Salvage Chemotherapy in Refractory/Relapsed Non-Hodgkin Lymphoma Treatment From the Perspective of Developing Country Management

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Categories

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Abstract

Non-Hodgkin lymphomas (NHLs) are specific categorical malignancies influencing the lymphatic system. A significant percentage of NHL patients experience either relapse or failure of management, called refractory disease, which usually have poor prognosis mainly due to the shortage of randomized trials comparing the efficacy of different treatment protocols to determine the definitive salvage regimens of chemotherapy in these cases.

This study tries to outline the best salvage chemotherapy regimen with low toxicity and, therefore, a better quality of life.

For relapsed/refractory NHL patients, we compare the outcomes of gemcitabine, dexamethasone, and cisplatin (GDP) and dexamethasone, cytarabine, and cisplatin (DHAP) as salvage chemotherapy regimens.

Patients and Methods

One hundred relapsed or refractory NHL patients were randomly divided into 2 groups receiving either GDP or DHAP for 4 to 6 cycles. The primary endpoints were overall survival and progression-free survival. The secondary endpoints were response to treatment, toxicity profile of each regimen, and quality of life.

Results

The overall response rate was 70% in the GDP group and 64% in the DHAP group with no statistically significant difference between them (P = 0.5). There was no significant difference between the groups regarding toxicity profile, except that febrile neutropenia episodes were much less frequent in the GDP group (P = 0.04). Quality of life was significantly better in the GDP group than in the DHAP group (P = 0.04).

Conclusion

GDP is as effective as DHAP for relapsed or refractory lymphoma with less toxicity and better quality of life.

Keywords

ABCL, chemotherapy, NHL, non-Hodgkin lymphoma, DHAP, GDP

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