Extended follow-up of CD4+ T cell recovery kinetics in a large cohort of patients with B-cell lymphoproliferative disease treated with Rituximab-Bendamustine.

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Extended follow-up of CD4+ T cell recovery kinetics in a large cohort of patients with B-cell lymphoproliferative disease treated with Rituximab-Bendamustine.

Hematol Oncol. 2020 Aug 29;:
Authors: Gaiolla R, Hartley S, Beech A, Knight H, Smith D, Bishton M, Fox CP, Martinez-Calle N

Abstract
Combined with anti-CD20 monoclonal antibodies (MAb), bendamustine has historically been used as frontline therapy for chronic lymphocytic leukemia (CLL) patients unsuitable for fludarabine combinations 1,2, and for the treatment of relapsed CLL 3 and indolent non-Hodgkin lymphomas (iNHL) 4. In recent years, it has been increasingly used as initial therapy for iNHL, particularly follicular lymphoma 5–7. In 2017, the UK Medicines and Healthcare products Regulatory Agency (MHRA) issued a warning highlighting the risk of prolonged lymphopenia after bendamustine based therapies 8. This article is protected by copyright. All rights reserved. This article is protected by copyright. All rights reserved.

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Frequent loss of CD10 expression in follicular lymphoma with leukaemic presentation.

Related Articles
Frequent loss of CD10 expression in follicular lymphoma with leukaemic presentation.

Authors: Chen SW, Chang ST, Hsieh YC, Kuo CC, Wu HC, Feng YH, Chuang SS

Abstract
INTRODUCTION: Follicular lymphoma (FL) is usually a nodal lymphoma expressing CD10, rarely with leukaemic presentation (FL-LP).

MATERIALS AND METHODS: We searched for FL-LP in our institution from 2000 to 2018 and characterised the neoplastic cells by flow cytometry, immunohistochemistry and fluorescence in situ hybridization. Thirteen (6.1%) of 212 FL cases were FL-LP, all de novo neoplasms. The leukaemic cells were small in 12 cases and large in one. All had concurrent FL, mostly (92%; 12/13) low-grade. The single case with large leukaemic cells had a concurrent primary splenic low-grade FL and a double-hit large B-cell lymphoma in the marrow.

RESULTS: CD10 was expressed in the leukaemic cells in 38% (5÷13) cases by flow cytometry and in 77% (10÷13) cases in tumours (p= 0.0471). IGH/BCL2 reciprocal translocation was identified in 85% (11÷13) cases. Most patients were treated with chemotherapy. In a median follow-up time of 36 months, nine patients were in complete remission. The 2- and 5-year survival rates were at 100% and 83%, respectively. In this study, we characterised a series of de novo FL-LP in Taiwan. All patients had concurrent nodal and/or tissue tumours, which might suggest that these patients seek medical help too late.

CONCLUSION: The lower CD10 expression rate by flow cytometry than by immunohistochemistry might be due to different epitopes for these assays. Alternatively, loss of CD10 expression might play a role in the pathogenesis of leukaemic change. The clinical course of FL-LP could be aggressive, but a significant proportion of the patients obtained complete remission with chemotherapy.

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Maintenance rituximab in Veterans with follicular lymphoma.

Related Articles
Maintenance rituximab in Veterans with follicular lymphoma.

Cancer Med. 2020 Aug 28;:

Abstract
Real-world practice patterns and clinical outcomes in patients with follicular lymphoma (FL), including the adoption of maintenance rituximab (MR) therapy in the United States (US), have been reported in few studies since the release of the National
LymphoCare Study almost a decade ago. We analyzed data from the largest integrated healthcare system in the United States, the Veterans Health Administration (VHA), to identify rates of adoption and effectiveness of MR in FL patients after first-line (1L) treatment. We identified previously untreated patients with FL in the VHA between 2006 and 2014 who achieved at least stable disease after chemoimmunotherapy or immunotherapy. Among these patients, those who initiated MR within 238 days of 1L composed the MR group, whereas those who did not were classified as the non-MR group. We examined the effect of MR on progression-free survival (PFS) and overall survival (OS). A total of 676 patients met our inclusion criteria, of whom 300 received MR. MR was associated with significant PFS (hazard ratio [HR]=0.55, P