

Clinicopathological Presentation and Prognostic Factors in Peripheral T-Cell Lymphoma: A single center Experience



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Background

Peripheral T-cell lymphomas (PTCL) represent a rare and heterogeneous group of diseases. They comprise 10-15% of NHL, with an epidemiological majority in the populations of South America and Asia. Historically, these groups of neoplasms have presented a poor prognosis, however, with the incorporation of anti-CD30 such as Brentuximab and autologous stem cell transplantation (ASCT) as a consolidation strategy, overall survival has improved in some groups of patients in the last years.

Objective

Describe the clinicopathological presentation of the patients with PTCLs and review their prognosis features.

Design

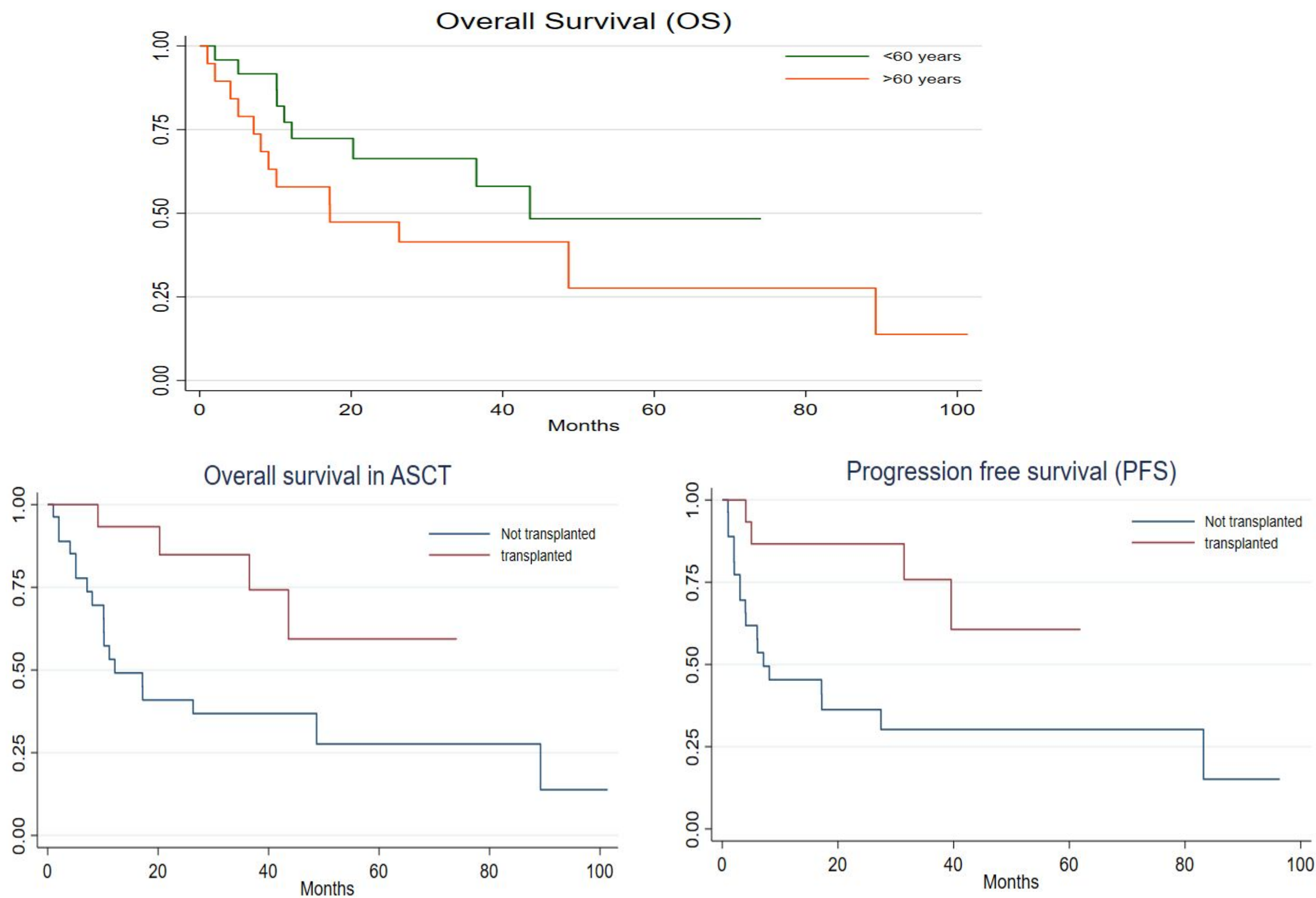
Retrospective, observational study that included patients over 18 years with PTCLs diagnosis, between January 2010 and December 2019. All of them were followed up at the HIBA, a private referral center in Argentina.

Results

- We included 43 patients with PTCLs diagnosis. The median age was 58 years (range 20-90) and 65% were male. The most common histopathological subtype was PTCL-NOS at 42% followed by ALCL ALK negative. Considering Ann Arbor classification 81 % presented III/IV stage at the diagnosis; 35% developed B symptoms and 58% had evidence of extranodal disease.
- Almost 58% achieved complete remission with first line therapy, with slightly better results in the group that received CHOEP regimen against CHOP group (66% vs 57%) and similar OS and PFS between each other. One third of the total were eligible to consolidated with ASCT, with no death related during this procedure.
- The overall survival (OS) at 5 years was 37% (IC 95% 20-56) with a median of 36 months. Variables significantly associated with OS were age range (48% vs 26% in under 60 years) and IPI score (65% vs 25% in low risk groups; $p=0.0044$). Moreover, ASCT was associated with better OS and PFS with 61% and 58% respectively; vs 26% and 28% in the group without ASCT ($p=0.0064$).

Table 1. Patients characteristics

Variable	All patients (n= 43)
Median Age, y (IQR)	58 (43-71)
Sex	
Male, n (%)	28 (65%)
Female, n (%)	15 (35%)
Histopathological subtype, n (%)	
PTCL-NOS	18 (42%)
ALCL ALK –	11 (25%)
ALCL ALK +	3 (7%)
AITL	6 (14%)
HSTCL	2 (5%)
Others	3 (7%)
Ki67 (%)	
>70	37%
≤70	26%
IPI, n (%)	
I (Low)	5 (11%)
II (Intermediate/Low)	15 (35%)
III (Intermediate/High)	15 (35%)
IV (High)	8 (19%)
Treatment	
CHOEP	18 (43%)
CHOP	14 (33%)
Brentuximab + CHP	4 (10%)
Others	3 (7%)
Not treated	3 (7%)



Conclusions

In our experience PTCLs represented an ominous diagnosis with high mortality in older people and high risk groups.

They were not significant differences with the induction therapy chosen, however, overall survival showed improvement in the patients that consolidated with ASCT.

Nonetheless, results with Brentuximab are still under review due to the few patients receiving this therapy currently.

References

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