SOHO ANNUAL MEETING 2024

TRANSFORMED AND DE NOVO VARIANTS OF FOLLICULARLYMPHOMA. ANALYSIS OF PATIENT SURVIVAL BASED ON MODERN THERAPY PROTOCOLS.

Soho2024.1e902fd

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INTRODUCTION

It is known that transformed cases of follicular lymphoma (FL) are accompanied by an increased risk of refractory therapy, low overall survival (OS) and event-free survival (EFS). The lack of data on the analysis of the clinical characteristics and effectiveness of chemotherapy in morphological variants of follicular lymphoma requires the need for this study.

AIM

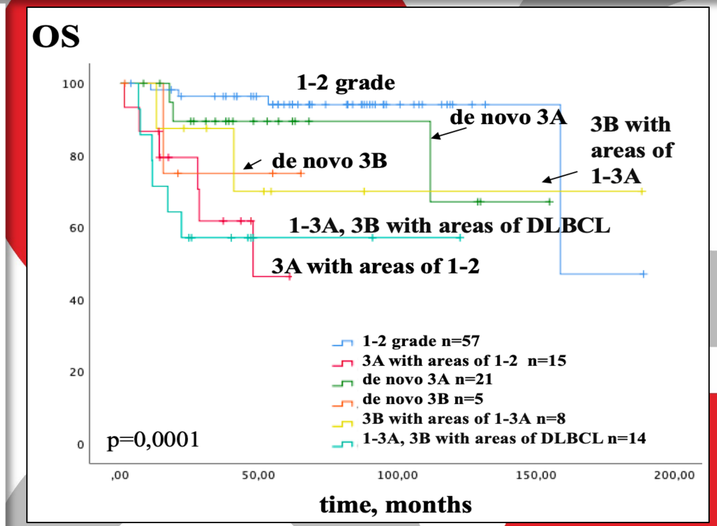
To study the clinical and laboratory, pathomorphological characteristics and effectiveness of standard and high-dose therapy regimens including autologous stem cell transplantation (auto-SCT) in cases of transformed and de novo FL.

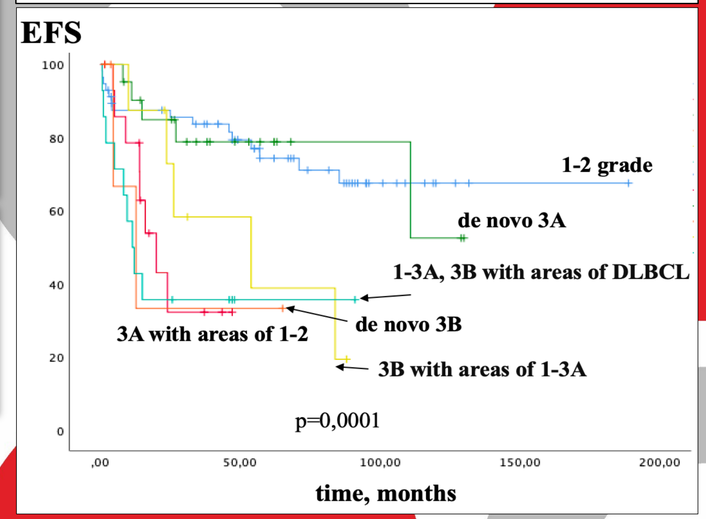
METHOD

A retrospective-prospective comparative cohort study conducted (2001-2022) at the National Medical Research Center for Hematology of the Russian Ministry of Health (Moscow) included 120 patients (pts) with grade 1-2 (n=60) and 3A (n=60) with grade 1-3A FL. Median age - 53 (21-83) years. Morphological and immunohistochemical examination was performed on biopsies of lymph nodes taken before the start of therapy. The results obtained in the blind study were compared with the results of the therapy. The median follow-up 53 months.

RESULTS

As a result of the repeated blinded morphological study in three cases of grade 1-2 changed to grade 3. We identified 6 morphological variants of FL: grade 1-2 (n=57), transformed 3A (3A with areas 1-2, n=15), de novo 3A (n=21), de novo 3B (n=5), transformed 3B (3B with areas 1-3A, n=8), 1-3A/3B FL with areas of diffuse large B-cell lymphoma (DLBCL) (n=14). In each of the selected variants, stage IV was diagnosed in most patients: 86% in grades 1-2, 100% in transformed 3A, 76% in de novo 3A, 100% in de novo 3B, 100% in transformed 3B, 93% at 1-3A/3B FL with areas DLBCL. Bulky disease was found in 46% at grade 1-2, 80% at transformed 3A, 62% at de novo 3A, 80% at de novo 3B, 38% at transformed 3B, 64% at 1-3A/3B FL with areas of DLBCL. Bone marrow involvement was more common in grade 1-2 and transformed 3A (75% and 73%) than in de novo 3A (24%), de novo 3B (20%), transformed 3B (13%), 1-3 A/3B FL with areas of DLBCL (36%). An analysis of the effectiveness of therapy regimens (R-B/R-CHOP/R-CHOP-R-DHAP/R-CHOP-R-DHAP+auto-SCT) showed that transformed 3A and 1-3A/3B FL with areas of DLBCL are the most unfavorable morphological variants characterized by low OS (p=0.0001) and EFS (p=0.0001).





CONCLUSIONS

Prognostically unfavorable options are the transformed 3A and 1-3A/3B FL with areas of DLBCL. The most effective therapy for them is auto-SCT, which increases OS and PFS. This allows to avoid the early progression of FL (POD24).

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