Survival in Relapsed Mantle Cell Lymphoma – Experience of a North Indian Tertiary Care Center

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Context

Survival in mantle cell lymphoma (MCL) is dismal; even worse in relapsed patients. Data from Indian sub-continent with regards to survival analysis in relapsed MCL patients is scarce.

Objective

To assess survival in relapsed MCL patients.

Methods

Ambispective data of 42 relapsed transplant-ineligible MCL patients, treated between January'2013-December'2024 at IRCH-AIIMS, New Delhi, India was analysed. Primary outcome was overall survival (OS); evaluated by Kaplan-Meier survival analysis using STATA 13.0. Log-rank test was used to compare between-group survival. *p*-value <0.05 defined statistical significance.

Figure 1: Kaplan-Meier overall survival estimate in relapsed MCL patients.

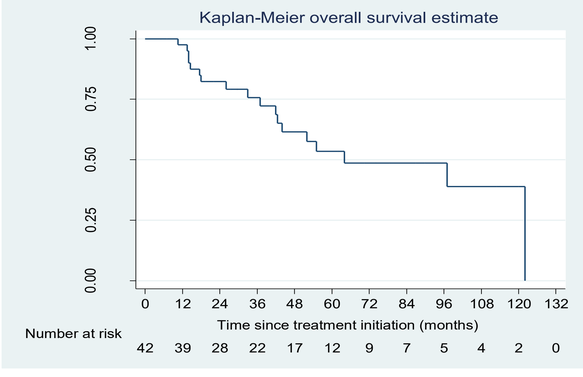
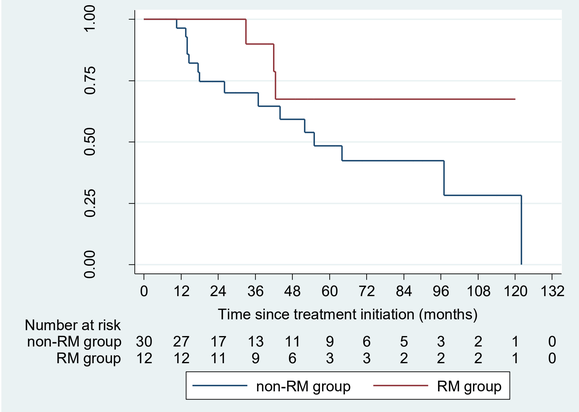


Figure 2: Overall survival in relapsed MCL patients stratified by use of rituximab maintenance (RM).



Results

Median age was 60 years; 69% being males. Thirty-seven (88%) had generalised lymphadenopathy; bulky disease in 10 (24%) patients. Almost three-fourth presented with extra-nodal involvement. B-symptoms and splenomegaly were noted in 23 (55%) and 19 (45%) patients, respectively. Thirty-nine (93%) of them were at advanced stage (III/IV) of disease at presentation. Baseline ECOG PS was ≥2 in 15 (36%) patients. Nearly half belonged to high-risk MCL Internal Prognostic Index (MIPI) group; 4 (10%) were in high-risk IPI category. Classical and blastoid histology was seen in 30 (71%) and 11 (26%) patients, respectively; 1 had pleomorphic histology. Immunophenotyping analysis demonstrated CD20+ and CD3– in all; 40 (95%) were Cyclin D1+. Thirty of 38 (79%) were CD5+, 2/33 (6%) CD10+, 2/36 (5%) CD23+, 18/20 (90%) BCL-2+ and 2/22 (9%) BCL-6+. Anemia, leucocytosis, thrombocytopenia, high lactate dehydrogenase and hypoalbuminemia was seen in 13 (31%), 16 (38%), 15 (36%), 11 (26%) and 15 (36%) patients, respectively. Thirty-three (79%) received rituximab-based induction chemotherapy, while 12 (29%) received rituximab-maintenance (RM). At median follow-up of 63 months, 24 (57%) patients were alive. Median OS was 64 months [interquartile range (IQR), 42.5 months – not reached (NR)]. Estimated 1-, 3- and 5-year OS was 98%, 75% and 53%, respectively (Figure 1). Median OS was NR (IQR, 33 months – NR) in RM vs 55 months (IQR, 26 months – NR) in non-RM group, log-rank *p*=0.14 (Figure 2).

Conclusions

More than half of relapsed MCL patients survived at 5 years from treatment initiation. Probability of surviving beyond 10 years was 13%. RM did not confer better OS in relapsed patients.