

TREATMENT OUTCOMES IN AGGRESSIVE NON-HODGKIN LYMPHOMA WITH PRIMARY ABDOMINAL LYMPH NODES INVOLVEMENT

Veronica Feghiu, Maria Robu, Maria Popescu, Victor Tomacinschii, Cristina Dudnic,

Hematology discipline, Department of Internal Medicine, “Nicolae Testemitanu” SUMPh, Chișinău, Republic of Moldova



Introduction

Non-Hodgkin's lymphomas (NHL) are malignant tumors of lymphatic tissue. NHL can primarily develop in any tissue or organ. One of the primary involvements of NHL is the abdominal lymph nodes. Their frequency constitutes 7.6 - 8.2%.

Purpose

To evaluate aggressive NHL with primary abdominal lymph nodes involvement treatment results.

Table 1. Treatment's results of patients with aggressive NHL with primary abdominal lymph nodes involvement, according to the PChT scheme applied.

PChT regimen	No. of patients	Complete remission, abs(%)	Partial remission, abs(%)	No effect, abs(%)
CHOP	24	9(37,5)	11(45,8)	4(16,7)
R-CHOP	13	9(69,2)	3(23,1)	1(7,7)
Total	37	18 (48,7)	14 (37,8)	5 (13,5)

Keywords: Non-Hodgkin's lymphoma, treatment

Material and methods

Retrospective study. Treatment outcomes were studied in 37 patients with aggressive NHL with primary abdominal lymph nodes involvement, aged between 25 and 73 years old. Polychemotherapy (PChT) cycles were used for treatment: CHOP (cyclophosphamide, doxorubicin, vincristine, prednisolone) - in 24 patients and rituximab + CHOP (R-CHOP) - in 13 patients (table 1).

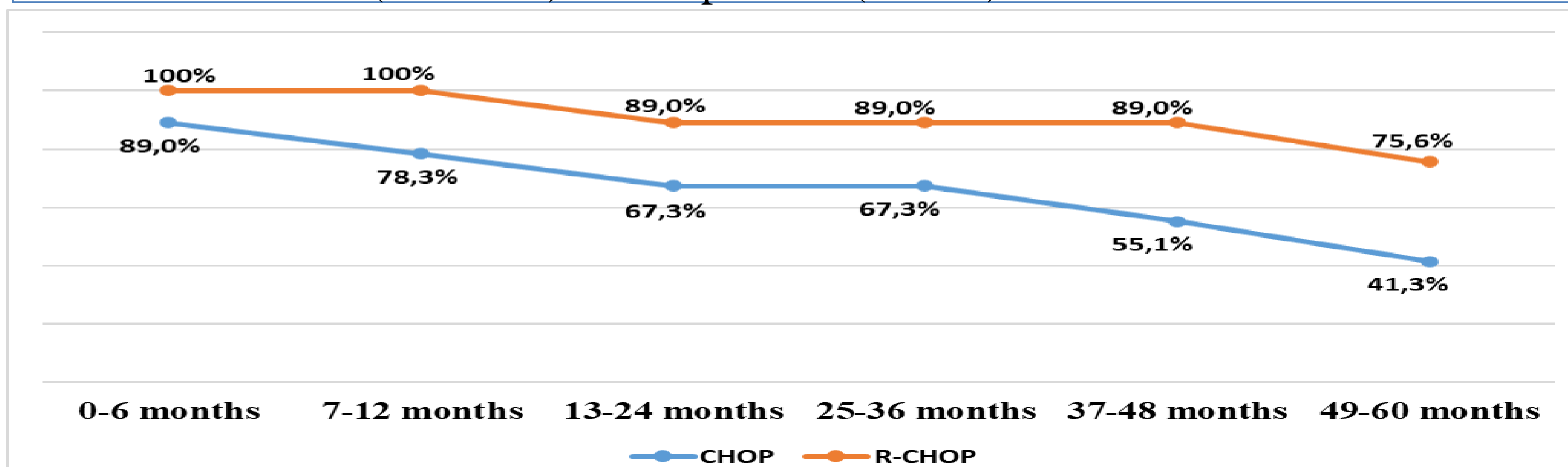


Figure 1. Progression-free survival over 5 years in patients with complete remissions obtained when applying the PChT schemes: R-CHOP and CHOP

Results

Complete remissions were obtained in 48.7% of cases. The rate of complete remissions was higher (69.2%) when PChT R-CHOP was administered, comparing to patients in whom PChT CHOP (37.5%) was used (table 1.). Progression-free survival (PFS) over 5 years was higher in patients who received PChT R-CHOP (75.6%). PFS in the same terms in cases when PChT CHOP was given was equal to 41.3% (figure 1).

Conclusions

Adding anti-CD20 monoclonal antibodies (rituximab) to the standard PChT CHOP regimen contributed significantly to the increase of complete remissions rate and progression-free survival.