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SINGLE EGYPTIAN ONCOLOGY CENTER EXPERIENCE IN LYMPHOPLASMACYTIC LYMPHOMA (LPL)

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INTRODUCTION

Lymphoplasmacytic lymphoma (LPL), or Waldenström macroglobulinemia (WM), is a B-cell disorder characterized primarily by bone marrow infiltration with lymphoplasmacytic cells and immunoglobulin M (IgM) monoclonal gammopathy.

AIM

This retrospective study aimed to estimate the clinical course and survival outcomes of 59 patients with WM.

These patients were diagnosed and treated at Mansoura University Oncology Center from August 2005 to March 2024.

PATIENTS & METHODS

The mean age was 54.3(±10.4 SD) years (30-80 years) at diagnosis; M/F, n: 29/30 (49.2%/50.8%). 52.5% of patients had constitutional symptoms while 57.6% had hyperviscosity manifestations at presentation. All patients had IgM monoclonal gammopathy, and the median IgM level was 1680 mg/dL (18.9-12,680 mg/dL).

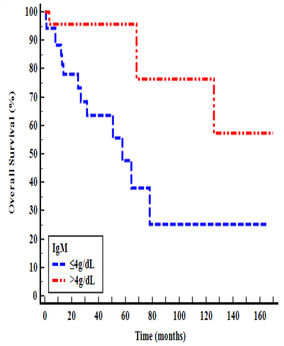
First-line treatment regimens included:

- *Chemoimmunotherapy*
  (R-CHOP n=3, FCR n=3, R-COP n=3, and BR n=3)
- *Chemotherapy without rituximab*
  (CHOP n=8, FC n=16, COP n=13, VCD or VD n=2, CD n=4)
- *Dexamethasone single agent* (n=4)

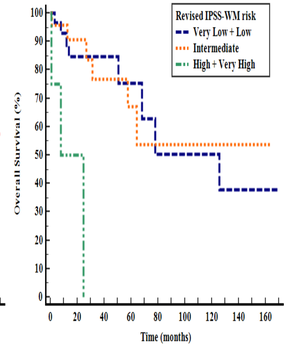
At the end of the study, 42 (71.2%) were alive and 17 (28.8%) were dead.

RESULTS

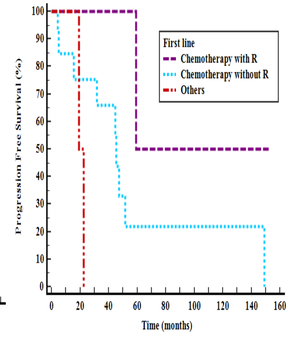
The median overall survival (OS) was 39.9±42.5 months (0.57-170 months). Patients with IgM levels ≥4 g/dL at presentation had significantly better mean OS than patients with IgM levels <4 g/dL [134 *vs* 72.3 months, P <0.012). There was no significant correlation between LDH, albumin, or β2-microglobulin (β2M) levels and OS (P <0.831, <0.445, and <0.394, respectively). Patients with high and very high Revised IPSS-WM risk scores had significantly dismal mean OS compared with patients who had very low and low scores (P <0.001). Patients receiving first-line chemoimmunotherapy had significantly better mean progression-free survival (PFS) than those receiving chemotherapy without rituximab (106 *vs* 28 months, P <0.039). Those who received ≥2 treatment lines experienced shorter PFS than patients who received 1 line (P <0.029).



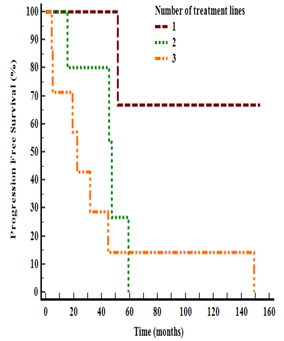
Kaplan Meier for Overall Survival with IgM



Kaplan Meier for Overall Survival with revised IPSS-WM risk.



Kaplan Meier for Progression Free Survival with first line treatment.



Association of Progression Free Survival with number of treatment lines.

CONCLUSIONS

The clinical data presents an overview of hematological parameters and survival outcomes in LPL patients.

The study underscores the lack of correlation between survival and LDH, albumin, or β2M levels.

First-line rituximab-chemotherapy significantly improves PFS in LPL.

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Cho JH, Shim JH, Yoon SE, Kim HJ, Kim SH, Ko YH, Lee ST, Kim K, Kim WS, Kim SJ. Real-world data on the survival outcome of patients with newly diagnosed Waldenström macroglobulinemia. The Korean Journal of Internal Medicine. 2021 May;36(3):668.

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