

6. TREATMENT OF GENERALIZED NODAL NON-HODGKIN'S LYMPHOMAS



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Introduction. Non-Hodgkin's lymphomas (NHL) comprise a diverse group of malignant lymphoid tumors, with multiple distinct histological and immunohistochemical subtypes. Understanding and differentiating these subtypes is crucial for effective diagnosis and treatment. NHL survival rates have improved recently due to the advances in treatment strategies and options. The past decade has seen remarkable progress with the addition of new therapeutic modalities such as antibody-targeted therapy, bispecific antibody therapy, epigenetic modulator therapy, CAR-T cell therapy, and conventional chemotherapy.

Aim of study. Identification and evaluation of treatment options for generalized nodal non-Hodgkin lymphomas in the Republic of Moldova.

Methods and materials. The ambulatory files and medical records of 84 patients with a morphologically confirmed diagnosis of generalized nodular non-Hodgkin's Lymphoma were studied, in terms of performed treatment and remission rates. The staging was realized according to the criteria of Lugano Classification of Malignant Lymphomas. The patients' follow-up was performed at the comprehensive cancer center, and related to the hospitalized and outpatient care. The mainly used antineoplastic regimens were those combined with anti-CD20 monoclonal antibodies Rituximab (R-CHOP, R-COP, BR) and conventional chemotherapy (CHOP and CHOEP).

Results. The patients included in the study were aged over 40 to 78 years, with the incidence rate of 37% at the age of 60-70. All patients were hospitalized with several locations of the enlarged lymph nodes, and 68% - with B symptoms (sweating, weight loss). According to the WHO classification, diffuse large B cell lymphoma represented 57% of cases, prolymphocytic lymphoma – 13 % of cases. Marginal zone lymphoma, lymphocytic, lymphoblastic and other unspecified lymphomas were revealed at diagnosis in smaller percentages. All types of lymphoma were confirmed by morphological and immunohistochemical examination, 95% of them being CD20+. The administered combined immunochemotherapy treatment showed complete remission rates in 70% of cases. A complete remission rate of 13% was achieved under the combined chemotherapy with radiotherapy. Post-chemotherapy complications were: pancytopenia (39%), mucositis, stomatitis (89%), respiratory infections (53%), nausea and vomiting (85%).

Conclusion. The majority of patients achieved complete remission under the combined treatment with chemotherapy and Rituximab. The international studies have demonstrated that maintenance therapy with anti-CD20 antibodies (Rituximab) prolongs remission and survival rates.