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Outcomes of newly diagnosed diffuse large B cell lymphoma treated with rituximab dose-adjusted EPOCH and rituximab-CHOP at King Chulalongkorn Memorial Hospital

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Background: Since the introduction of rituximab (R), outcome of diffuse large B cell lymphoma (DLBCL) has significantly improved. R-CHOP (C: Cyclophosphamide, H: Adriamycin, O: Vincristine and P: Prednisolone) has been the standard treatment over the past decade. However, about 30% of DLBCL relapsed or were refractory to the treatment. There were evidence showing benefit of adding etoposide (E) and administrating treatment in a dynamic dose adjusting fashion so called dose-adjusted (DA) EPOCH. Several phase II trials showed promising outcome of R-DA-EPOCH especially in some DLBCL subtypes such as primary mediastinal B cell lymphoma. We hypothesized that R-DA-EPOCH would be better than R-CHOP in DLBCL not otherwise specified (NOS). Herein, we compared treatment outcome of DLBCL patients treated with R-CHOP and R-DA-EPOCH at our institution.

Samples & Methods: We identified 178 newly diagnosed DLBCL-NOS patients treated with at least one cycle of R-CHOP or R-DA-EPOCH at the King Chulalongkorn Memorial Hospital between January 2011 and August 2016 (150 R-CHOP and 28 R-DA-EPOCH). We described baseline characteristics, treatment and compared toxicities including outcomes between R-CHOP and R-DA-EPOCH treated DLBCL patients.

Results: Baseline characteristics are summarized in table 1. R-DA-EPOCH treated patients were significantly older, had higher proportion of B symptoms, elevated LDH and high intermediate/high risk diseases. The overall response rate was similar between two groups (97.3% in R- CHOP vs. 92.9% in R-DA-EPOCH). At the time of analysis, 20 patients had died (15 R-CHOP and R-DA-EPOCH). With a median follow up duration of 32 months, 2-year progression free survival (PFS), overall survival (OS) for the entire cohort was 89% and 92.1% respectively. R-CHOP treated patients had similar PFS but marginally better OS than R-DA-EPOCH cohorts (90.2% vs. 80.9%, P=0.09 for PFS and 93.1% vs. 85.3%, P=0.05 for OS) (Figure 1). Subgroup analysis on 77 high-risk patients, PFS and OS were not different between R-CHOP and R-DA-EPOCH treated patients (Figure 2). R-DA-EPOCH had more grade III/IV hematological toxicities. Univariable analysis identified elevated LDH, advanced stage disease and HI/high IPI as significant risk factor of inferior survival. Cell of origin was not a predictive factor in our cohort but germinal center B cell (GCB) like DLBCL who received R-DA-EPOCH showed trend toward better survival. Using multiple variable cox proportional hazard analysis, HI/high IPI is the only independent factor of inferior survival.

Conclusions: In our study, DLBCL treated with R-DA-EPOCH had similar outcome to R-CHOP treated cohort. Whether R-DA-EPOCH would be more beneficial for specific subset, this finding may be re-evaluated in larger prospective controlled trial. Further analysis of CALGB 50303 is pending and would be informative.

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Efficacy and safety of ferric carboxymaltose in the treatment of iron deficiency anemia in women with benign gynaecological disorders

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The aim of the trial was to study the efficacy and safety of intravenous ferric carboxymaltose (FCM) in gynaecological patients with iron deficiency anemia (IDA) in terms of time of onset of response, improvement in haematological parameters, qualitative improvement in symptoms and adverse effects. A prospective observational study was conducted in a tertiary hospital for duration of one year. 30 gynaecological patients having IDA with Hb 6-8 g/dl and serum ferritin <15µg/L were given intravenous 1000 mg FCM over two weeks (500 mg X 2 infusions). Changes in haematological variables, improvement in clinical parameters and adverse effects were studied over a period of four weeks. At the end of study, Hb increment of ≥3 g% was seen in more than half of patients. Mean Hb increased to 10.14 g/dl from baseline value of 6.97 g/dl at the end of the study with only two infusions of FCM. MCV normalized in 43.33% of women on day 14 and in 100% of women on day 28. Mean serum ferritin increased from baseline value of 7.88 µg/L to 147.70 µg/L on day 28 reflecting replenishment of iron stores. Significant improvement in clinical parameters like fatigue, dyspnoea, palpitations was observed. Minor side effects like headache, dizziness and thrombophlebitis were observed in 13.33%, 10.00% and 6.67% women respectively. We concluded that intravenous FCM is effective, safe and convenient for treatment of IDA in gynaecological patients.

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