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The addition of immunotherapy to chemotherapy in the treatment of diffuse large B-cell lymphoma: Retrospective comparison of CHOP versus R-CHOP regimens in Egyptian patients.

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In Egypt, the studies conducted comparing CHOP with other chemotherapeutic options proved the superiority of CHOP. Addition of rituximab to the CHOP regimen improved outcomes for patients with diffuse large B-cell lymphoma [DLBCL]. Hence, we conducted a retrospective study comparing CHOP with R-CHOP.

Patients and Methods: A total of 85 Egyptian patients with DLBCL treated at NCI and WNH were considered for this study. The patients were classified into two groups. The first group consisted of 42 patients in whom CHOP regimen had been used, and the second included 43 patients treated with R-CHOP. All patients had an untreated DLBCL according to the WHO Classification; stage II, III, or IV, and performance status zero to 2 according to the ECOG scale. All patients completed their protocols between February 2002 and December 2005. The median age for the first group was 52.9 years, with the oldest patient being 72 years old. 71% were males and 29% females, 26% had stage II disease, 43% had stage III disease, and the rest had stage 4 disease; 67% had LDH levels; and IPI score was zero, 1 or 2 in 71.4% and 3 in 28.6% of the patients. The second group had a median age of 53.6 years, with the oldest patient being 81 years old, 72% were males and 28% females, 23% had stage II disease, 44% had stage III disease and the rest had stage 4 disease; 70% had elevated LDH levels; and IPI score was zero, 1 or 2 in 67.5% and 3 in 32.5% of the patients.

Results: A total of 13 patients died, 9 of whom were in group 1 [21.4%] and 4 in group 2 [9.3%]. Two patients [4.8%] in group 1 died during treatment; one was due to sepsis and the second was due to liver cell failure [chronic HCV infection complicated by liver cirrhosis] and the rest were due to disease progression [PD] or relapse. One patient [2.3%] in group 2 died during treatment due to pulmonary embolism following right femur fracture and the rest died either due to PD or relapse. Six patients [14.2%] relapsed in group 1 and three patients in group 2 [6.9%]. The first group had a complete remission [CR] rate of 61.9%, uncompleted response rate [PR + SD] of 9.5%, and 23.8% had PD. At a median follow up of 72 months; the disease free survival [DFS] was 52.3%, and the overall survival [OS] was 78.5%. The second group showed a CR rate of 79%, uncompleted response [PR + SD] of 9.3% and 9.3% had PD. DFS was 76.7%, and OS was 90.6% at 72 months. The differences were significant for the overall survival ($P=0.12$) and disease free survival ($p=0.06$). Incidence of serious toxicities and complications was more or less similar in both groups.

Interpretation: The addition of Rituximab to CHOP improved CR, DFS, and OS rates in Egyptian patients with diffuse large-B-cell lymphoma.

Biography

Usama Elnagar has his expertise in the field of medical oncology, malignant hematology, bone marrow transplantation and clinical nutrition. He has passion in improving the quality of medical care provided to patients. He joined AS Salam International Hospital (ASSIH) in 1998, Wadi EIneel Hospital (WNH) in 1999. He offered the best medical care for his patients. He assisted greatly with passion to win the JCI accreditation for ASSIH in 2009 and to win the JCI accreditation for WNH in 2013 and reaccreditation in 2016. Recently, he joined Prince Sattam University Hospital in KSA.

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