

EARLY THERAPY INTENSIFICATION FOR HIGH RISK WALDENSTRÖM MACROGLOBULINEMIA

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Introduction

Waldenstrom Macroglobulinemia (WM) is currently considered an incurable disease, despite advances in the use of targeted therapy. The 5-year overall survival (OS) of patients from high risk and very high risk groups is 47% and 36%, respectively. A small number of complete responses (CR) to standard therapy and a relapsing course dictate the need to search for new effective treatment programs for WM therapy.

Aim

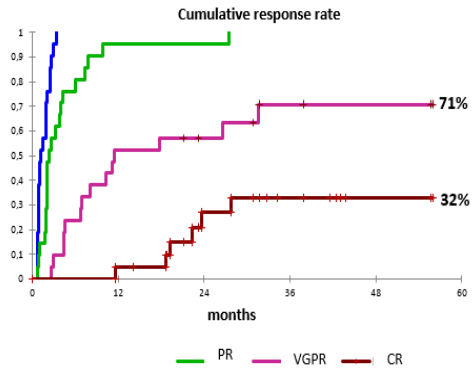
To perform the early intensification therapy for high-risk WM and to assess the effectiveness of intensive induction immunochemotherapy and its combination with targeted drugs and subsequent Auto-SCT.

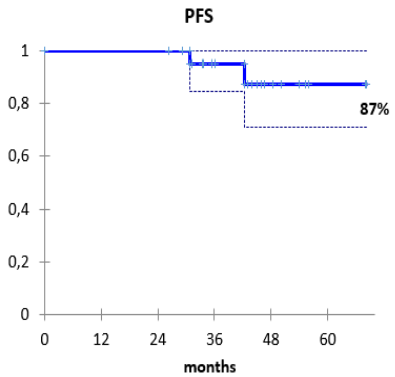
Materials & Methods

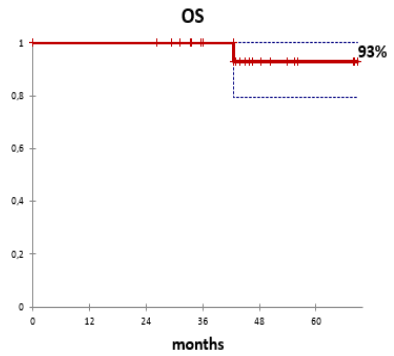
21 patients were selected. 4 and 17 patients were in the medium and high risk groups, respectively. 12 patients (57%) had the hyperviscosity syndrome, 21 patients (100%) - anemia, 4 patients (19%) - platelet <100, 4 patients - hemolysis, 4 patients (19%) cryoglobulinemia, 13 patients (62%) - lymphadenopathy and splenomegaly, 12 patients - B-symptoms. 11 patients LDH >250 U/L, 6 patients- the albumin <30 g/L, 11 patients - β-2-microglobulin >4 mg/l. Mean values of PIgM were 45.3 g/l and of Hb were 82 g/l. 16 patients (76%) had L265P mutation in MYD 88 and 2 patients had del -17p

Objective

The mean age of the patients was 51.4 years (33-66 years), with 8 women. Four patients underwent 4 courses - R-EPOCH\R - BAC. 17 patients had the R - EPOCH\R - BAC + ibrutinib. 15 patients had Auto-SCT. BEAM was received by 6 patients. BEAM + daratumumab was received by 9 patients. The overall response was 100%, a partial response (PR) 100%, a very good partial response (VGPR) was 71% and CR was 32%. At a median follow-up of 44 months, 5-year OS was 93% and 5-year progression-free survival (PFS) was 87%. After 28 months of observation the progression was observed in 1 patient. One patient died in CR from Covid -19 pneumonia. In the group of patients who received immunochemotherapy with ibrutinib and subsequent high-dose consolidation under the Dara - BEAM program, there was a trend towards an increase in the frequency of CR compared with the rest of the patients - 59% and 18%, respectively.







Summary

R-EPOCH\R-BAC + ibrutinib + high-dose consolidation + Auto-SCT lead to deep responses in 71% of patients. Primary intensification makes it possible to implement the concept of "stop" therapy, which makes it cost-effective. The use of high-dose consolidation according to the Dara-BEAM program increases the effectiveness of treatment. We are continuing the study, which will increase the reliability of the results.

