Interim PET in Diffuse Large B Cell Lymphoma.The GEL/TAMO experience



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Disclosures for Dolores Caballero

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Interim PET analysis in patients with intermediate risk DLBCL treated with R-CHOP 14

Inclusion criteria

- Patients >=65 years with non localized disease
- Patients <65 with non localized disease ,IPI 0-2
- Diagnosed of DLBCL CD20+
- ECOG 0-2

Phase II multicenter prospective Trial

Objetive

- Progression Free Survival
- Influence of an interim PET (after 2 R-CHOP 14 cycles) and PET at the end of treatment (6 R-CHOP) in Overall Survival and Progression Free Survival in patients with DLBCL.

Phase II multicenter prospective Trial

Interim and End-of-Treatment 18F-FDG-PET in DLBCL after 6 R-CHOP-14 . A phase II Trial







Patients characteristics (n=66)

Median age	57 (18-79)
>65 y	47%
Gender M/F	53/47
Bulky mass (>10 cm)	23%
Ann Arbor Stage III,IV	64%
High LDH	48%
High beta2 microglobuline	35%
PS >1	14%
IPI 0-2	69%
IPI 3-5	33 %

González-Barca E ASH 2009





Influence of early PET on Overall Survival and PFS



Median follow up 10 mo (2-31)



Treatment stratification based on an early PET/CT evaluation in patients with high IPI DLBCL

Complete Remission and Survival In Young Patients with IPI 2,3





NEJMed, 1993





Patients characteristics (n=86)

Median age	53 (18-68)
Gender M/F	48/38
B Symptoms	51 (58%)
Bulky mass (>10 cm)	36 (42%)
Ann Arbor Stage III,IV	76 (88%)
Infiltrated bone marrow	24 (29%)
High LDH	70 (82%)
High beta2 microglobuline	40 (51%)
PS >1	40 (48%)
aIPI 2,3	68 (79%)

OS and PFS according to gallium 67 scan response after 3 MEGACHOP +/- IFE salvage



Continuous line: CR/ PR with negative Ga⁶⁷S treated with MegaCHOP followed by BEAM/ ASCT. Dashed line : PR positive Ga⁶⁷S treated with MegaCHOP + IFE followed by BEAM/ ASCT.

Arranz EHJ2008 Dotted line : TF after MegaCHOP+ IFE.

Influence of the rituximab induction in survival according the IPI % of patients OS at 5 y

	0,1	35	72
	2	27	50
IPI	3	22	43
	4,5	16	26
	0	10	92
RIPI	1,2	45	82
	3,4,5	45	58

Sehn ,Blood 2006



Objetives

□ To evaluate Event free survival in:

•Patients PET/CT positive after 3 R-MEGACHOP receiving R-IFE + ASCT and in

•Patients PET/CT negative after R-MEGACHOP receiving other 3 R-MEGACHOP courses

Patient's characteristics (n=71)

 Median age
 55 (25-69)

 Gender M/F
 58/42 %

 High LDH
 70 (82%)

 High beta2 m
 (51%)

 aIPI 2,3
 (83%)

Preliminary results

Response	After 3 R- MEGACHOP	After 2 R –IFE+/- ASCT	Last follow up
CR PET/CTneg	36 (51%)	12 (17%)	44 (66 %)
PR PET/CTpos	27 (38%)	9 (13%)	6 (8%)
PGR PET pos or NR	2 (3%)	2 (3%)	6 (8%)
Non EV	5 (8%)	4 (6%)	3 (4%)
Toxic death	1 (1,5%)		7 (9,9%)
Total	71	26	66

Overall Survival and PFS



Median follow up 10.6 mo (2-30)

PFS and OS according to early response to PET/CT after 3 R-MEGACHOP



Comments and future

 Centralised retrospective PET review in these two studies

First final analysis (may 2011)

The role of PET/CT in our next trials ??

Prospective centralised review in future rials





R-ESHAP as salvage therapy previous to ASCT. Influence of rituximab and of PET evaluation

R-ESHAP as salvage regimen in 151 patients with DLBCL



at R-ESHAP	number (%)	
age (median)	54 (range: 19 – 70)	
Sex: male	86 (58)	
III-IV stage	95 (63)	
Extranodal disease	74 (49)	
bulky (>10 cm)	41 (27)	
IPI		
0-1 (low risk)	66 (46)	
2-3 (intermediate)	67 (47)	
4-5 (high risk)	9 (6%)	
Disease status		
primary refractory disease	35 (41)	
(less than CR after 1rst regimen)		
1rst relapse	83 (55)	
>1rst relapse	2 (1)	

94 patients received an ASCT

R-ESHAP in DLBCL.Impact of ASCT in Overall survival



Martín hematologica 2008



Influence of Rituximab induction in the transplant outcome

