PREDICTORS OF SURVIVAL IN INDOLENT LYMPHOMA. THERAPEUTIC IMPLICATIONS

Anca Ciobanu [2], Oana Stanca [1,]
Irina Triantafyllidis [1], Cecilia Ghimici[2,]
Anca Lupu[1]
1 UMF Carol Davila, Bucharest, Romania;
2 Coltea Hospital, Bucharest,Romania;

Background:Indolent non-Hodgkin lymphomas are extremely heterogeneous in its molecular pathophysiology, histology, clinical, prognostic factors, in the treatment and in the survival of patients. For indolent lymphomas the goal of therapy has been to maintain the best quality of life and treat only when patients develop symptoms. This tool is useful in assessing the likely need for early treatment of patients.

Aim of the study: In our study we tried to evaluate the prognostic factors to identify high-risk group of patients and treatment response rate based on our experience.

Patients and Methods: In this study we included 100 patients with indolent lymphoma who were diagnosed and treated in our Departaments of hematlogy between 2005-2011.

We studied the clinical and laboratory characteristics of these patients. Evaluation criteria of patients were: age, gender, performance status, number of lymph nodes affected areas, extranodal determinations (bone marrow or other involvements), clinical stage of disease, histological type of disease, B –symptoms, anemia, lymphocytopenia, hypoalbuminemia, value of LDH, response to treatment, Progresion Free Survival.

Results: In our study median age was 61 years (range 25−84 years); sex ratio: M/F: 1/1. B symptoms were present in 58 patients . By Ann Arbor classification the preponderence of our patients were diagnosed in stage IV (60% of patients). Extragangilonary involvement were mainly present in the bone marrow. Other determinations were extranodal in rectum, liver, lung, pleural, mouth floor, epidural, breast, bone pubian. In our study 30 patients had splenomegaly at onset and 10 patients were splenectomy disease onset. Histological type in our study group was found predominance marginal lymphoma followed by small cell lymphoma and folicular lymphoma.

In the study group there was one case of compositelymphoma (Hodgkin's lymphoma and non Hodgkin's lymphoma with small cell). In terms of biological evidence found biological inflammatory syndrome and lise tumoral syndrom in most patients, anemia in 60 patients in the study, increased LDH in 78 of the cases, beta 2 microglobuline was increased in 30 of the cases. 7 patients experienced thrombotic events in evolution, and 10 patients had viral hepatitis (HBV, HCV). Survival was measured from time of diagnosis to death. All patients in the study group followed combination chemotherapy such as R-CHOP; R-FCM; R-FC with obtaining complete remission in 65 of patients.

Remission period was from 1-2 years. Relapses were frequent lymph node. Other determinations for relapse were the rectum, at pulomar /pleural, on the breast, the lumbar level. In half the patients relapsed to remission under chemotherapy obtained a new type rescue MINE, ESHAP.

Conclusions: The next aspects had prognostic significance: decreas in tumor mass with more than 50% after first treatment, type of response obtained, size and location of the adenopathies, serum of LDH level, hemoglobin level at diagnosis, beta 2 microglobulin level, histological type, value of the nuclear proliferation, Ki-67,performance status, IPI value, FLIPI.