



FRONT-LINE BENDAMUSTINE AND RITUXIMAB IN EXTRA-NODAL MARGINAL ZONE LYMPHOMA: A SINGLE INSTITUTION EXPERIENCE

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Introduction

- Marginal zone lymphoma (MZL) is an indolent non-Hodgkin lymphoma (NHL) accounting for 8-12% of NHL
- Extra-nodal marginal zone lymphoma (EMZL) is the most common subgroup comprising ~70% of cases.
- Bendamustine and rituximab (BR) is commonly used as frontline therapy based on trials involving other indolent NHL, mainly follicular NHL
- No trials have prospectively assessed frontline BR specifically in EMZL
- We retrospectively report outcomes among EMZL patients receiving frontline BR.

Materials and Methods

- All patients with EMZL receiving first line BR between 2011-2021 were identified in tumor registry.
- Treatment responses were assessed per 2007 Cheson criteria.
- Statistical analysis was performed using SPSS software.

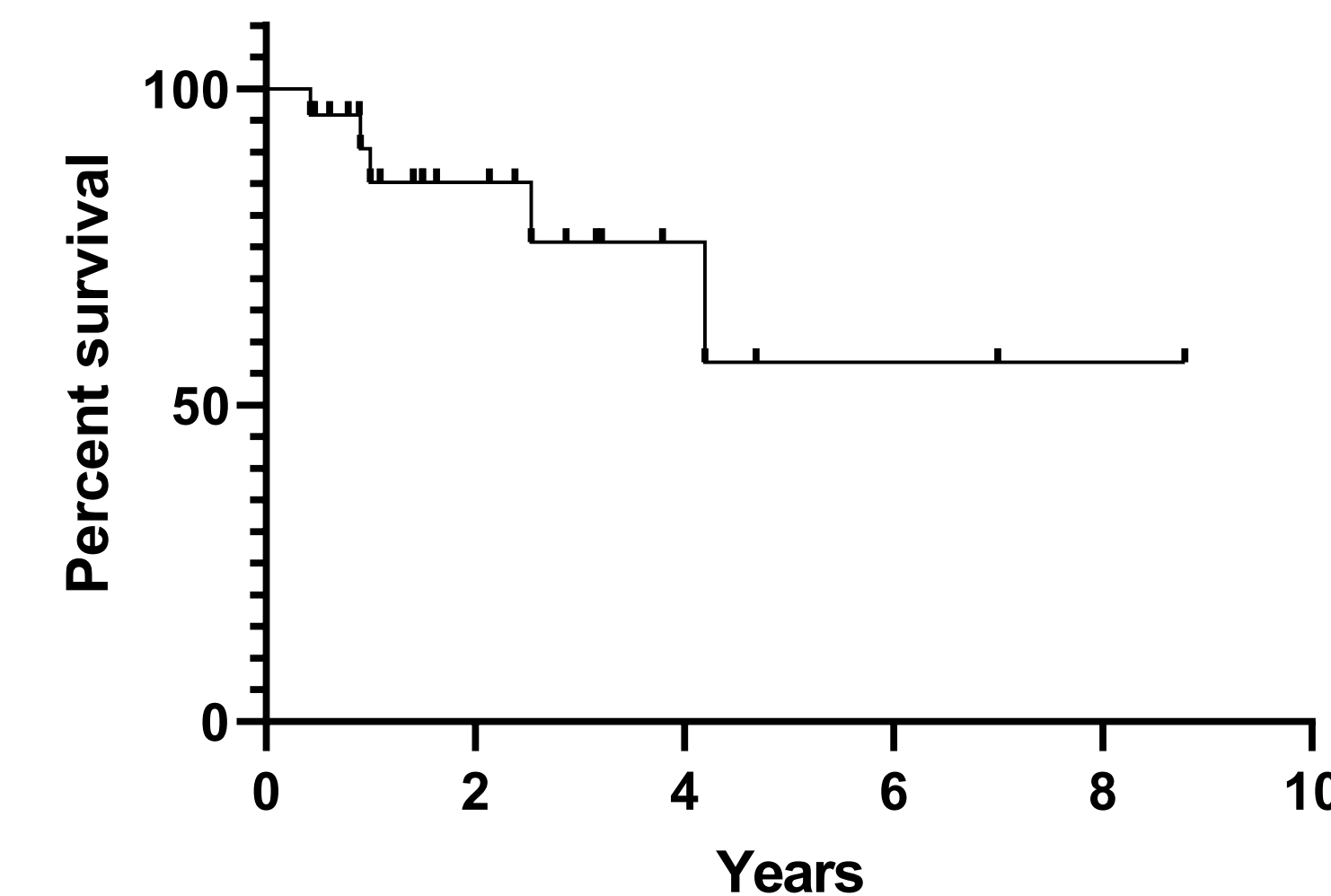
Results

Patient Demographics and Outcomes

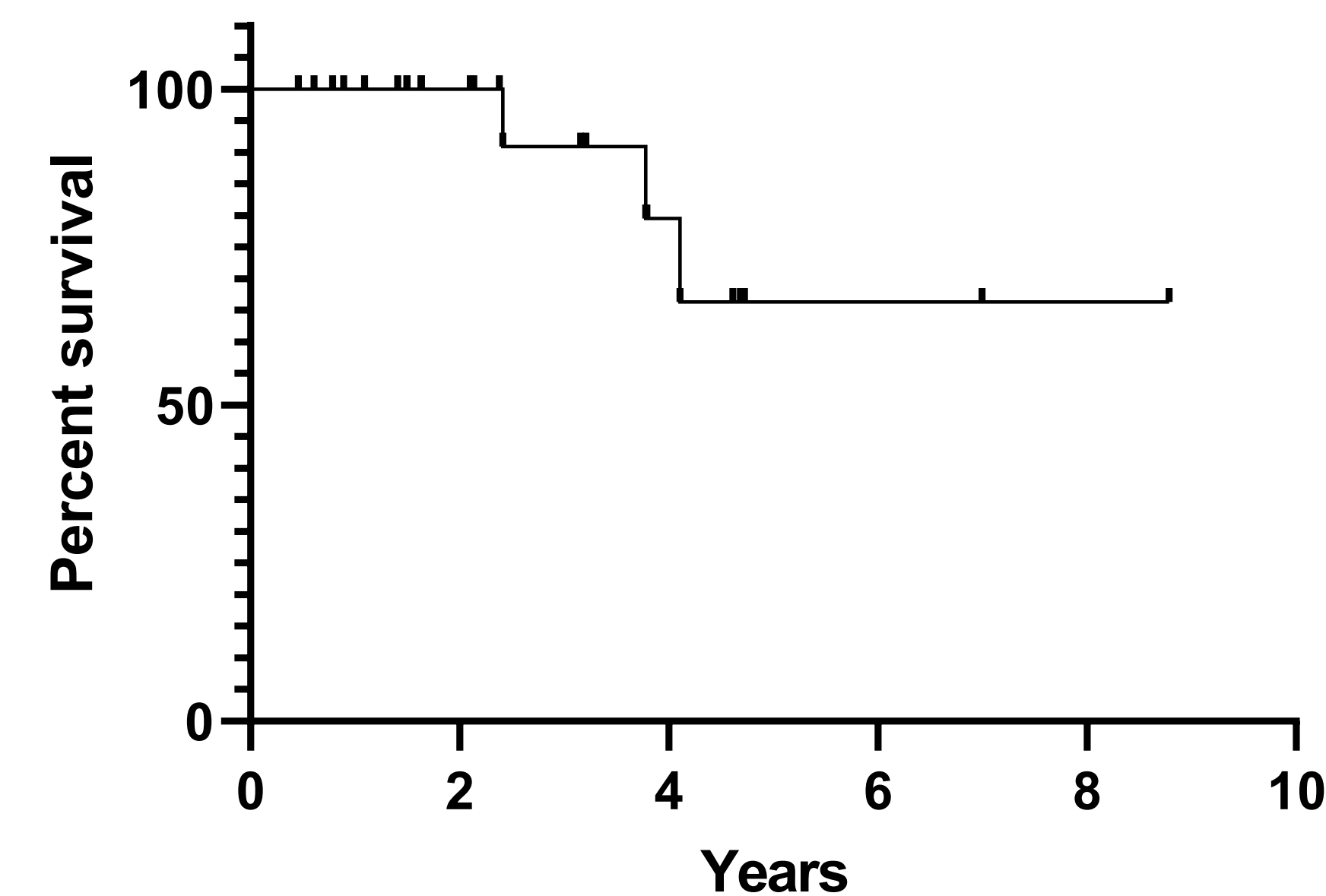
Characteristics	Patient Cohort (N=25)	
	Median (Range)	Count (%)
Age at Diagnosis in years	69 (40-81)	
Gender:	Male	15 (60.0%)
	Female	10 (40.0%)
Race:	White:	80.0%
	Asian:	4.0%
	Other:	16.0%
Stage at Diagnosis:	Stage I or II:	5 (20.0)
	Stage III or IV:	19 (76.0%)
	Unknown:	1 (4.0%)
MALT-IPi (N=19):	Low:	2 (10.5%)
	Intermediate:	9 (47.5%)
	High:	8 (42.1%)
ECOG <2	25 (100.0%)	
Presences of B-Symptoms (N=23):	No B-Symptoms	19 (82.6%)
	Presence of B-Symptoms	4 (17.4%)
Bone Marrow involvement (N=23):	Bone Marrow Involvement:	19 (82.6%)
	No Bone Marrow Involvement:	4 (17.4%)
Elevated Laboratory Values:	LDH (N=19):	5 (26.3%)
	Beta-2 Microglobulin (N=17):	13 (76.5%)
	Monoclonal IgM (N=23):	6 (26.1%)
	Hemoglobin <12.0 (N=19):	6 (31.6%)
Location of Extra-nodal Involvement (N=25):	Lungs:	7 (28.0%)
	Skin:	6 (24.0%)
	Thyroid:	5 (20.0%)
	Urinary:	3 (12.0%)
	Gastrointestinal (Non-Gastric):	3 (12.0%)
	Multiple Sites:	2 (8.0%)
	Ocular:	1 (4.0%)
Treatments:	Number of BR Cycles:	6.0 (3.0-6.0)
	Time to Initiation of BR in Months:	2.4 (0.3-25.5)
	Maintenance Rituximab (N=24):	10 (41.5%)
Treatment Response (N=25):	Overall response:	25 (100.0%)
	Complete Response:	15 (60.0%)
	Partial Response:	10 (40.0%)
Survival Data:	Estimated Progression Free Survival:	85.2%
	Estimated Overall Survival:	100.0%
	Relapse/Progression (N=25):	5 (20.0%)
	Time to Relapse/Progression (Months)	4.1-47.8
Treatment Complications:	Transformation to DLBCL (N=25):	3 (12.0%)
	Time to Transformation in Months:	7.8-25.8
	Infections (N=24):	4 (16.6%)
Follow Up Data:	Median Follow up in Months:	27.0 (3.6-104.9)
	Alive:	22 (88.0%)
	Deceased:	5 (20.0%)

Survival Curves

Survival proportions: Survival of Progression Free Survival



Overall Survival



Conclusion

- This study provides real-world data on the safety and efficacy of BR in EMZL.
- BR is safe and effective as front-line therapy for patient with EMZL.
- Responses were similar to previous reports of frontline BR in other indolent lymphomas.

Key Points

- EMZL is the most common subgroup of indolent lymphomas
- No trials have prospectively assessed frontline BR specifically in EMZL
- BR is safe and effective as front-line therapy for patient with EMZL, consistent with available literature.

References

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