

### **C3. BENDAMUSTINE BASED THERAPY FOR INDOLENT LYMPHOPROLIFERATIVE DISEASES - FUNDENI DEPARTMENT OF HEMATOLOGY EXPERIENCE.**

*Ana-Maria Moldovianu, Răzvan Stoia, Manuela Crișan, Sorina Bădeliță, Aristica Poenaru Smântână, Dan Coliță, Daniel Coriu*

Fundeni Clinical Institute, Department of Hematology and Bone Marrow Transplantation

Over the past decade the addition of rituximab to conventional chemotherapy has revolutionized the treatment of B-cell malignancies. Although patients with indolent lymphoma usually respond very well to first-line treatment, most of them eventually experience relapse, and the disease remains largely incurable.

Treatment options are limited once patients relapse, therefore, it is necessary to explore alternative therapies for advanced B-cell NHL and CLL.

Bendamustine, a unique cytotoxic agent with alkylating and antimetabolite properties, has been used for decades in Germany for NHL, CLL and multiple myeloma. In 2008, bendamustine was approved by the US FDA for the treatment of CLL and rituximab-refractory indolent B-cell NHL. In the European Community, bendamustine has been approved for rituximab-refractory indolent B-cell NHL and only for those patients with CLL in whom first-line treatment with fludarabine combinations is not appropriate.

In Romania we have little experience with bendamustine.

In our department nine patients diagnosed with CLL or indolent NHL (small B cell, follicular, marginal zone and mantle zone lymphoma), in the refractory/ relapsed setting were treated with bendamustine in combination with rituximab. We made a retrospective analysis of these cases in order to make a comparison with data available from the most important clinical trials and to provide practical advices about the management of bendamustine therapy in indolent NHL and CLL.

Six patients have completed the planned 6 cycles treatment. Bendamustine in association with rituximab demonstrated efficacy in six patients, one had complete remission and the rest of five achieved partial response. The median duration of response was 6 month. Two patients were not evaluable. One patient had progressive disease. There were 2 treatment related deaths: one patient presented neutropenia grade 4 and died from infection and one had thrombocytopenia grade 3 and died from posttraumatic intracranial haemorrhage.

Our results confirm the role of bendamustine in CLL and indolent NHL treatment. The toxicity profile was acceptable. Bendamustine plus rituximab therapy was more efficient in patients with relapsed disease than in those refractory to previous lines of treatment. The best results were obtained in patients treated with this regimen earlier in the disease course.