

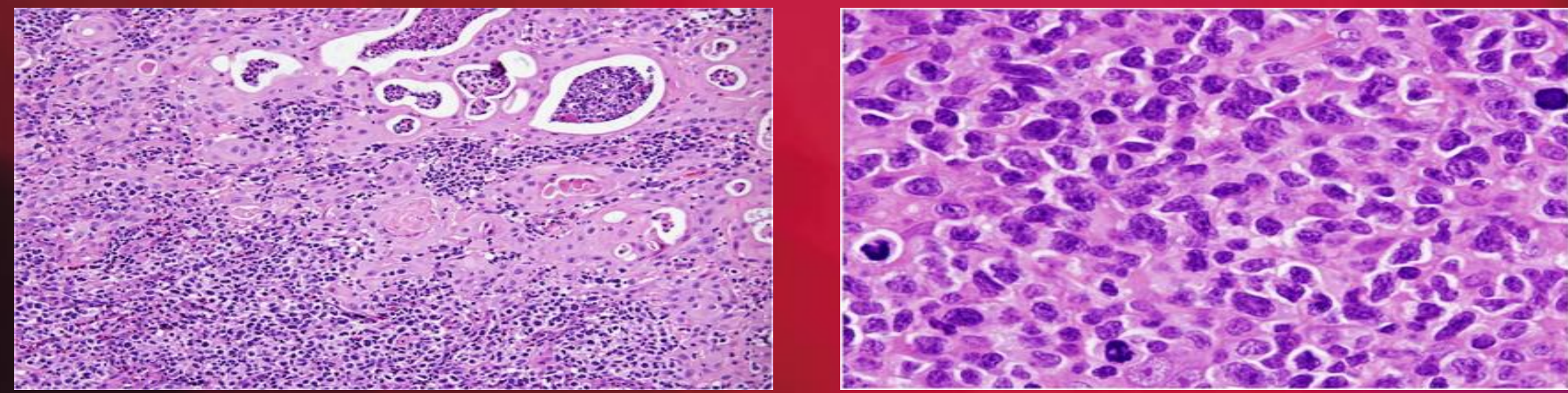


The GELOX- radiotherapy sandwich regime is a highly effective outpatient regimen for limited stage Extranodal Natural Killer / T cell Lymphoma nasal type with acceptable toxicity.

J Saeed, S Sivabalasingham, W Townsend, N Thakrar, J Lambert, S Mohamadbhai, A Virchis, C McNamara, K Cwynarski, K Ardesbna.  
University College London Hospital,  
United Kingdom

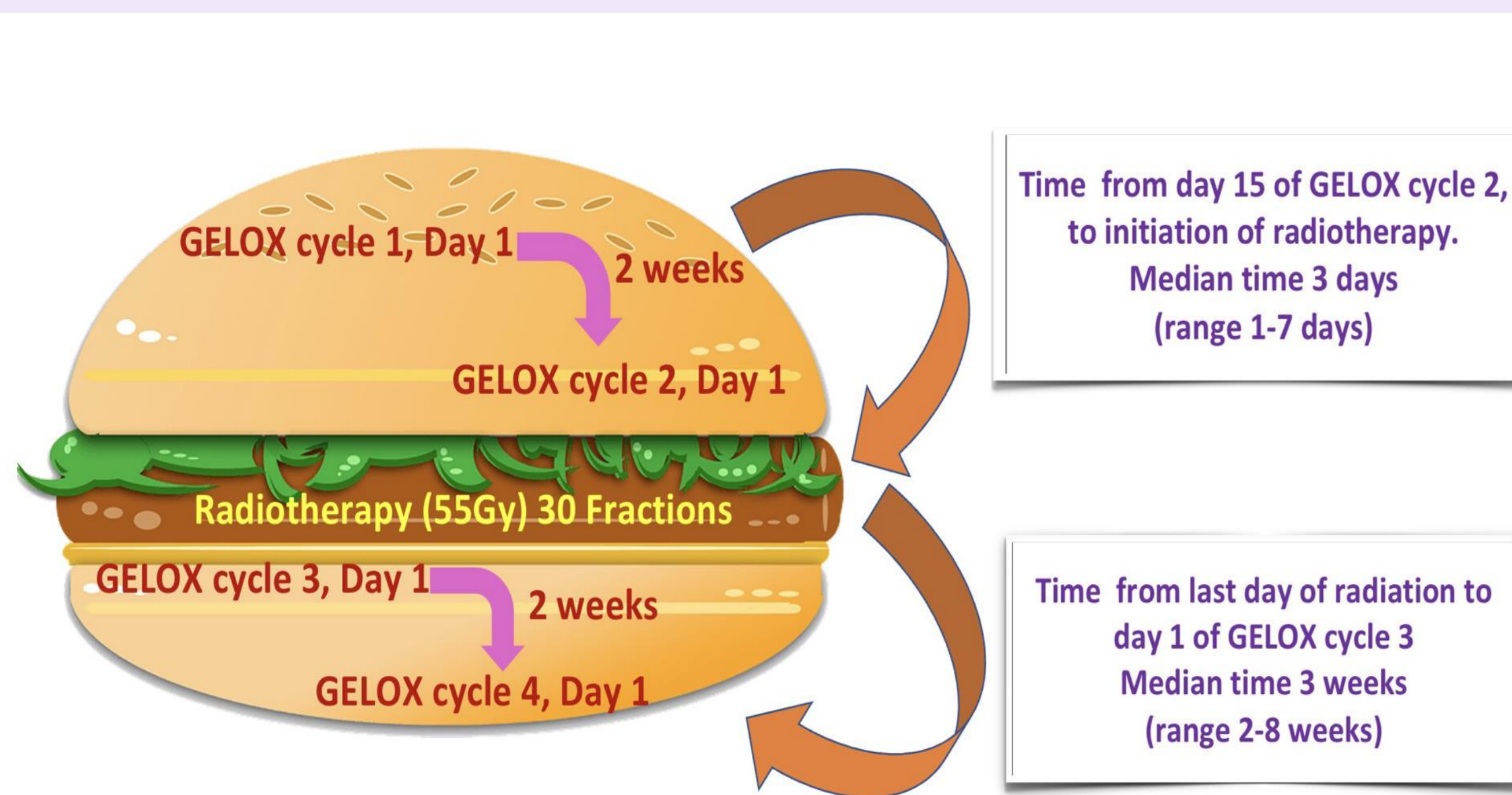
## INTRODUCTION

Extranodal natural killer/T-cell lymphoma, nasal type (ENKTL) is a rare subtype of non-Hodgkin lymphoma. The upper aerodigestive tract is the most commonly involved site, primarily the nasal cavity. Optimal treatment strategies for patients with ENKTL have not been fully established as there have been very few randomized trials and existing data is usually retrospective, involving small patient numbers. Here we present the outcome of patients with limited stage ENKTL treated with the GELOX-radiotherapy sandwich regimen at our Centre.



## METHODS

We retrospectively evaluated the efficacy and safety profiles of this combined modality regimen in patients with early stage ENKTL. Two cycles of GELOX chemotherapy (gemcitabine 1250 mg/m<sup>2</sup>, oxaliplatin 85mg/m<sup>2</sup> and PEGasparaginase 2500 Units/m<sup>2</sup> all given on day 1 of a 15 day cycle) were followed by radiation 55Gy in 30 fractions and then 2 more cycles of GELOX in patients with early stage ENKTL.



Total treatment time : GELOX cycle 1, Day 1 to GELOX cycle 4, Day 15 = 18 weeks ( 17 -22 weeks )

Efficacy endpoints were overall response rate (ORR), complete response rate (CMR), progression free survival (PFS) and overall survival (OS). Toxicity data was collected from patients electronic records as well as their radiotherapy and chemotherapy records.

## CONCLUSION

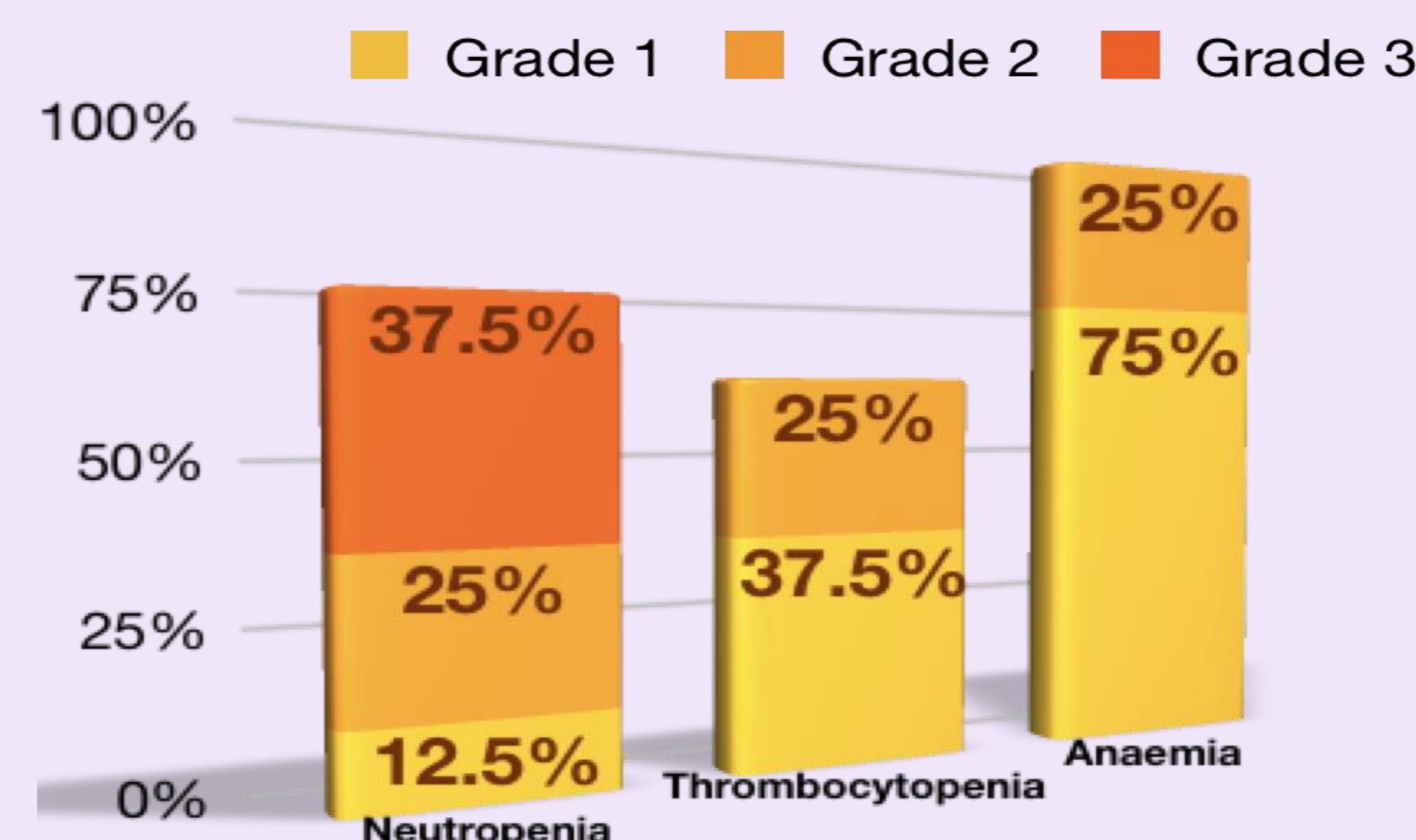
Our results indicated that GELOX Radiotherapy sandwich regimen is highly effective treatment strategy for limited stage Extranodal Natural Killer / T cell Lymphoma which is well tolerated and can be administered with requisite prophylaxis as an outpatient therapy.

## RESULTS

A total of 9 patients were newly diagnosed with Extranodal Natural Killer / T cell Lymphoma between the year 2013 to 2019.

PATIENTS' CHARACTERISTICS	
Total number of Patients	9
Number of Male/Female Patients	6/3
Age Range	34 – 76 years
Staging of the Disease	Stage 1E – 6 patients
	Stage 2E – 3 patients
OUTCOME	
Number of Patients who completed treatment	8
Number of Patients who achieved complete metabolic response	8
Duration of treatment	18 weeks
	Range (17-22 weeks)
Follow up time post treatment	Median 11.5 months
	Range (2-55 months)
One year overall survival rate (OS)	89%
One year progression free survival rate (PFS)	89%

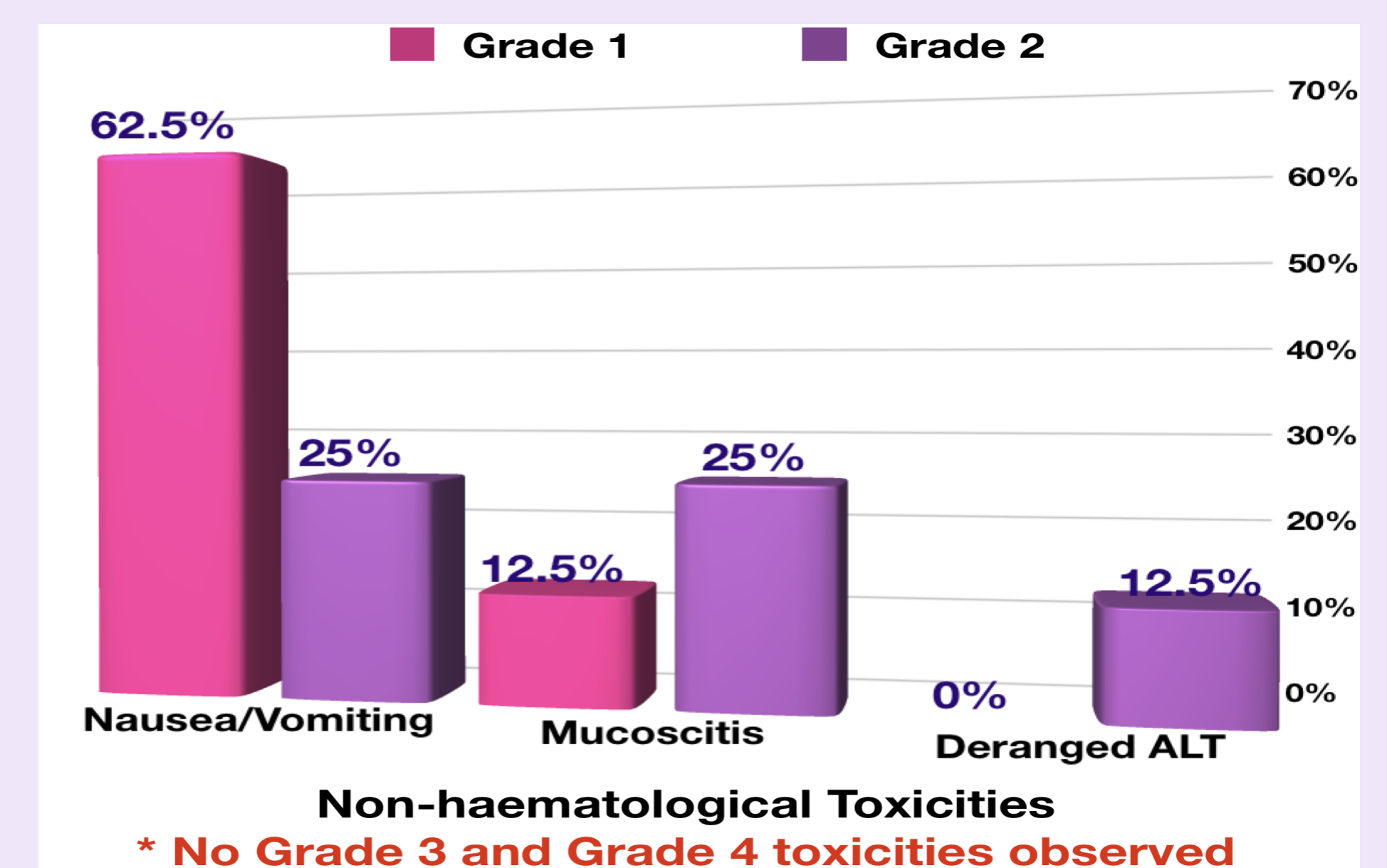
- One patient deteriorated and died with progressive haemophagocytic lymphohistiocytosis after one cycle of treatment before assessing any treatment response.
- By intention to treat the overall response rate and complete metabolic response rate was 89%.



### Haematological Toxicities

\* No Grade 4 toxicity observed

Most common non-haematological Toxicities were nausea and vomiting. 2 patients required admission for 5 and 7 days respectively for grade 2 nausea and vomiting.



### Non-haematological Toxicities

\* No Grade 3 and Grade 4 toxicities observed

2 patients ( 25% ) had reactivation of previous infections. 1 had tuberculosis who did not receive any Prophylaxis during treatment, while the other patient developed Herpes simplex virus infection despite aciclovir prophylaxis. No deterioration of renal functions were observed in any patient.

## CONTACT DETAILS

Dr. Jawad Saeed

[Jawad.saeed@nhs.net](mailto:Jawad.saeed@nhs.net)