Insights into the treatment of nodal Non-Hodgkin lymphomas in a low to middle-income country. A unicentric experience

Victor Tomacinschii1,2*, Sanda Buruiana1, Maria Robu1

1 "Nicolae Testemitanu" State University of Medicine and Pharmacy, Chisinau, Republic of Moldova,
2 Department of Hematology, Institute of Oncology of Republic of Moldova, Chisinau, Republic of Moldova

Context

Non-Hodgkin's lymphomas (NHL) are one of the most diagnosed forms of lymphoproliferative diseases, of which diffuse large B-cell lymphoma is the most common form of NHL. According to the literature, NHL with primary involvement of the lymph nodes occurs in 52–70% of patients, being the most common primary localization in NHL. Treatment opportunities for NHL have become increasingly heterogeneous, but the penetrability of much of them, especially targeted treatments, in low to middle-income countries (LMIC) is low.

Objective

The aim of this study was to evaluate the therapeutic implication of the use of the targeted approach in combination with conventional chemotherapy in the treatment of nodal onset NHL.

Results

A retrospective study, which included 82 patients diagnosed with NHL monitored at the Oncological Institute from the Republic of Moldova was performed.

Results

In the study have been participated 82 patients, form them: men-39, women-43. The mean age of the patients was 56.02±13.8 years.

In 84.14 %, NHL have the onset in the peripheral lymph nodes, in 8.53 % in the mediastinal lymph nodes, and 7.31 % in the abdominals.

The majority of patients were diagnosed in generalized stages: stage III - 18 (21.95%) cases, stage IV in 43 (52.43%) patients. Localized stages were found in 25.6% of cases, of which: stage I - 7 (8.53%) patients, stage II - 14 (17.07%) cases. Aggressive NHLs were diagnosed in 53(64.63%) patients, while indolent NHLs were diagnosed in 29(35.36%) cases. In 62(75.6%) patients received as first-line therapy the combination Rituximab + chemotherapy - subgroup 1(Sg1), and in 20(24.39%) patients just conventional chemotherapy was applied-subgroup 2(Sg2). The overall response rate(ORR) in Sg1 was 87.09%, in Sg2-65.0%. Complete remissions (CR) were achieved in Sg1 in 64.51% of patients in Sg2-45.0 % of cases. Progression-free survival (PFS) in Sg1 had a median of 20 months, and in Sg2 the median was 12 months (p=0.001)

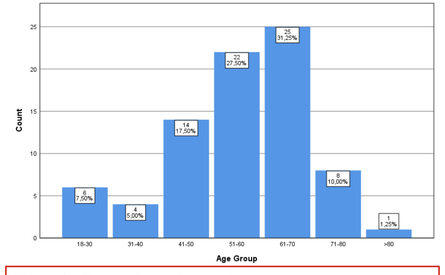


Fig. 1. Distribution of patients in the study group according to age categories.

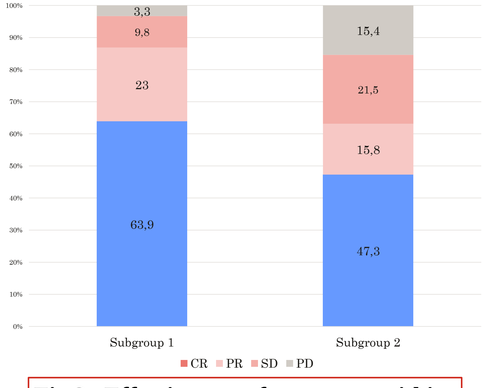


Fig 2. Effectiveness of treatment within study subgroups.

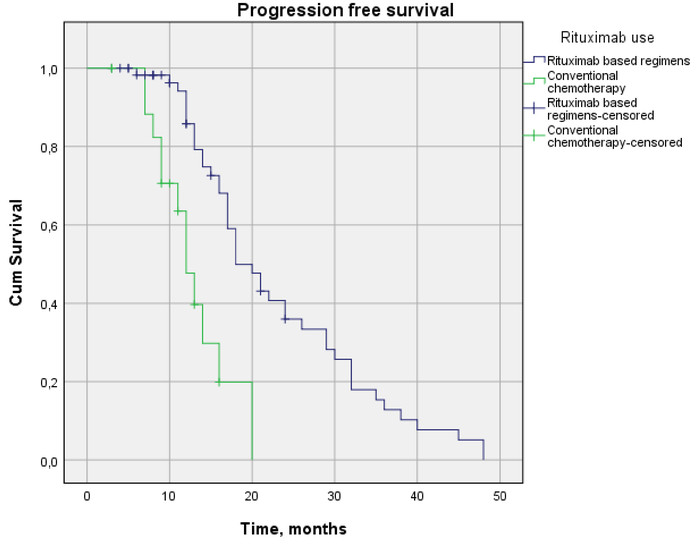


Figure 3. Kaplan Meier estimates of progression free survival (PFS), within the study subgroups.

Conclusion

The use of targeted treatment with Rituximab increased the ORR rate (87.09% vs. 65.0%), the frequency of CR (64.51% vs. 45.0%), and PFS (20 months vs. 12 months (p<0.05)).