SOHO ANNUAL MEETING 2024

AZACYTIDINE PLUS RITUXIMAB–GEMCITABINE–OXALIPLATIN AS SALVAGE TREATMENT IN PATIENTS WITH RELAPSED/REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA

FQ Meng[1], MY Xiang[1], Y Liu[1] and DF Zeng[1]

[1]Department of Hematology, Daping Hospital, Third Military Medical University (Army Medical University), Chongqing, China

陸軍特色醫學中心 Army Medical Center

INTRODUCTION

Relapsed/refractory diffuse large B-cell lymphoma (R/R DLBCL) presents a significant treatment challenge, as there is no standardized therapy and the prognosis for these patients is extremely poor. Combination chemotherapy regimens are crucial for salvaging patients with this aggressive disease. However, the efficacy and safety of azacytidine (AZA) combined with rituximab–gemcitabine–oxaliplatin (R-GemOx) for the treatment of R/R DLBCL remain unknown.

AIM

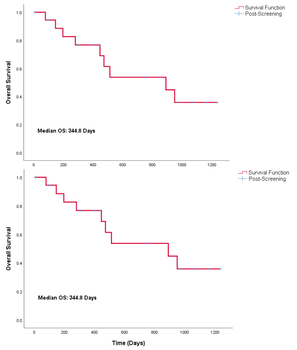
Our research aims to evaluate the efficacy and safety of AZA combined with R-GemOx (AZA + R-GemOx) in treating R/R DLBCL.

METHOD

Eligible patients received AZA + R-GemOx treatment. Azacytidine (AZA) was administered subcutaneously at a dose of 75 mg/m² from day 1 to day 5, followed by rituximab (375 mg/m² intravenously on day 6), gemcitabine (1 g/m² intravenously on day 7), and oxaliplatin (100 mg/m² intravenously on day 7). The treatment cycle was repeated every 21 days.

RESULTS

From May 2019 to May 2023, 24 patients were enrolled in the study. The median age was 68 years (range, 31–88), with 6 patients (25%) under 60 years and 18 patients (75%) over 60 years. The male-to-female ratio was 1:1. Seven patients had germinal center B-cell (GCB) subtypes, while one could not be classified. Of the patients, 79.2% had stage III or IV disease, 75% had elevated β2-microglobulin, and 37.5% had an Eastern Cooperative Oncology Group (ECOG) performance status score greater than 2. The overall response rate (ORR) was 70.8%, with 9 patients (37.5%) achieving complete remission and 8 patients (33.5%) achieving partial remission. The study found a significantly higher ORR in GCB subtypes compared to non-GCB subtypes (100% vs. 58.8%, P=0.06). The median progression-free survival and overall survival were 133.7 days and 344.8 days, respectively. Grades 3–4 adverse events were mainly hematological, and all toxicities were transient and reversible.



Kaplan-Meir analysis of OS and PFS.

The median OS and PFS were 133.7 days and 344.8 days, respectively.

Efficacies after AZA + R-GemOx chemotherapy in R/RDLBCL patients.

	ORR (CR + PR)	CR	PR	SD	PD
All patients	17(70.8%)	9(37.5%)	8(33.3%)	4(16.7%)	3(12.5%)
Sex	**p=0.2**	**p=0.23**	**p=1**	**p=0.31**	**p=0.55**
Female	7(58.3%)	3(25.0%)	4(33.3%)	3(25.0%)	2(16.7%)
male	10(83.3%)	6(50.0%)	4(33.3%)	1(8.3%)	1(8.3%)
Age	**p=0.3**	**p=0.3**	**p=1**	**p=0.21**	**p=0.72**
< 60 years	3(50.0%)	1(16.7%)	2(33.3%)	2(33.3%)	1(16.7%)
> 60 years	14(77.7%)	8(44.4%)	6(33.3%)	2(11.1%)	2(11.1%)

The overall response rate (ORR) was 70.8%, with 9 patients (37.5%) achieving complete remission and 8 patients (33.5%) achieving partial remission. The study found a significantly higher ORR in GCB subtypes compared to non-GCB subtypes (100% vs. 58.8%, P=0.06).

CONCLUSIONS

Our study demonstrates that AZA + R-GemOx is a feasible, safe, and effective therapy for R/R DLBCL.

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ACKNOWLEDGEMENTS

We thank the Department of Hematology, Daping Hospital, for providing us with patients who meet the inclusion criteria

CONTACT INFORMATION

Phone Number: +8618680887505

Email: zengdf@tmmu.edu.cn