SOHO ANNUAL MEETING 2024

Treatment Patterns and Their Results Among a Cohort of Patients With T-Cell Lymphomas in the Russian Federation

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INTRODUCTION

Peripheral T-cell lymphomas (PTCL) are a rare group of lymphoproliferative diseases (no more than 5-6 cases per 1,000,000 population per year). Despite the various pathomorphological and biological features, almost all forms are characterized by an aggressive course and unfavorable prognosis. When using standard chemotherapeutic approaches, it is possible to achieve no more than 30% of 5-year overall survival (OS), while the rates of event-free survival (EFS), progression-free survival (PFS) vary depending on the nosological form of the disease. In anaplastic large cell lymphomas, 5-year PFS, EFS is about 50%, and in the most prognostically unfavorable variants of PTCL (angioimmunoblastic T-cell lymphoma (AITL), intestinal T-cell lymphomas (MEATL, EATL) do not exceed 18%. Using personalized approaches depending from the nosological form of PTCL, it is possible to obtain better results of an antitumor response, however, these studies are limited by a small number of patients.

We have accumulated our own 12-year experience on a large cohort of patients (724 patients with T-cell lymphomas, of which 430 were cutaneous forms, 110 patients were leukemic variants (T-LGL) and 184 were classified as peripheral T-cell lymphomas), analyzed the results treatment and outlined therapeutic algorithms for each nosological form.

AIM

to evaluate various chemotherapy programs for the treatment of each nosological groups of peripheral T-cell lymphoma in terms of survival rates, thto evaluate various chemotherapy programs for the treatment of each nosological groups of peripheral T-cell lymphoma in terms of survival rates, the role of autologous blood stem cell transplantation

METHOD

12 years of experience in the treatment of T-cell lymphomas in one institute is presented

RESULTS

Distribution of patients by nosological groups: in 28.8% of cases the diagnosis of AITL was verified (n=53), in 27.1% - anaplastic large cell ALK-positive lymphoma (ALCL ALK+) (n=50), in 24.5% - anaplastic large cell ALK-negative lymphoma (ALCL ALK-) (n=45), in 9.3 % - peripheral T-cell lymphoma not otherwise specified (PTCL-NOS) (n=17), 6.5% - extranodal NK\T-cell lymphoma (ENTKL) (n=12), 3.8% - EATL (n=7) (Figure 1).

In the overall group of patients, 3-year overall survival (OS) and event-free survival (EFS) were 76% and 70%, respectively (Figure 2). The best treatment results were achieved in the EATL and ALCL ALK+ group, and the worst in the ALCL ALK- group (5-year EFS 31%).

Historically justified high-dose chemotherapy (HDC) according to the NHL BFM-90 program in the treatment of ALCL ALC+ allows achieving 10-year OS and EFS of 87% and 84%, respectively, however, according to an interim randomized study of the comparative effectiveness of HDC and the less toxic CHOEP program, the latter is not inferior in effectiveness: 5-year OS and RFS are 93% and 88%, respectively.

High survival rates of patients with EATL were achieved using high-dose chemotherapy according to the LB-M-04 program followed by auto-HSCT in first-line therapy: 5-year OS and PFS were 79% and 74%, respectively.

The positive role of maintenance therapy of AITL has been shown: 5-year OS and EFS in the presence of it were 75% and 49% versus 41% and 20% in the absence of it.

In first-line treatment protocols for ENTKL, radiation therapy was often used at maximum doses (40-50 Gy), 5-year OS and EFS were 60% and 42%, respectively.

The role of auto-HSCT in all PTCL was assessed: 5-year OS and EFS were 82% and 58% compared with 67% and 49% without auto-HSCT. Allogeneic bone marrow transplantation (allo-BMT), even in the treatment of relapses, demonstrated the success of this treatment option - 9 out of 11 patients are alive in remission of the disease.

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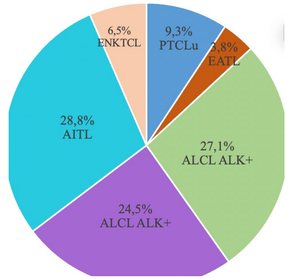
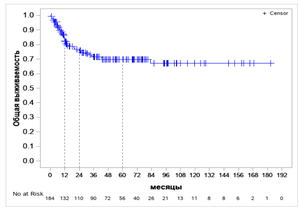
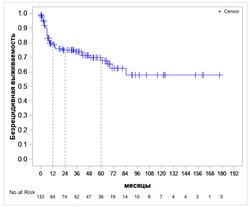


Figure 2. Overall and event-free survival inn our group





CONCLUSIONS

Analysis of our own data showed a higher effectiveness of personalized therapy for some forms of PTCL, the validity of the option of maintenance therapy for AITL, the lack of superiority of HDC over CHOEP in ALCL+ (interim results) and confirmed the need for the use of auto-HSCT and allo-HST in the treatment of peripheral T-cell lymphomas.

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