

THERAPEUTIC RESULTS IN AGGRESSIVE NON-HODGKIN LYMPHOMAS PATHOLOGY IN THE ANTI CD20+ MONOCLONAL ANTIBODY ERA.

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INTRODUCTION

The Non- Hodgkin malign lymphoma (NHML) represents a monoclonal malign cellular proliferation which starts from the lymphoid tissue and impacts the B and T lymphocytes. There is a broad range of Non-Hodgkin lymphoma (NHL) subtypes with high malignity , the most frequently encountered being the diffuse large B-cell.

PURPOSE

The study proposes to evaluate the response to the CHOP (Ciclofosfamida, Doxorubicina, Vincristin, Prednison) regimen in association with a monoclonal antibody (Rituximab) in case of patients diagnosed with aggressive NHL.

METHODS

Between January 2010 and February 2015 I conducted a retrospective analytical study on 80 patients diagnosed with high-grade NHL in the Hematology Department of Timisoara. The diagnosis was established based on the full blood count corroborated with the biochemical tests (LDH), VSH, marrow aspirate, histopathological and *immunohistochemical tests*, cytogenetic tests and radiology investigations (Rx, CT).

RESULTS

Of the total 80 patients, 56,25% are younger than 60 years old, 43,75% are older than 60 years old including 46,25% women and 53,75% men.

The patients were staged based in the Ann Arbor criteria as follows: 12,5% were in stage I, 25% in stage II, 21,25% in stage III and 41,25% in stage IV.

The calculation of the IPI score reveals a reduced risk for 37,5% of the patients while 62,5% show a higher risk.

Of the 80 patients, 50% followed a treatment in accordance with the CHOP regimen and for 50% of them it was associated with Rituximab.

For the patients who undertook chemotherapy in accordance with the CHOP regimen , 35% were in complete remission, 30% were in partial remission and for 35% of them the lack of response to the treatment or relapse were detected. Of the 40 patients who undertook chemotherapy in association with monoclonal antibody in accordance with the R-CHOP scheme, 60% presented a complete response, , 30% partial response and 10% relapsed or showed no response to the treatment.

CONCLUSION

The treatment in accordance with the CHOP regimen represents the therapeutic standard for high malignity NHL with B lymphocyte expression on both young and old patients , but the addition of Rituximab resulted in a major benefit obtaining a significantly higher complete response rate.