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CLINICAL FEATURES AND OUTCOMES FOR MANTLE CELL LYMPHOMA: PERUVIAN NATIONAL CANCER INSTITUTE EXPERIENCE

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INTRODUCTION

Mantle cell lymphoma (MCL) is a rare lymphoma that accounts for 3% of all cases of malignant lymphoma at the Peruvian National Cancer Institute (INEN). It is associated with a poor prognosis due to an aggressive clinical course and high relapse rates.

AIM

To describe and report clinical-pathological features of MCL patients and clinical outcomes related to frontline therapy in a resource-limited setting.

METHOD

This retrospective cohort of 167 newly diagnosed Peruvian patients treated at the INEN from 2010 to 2019. We describe clinical features and outcomes.

RESULTS

Table 1. Clinical features (n=167)

Sex	
Female	26.3%
Male	73.7%
Age (years)	
Median	66
Range	34-86
Status performance	
ECOG 0-1	62.1%
ECOG ≥2	37.9%
Stage	
I-II	12.5%
III - IV	87.5%
Hepatitis B	
Serology (+)	42.5%
Histological suptype	
Typical	72.1%
Blastoid	11.5%
Others (Nodular, diffuse, mantle zone)	16.2%
MIPI	
Low	7.2%
Intermediate	23.7%
High	69.1%
Extranodal sites	
Gastrointestinal tract	21
Waldeyer ring	9
Spleen	7
Bone marrow infiltration	63.9%

Figure 1. Demographics



Table 1. In the Peruvian cohort, median age was 66 years (34-86 years) and 73.7% of the patients were male. 87.5% of the patients were in Ann Arbor stage III-IV, and 37.9% were unable to work or bedridden (ECOG 2-4). Sixty-two patients (42.5%) had hepatitis B-positive serology. Bone marrow involvement was present in 63.9% of cases and the blastoid variant was reported in 11%. Extranodal involvement is noted in 36% of patients. High risk MIPI was calculated for 69.1% of patients.
Figure 1. The most common city of origin was Lima, followed by Cajamarca and Ica.

Figure 2. Treatment in first line and second line

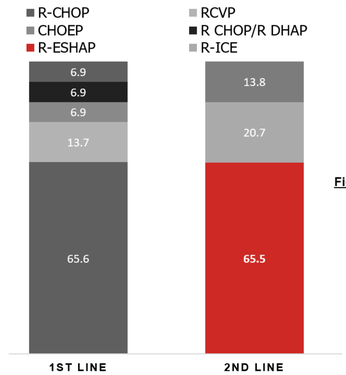


Figure 3. Treatment response to 1st line



Figure 4. Autologous SCT

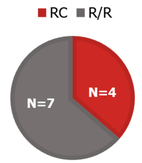


Figure 5. Rituximab maintenance

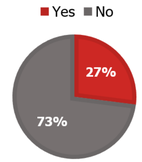


Figure 2. No watch-and-wait approach was reported and 137 patients received chemotherapy; within these patients, the most common first-line treatment was (R)CHOP, followed by (R)CVP, CHOEP, and R CHOP/R DHAP. (R)ESHAP was the most common second-line therapy. Figure 3. Forty-five achieved complete response (CR), twenty-eight achieved partial response (PR), twenty reported progressive disease (PD). Figure 4. Eleven patients received autologous stem cell transplants as consolidation therapy, four of them in the first complete response. Figure 5. Thirty-one received Rituximab as maintenance therapy.

Figure 6. Overall survival
The median OS was 27 months (CI 95%;9-58), and 5y-OS was 24.5%(CI 95%;17.7-31.8).

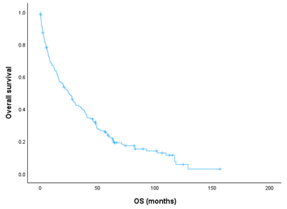
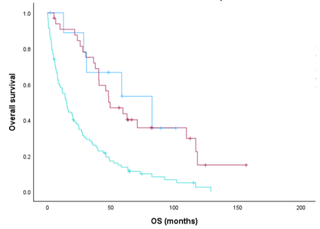


Figure 7. Overall survival by MIPI risk
The median OS was 82.4 (blue), 49.3 (red), and 15 (green) months for low, intermediate, and high risk respectively.



CONCLUSIONS

- Our 10-year Peruvian cohort reflects the aggressive clinical course of MCL, with dismissal overall survival compared to the literature reported.
- More than a third of patients present with hepatitis B virus infection at diagnosis, higher than in hyperendemic areas in Peru, suggesting hepatitis B infection might be a predisposition for MCL and needs further investigation.

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