oncology, 2018; 4: 1553-1568.
4. Hong Ghi L., Sung-Yong K., Inho K. et al. Prediction of survival by applying current prognostic models in diffuse large B- cell lymphoma treated with R- CHOP followed by autologous transplantation. Blood Res., 2015; 50 (3): 160-166.