LONG-TERM OUTCOMES OF RELAPSED/REFRACTORY NON-HODGKIN LYMPHOMA: A SINGLE-CENTER EXPERIENCE

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Introduction

Relapsed/refractory non-Hodgkin lymphoma (R/R NHL) represents a challenge in treatment and outcomes vary from one subtype to another without a standard salvage regimen.

Objective

Assessment of the outcome of R/R NHL in Egyptian patients receiving different salvage regimens.

Methods

We conducted a retrospective cohort study of 55 patients with R/R NHL undergoing salvage therapy. Following their records, 3-year progression-free survival (PFS) and 3-year overall survival (OS) were measured against several parameters.

Results

- Our study showed that mean age of R/R NHL patients was 42 years, with male predominance (56.4%). Most patients had diffuse large B-cell lymphoma (DLBCL; 74.5%). Most patients (58.2%) received the gemcitabine, dexamethasone, and cisplatin (GDP) salvage regimen. Thirty-three patients (60%) underwent autologous stem cell transplantation (ASCT); 20 had an uncomplicated course (60.6%).

- Mean OS was 20.94 months and mean PFS was 18.56 months (figures 1 & 2). The 3-year OS was 45.5% and 3-year PFS was 39.2%. ASCT had a statistically significant impact on OS and PFS, and PFS was impacted by the occurrence of ASCT complications (figures 3, 4 & 5).

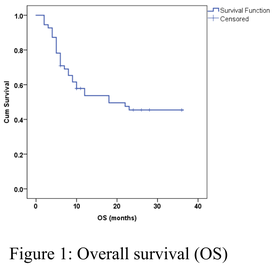


Figure 1: Overall survival (OS)

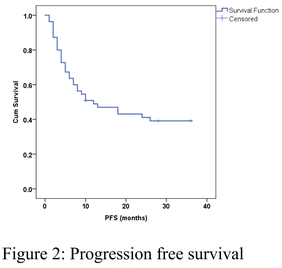


Figure 2: Progression free survival (PFS)

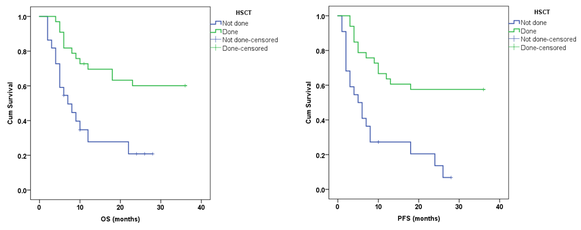


Figure 3&4: Impact of HSCT on OS and PFS

Conclusion

There was no impact of salvage regimen or subtype of R/R NHL on OS and PFS. ASCT complications affect PFS but not OS. ASCT is the most important determinant of better OS and PFS.

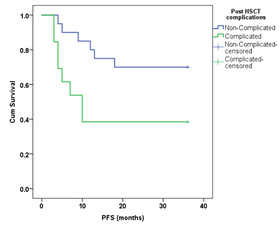


Figure 5: Impact of post HSCT complications on PFS

Discussion

Patients who are ineligible for ASCT or who don't respond to salvage chemotherapy generally have poor outcome in terms of survival. Our study proves the same; 3-year PFS and OS were both better in patients who underwent ASCT.

Patients who are ineligible for ASCT or who don't respond to salvage chemotherapy generally have poor outcome in terms of survival. Our study proves the same; 3-year PFS and OS were both better in patients who underwent ASCT.[1,2]

Proper avoidance of ASCT complications and earlier engraftment also impacted the OS and may contribute to the overall outcome of patients with R/R NHL.

Analyses from large scale cohorts of all subtypes of non-Hodgkin lymphomas is still lacking, especially those involving T cell lymphomas. Given the rarity and diversity of pathobiology of many NHL subtypes, carrying out such large-scale studies is challenging.[3]

References

1.J Joseph, J Ma, F Hennawy, et al. (2021). Impact of cell of origin classification on survival outcomes after autologous transplantation in relapsed/refractory diffuse large B cell lymphoma, Transplant Cell Ther., 27 (5), p. 404

2.Kaloyannidis, P., Omari, R., Eldebawy, E., Al Shaibani, E., Apostolidis, J., Hindi, T. et al. (2021). Favorable Outcome After Adjuvant Involved-Field Radiotherapy After Autologous Hematopoietic Stem-Cell Transplantation in Patients With High-Risk Relapsed/Refractory Lymphoma: A Single-Center Experience. Clinical Lymphoma, Myeloma & Leukemia Clin Lymphoma Myeloma Leuk, 21(2), e112-e119.

3.Crump, M., Neelapu, S. S., Farooq, U., Van Den Neste, E., Kuruvilla, J., Westin, J. et al. (2017). Outcomes in refractory diffuse large B-cell lymphoma: results from the international SCHOLAR-1 study. Blood, 130(16), 1800-1808.