EFFECT OF HIV INFECTION ON TREATMENT OUTCOMES IN PATIENTS WITH DIFFUSE LARGE B-CELL LYMPHOMA

A. Galitsyna [1], **N. Falaleeva** [1], **O.Levkovskiy** [2], **Y. Khadjali** [1], **S. Ivanov** [1]

1. A Tsyb Medical Radiological Research Centre – Branch of the National Medical Research Radiological Centre of the Ministry of Health of the Russian Federation, Obninsk, Russian Federation
2. All-Russian National Union "Association of Oncologists of Russia", Moscow, Russian Federation

INTRODUCTION

One of the most unfavorable features of the course of the infectious process caused by HIV is a significant increase in the risk of developing non-Hodgkin lymphoma. Traditionally, it is believed that the prognosis for patients with HIV-associated diffuse large B-cell lymphoma (DLBCL) is worse than for patients with DLBCL without HIV.

AIM

To compare the characteristics of patients, treatment methods, and treatment outcomes of HIV-infected and HIV-uninfected patients with DLBCL.

METHOD

The study included 384 patients with primary DLBCL (2018–2025 years of treatment). The median follow-up was 40.32 months (95% CI, 0.03–265.1) in the immunocompetent group and 29.6 months (95% CI, 0.2–83.8) in the HIV-DLBCL group. Sixty (15.6%) patients were HIV-infected. By the time antiviral therapy (ART) was initiated, stage 3 HIV infection was detected in 6 (10%) patients and stage 4 in 54 (90%). Compared with the DLBCL group, the HIV-DLBCL group had a higher frequency of male patients (60% and 46.9%, respectively), symptoms of intoxication (41.7% and 29.6%, respectively), and stage 4 DLBCL (83.35% and 67%, respectively). Prior to the start of antitumor therapy, all patients received ART. Antitumor therapy in the group of patients with DLBCL was carried out according to the R-CHOP (69%), R-mini-CHOP (11,4%), R-EPOCH (15,1%), and other schemes (4,2%). The R-EPOCH (98,4%) and R-CODOX-M/R-IVAC (1,6%) regimens were used in the group of patients with HIV-DLBCL.

CONCLUSIONS

The results of our study show that the effectiveness of treatment of patients with HIV-DLBCL is not inferior to the results of treatment of patients with DLBCL in the general population.

CONTACT INFORMATION

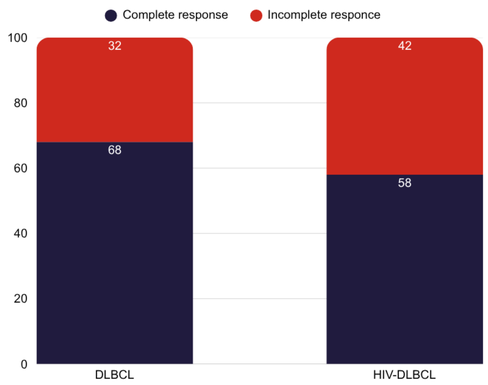
Dr. Anastasia Galitsyna

galitsyna.anastaisha@gmail.com

+7 (906) 643 82 85

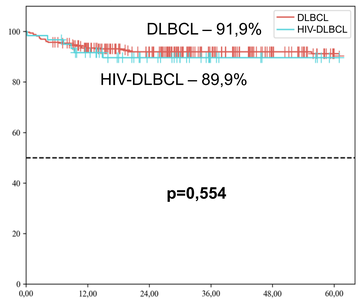
RESULTS

PET/CT response:

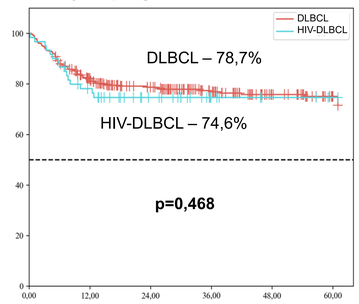


When analyzing the response to therapy based on the results of the final PET-CT study, we found no significant differences between the patients of the two groups – a complete response to treatment was established in 68% of cases in the DLBCL group and in 58% of cases in the HIV-DLBCL group (p=0,15).

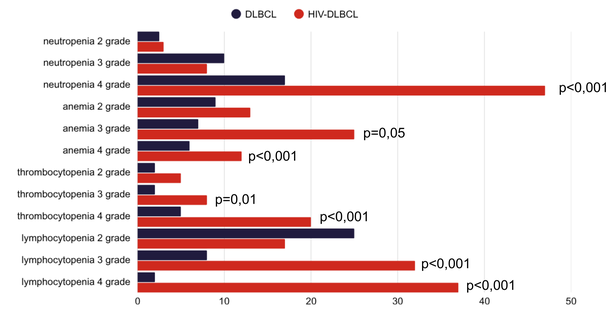
2-year overall survival



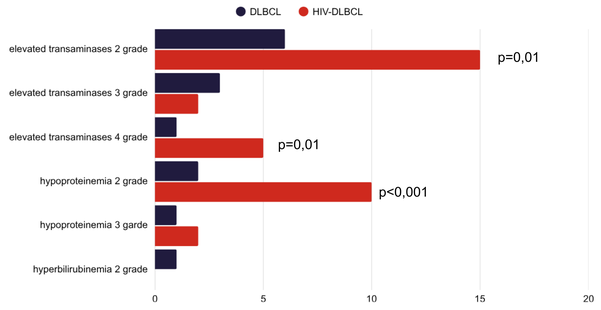
2-year progression-free survival



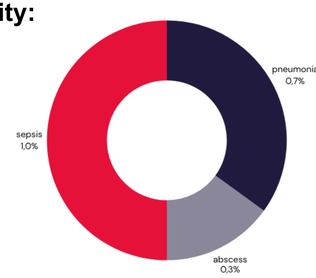
No statistically significant differences in overall and progression-free survival



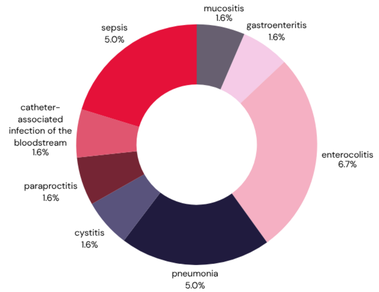
Patients from the HIV-DLBCL group are more likely than immunocompetent patients to experience hepatotoxicity and hematological toxicity from all hematopoiesis sprouts.



Toxicity:



DLBCL group



HIV-DLBCL group

Febrile neutropenia also was significantly more common in HIV-infected patients (p<0,001): DLBCL - 7 (2.1%) vs HIV-DLBCL - 7 (11.7%)

Multifactorial analysis of the patient's primary parameters, which could potentially affect the outcome of the disease, as a result of which it was found that only the international prognostic index (IPI) had statistical significance in terms of its impact on the prognosis, no other parameters, including HIV infection, had statistical significance.

	p value
Sex	0,120
LDH level	0,760
Stage	0,390
ECOG level	0,084
Bone marrow involvement	0,631
B-symptoms	0,210
IPI	**0,002**
HIV-infection	0,611