

The clinical course of patients with follicular lymphoma in the rituximab era

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Introduction

The clinical course of patients with follicular lymphoma (FL), described in 1995, before novel agents were introduced into standard care, is characterised by progressively shorter durations of response and survival with each recurrent relapse. The **aim of this study** was to describe the effect that the introduction of recent therapeutic advances has had on the pattern of relapse in patients with FL.

Methods

Study period: 1997- 2012
235 newly diagnosed FL (grade 1-3a)
Median age : 57 years (range: 24-89)
Stage III-IV: 68%
Survival analysis and duration of remission was performed by the Kaplan-Meier method.

Results

Median follow up: 8 years (range: 1.0 - 17)

5-year and 10-year OS were 82% (95%CI: 76 - 86%) and 66% (95%CI: 58 -72%), respectively

Management at diagnosis:

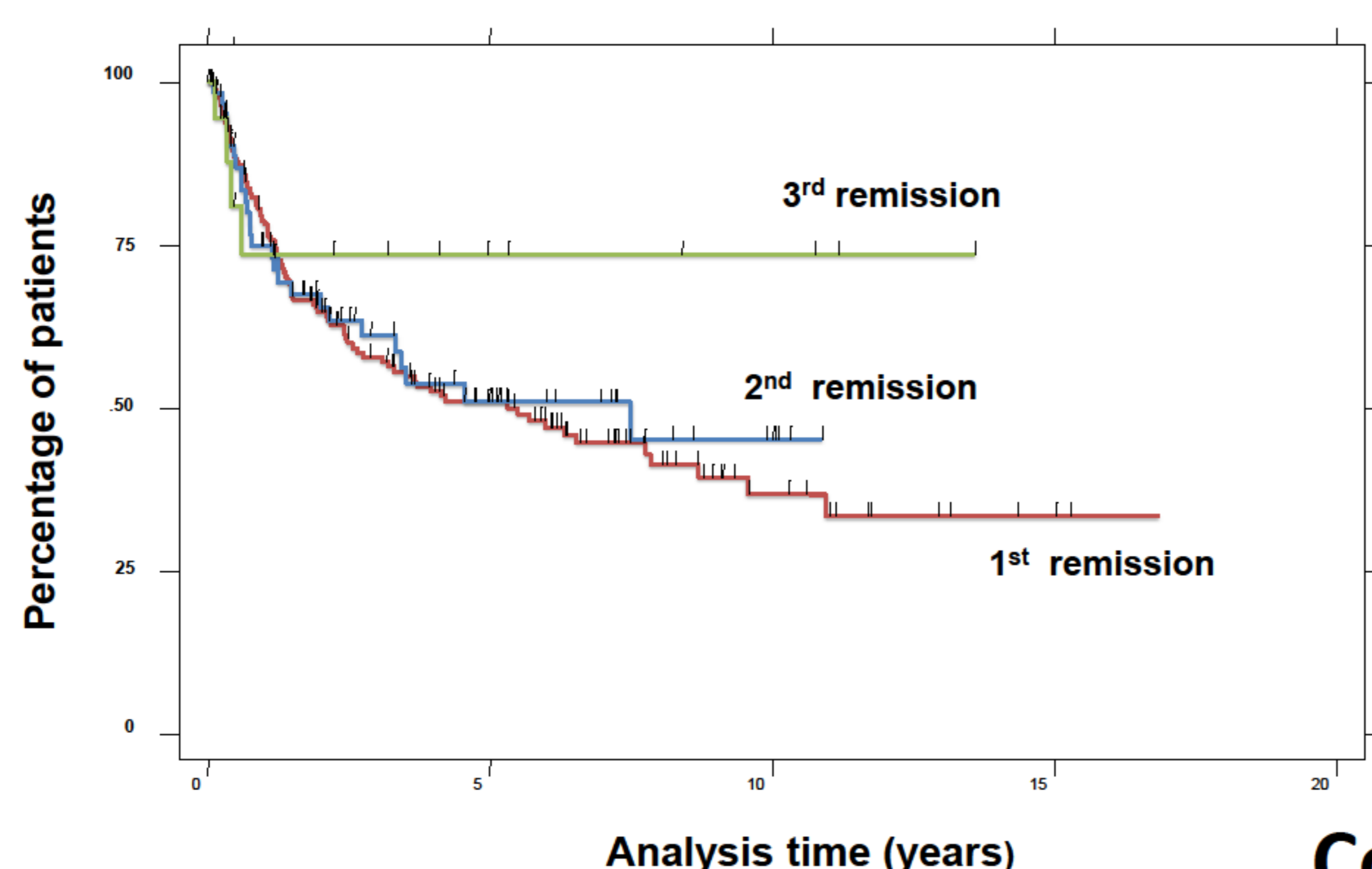
- 116 expectant management (41 never required treatment)
- 28 CHOP +/- rituximab
- 55 chlorambucil +/- rituximab
- 21 radiotherapy
- 10 fludarabine-based
- 2 bendamustine based
- 3 single agent rituximab

Management during follow up:

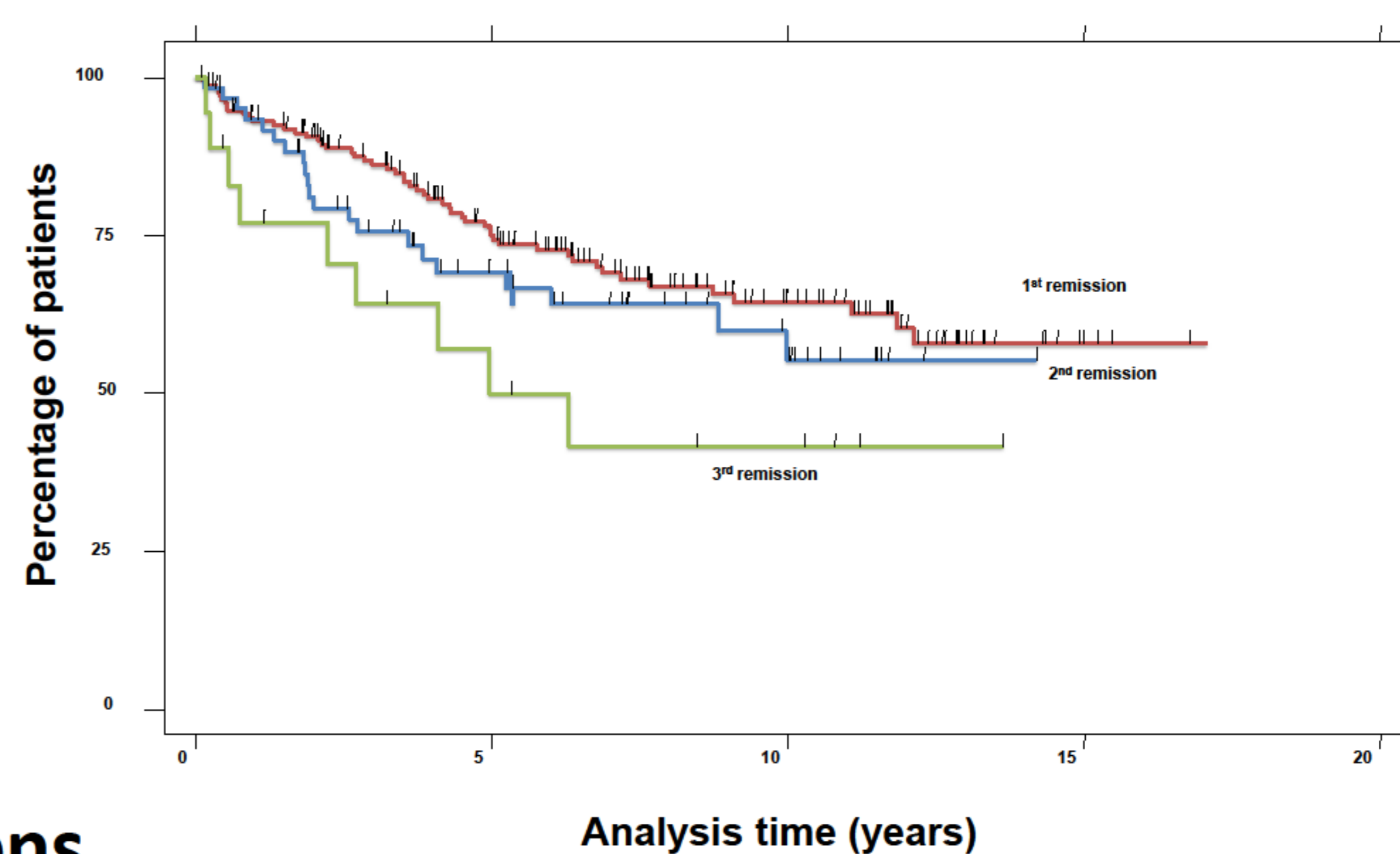
- High-dose therapy with autologous stem cell rescue
 - 11 patients in 1st remission
 - 19 at 2nd remission
 - 1 in 3rd remission
- 137 patients received rituximab at some point as part of their treatment
 - 81 as part of the initial treatment
 - 56 as part of subsequent treatments

	Number of patients treated	Patients treated with rituximab	Response rate	Median duration of response from best response	Median survival from best response
Initial treatment	194	47%	92%	5.5 years	Not reached
1 st relapse	80	51%	80%	7.5 years	Not reached
2 nd relapse	26	19%	69%	Not reached	5.5 years

Duration of remission from best response



Survival from best response



Conclusions

In contrast to the previous description of the clinical course of FL, we did not observe substantial shortening of the response duration and survival with each subsequent relapse. This demonstrates that the introduction of new therapeutic options impacts not only on the outcome of patients but can also alter the clinical course of the disease.

