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What will be the future after R-CHOP in patient with DLBCL?

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R-CHOP (combination of rituximab plus standard CHOP regimen) has become the standard for treating patients with diffuse large B-cell lymphoma (DLBCL). This combination of 8 cycles of chemo-immunotherapy every 3 weeks was demonstrated as superior to CHOP alone in several studies in different settings. It allows increasing the CR rate, decreasing the relapse rate, prolonging event-free survival, progression-free survival, disease-free survival, and overall survival. This is true in young and elderly patients, in patients with low- or high-risk lymphoma. However, several questions remain for improving on these results.

1. 8 or 6 cycles or R-CHOP?

One study (RICOVER) looked at this question but the current follow-up is too short to conclude. If 6 does the same as 8 cycles, the relapse rate (early and late relapses) will be the same in both groups and we need a 5- or 7-year follow-up to demonstrate this.

2. Dose-dense regimen?

CHOP-14 was demonstrated having a greater efficacy in elderly patients but not in young ones. R-CHOP-14 was not surprisingly better than CHOP-14 but the good question not yet answered is is there an advantage of R-CHOP-14 over R-CHOP-21. Currently, proposing R-CHOP-14 to any patient outside a clinical trial exposes them to a greater toxicity without demonstrated benefit.

3. Dose-intense regimen?

Dose-intense regimen means increasing the dose of CHOP drugs or adding new drugs or both, sometimes given the increasing doses more frequently (dose-dense, dose-intense regimens). Her too the question remains open. Several studies have demonstrated a benefit in increasing the dose of CHOP in some subgroups of patients with high-risk lymphoma but nothing have yet been demonstrated if rituximab is added to the regimen. On the contrary, one study shown that if CHOEP is better than CHOP, R-CHOEP did the same as R-CHOP.

4. High-dose therapy with autologous transplant in first line?

HDT in first CR had been demonstrated as superior to any other regimen in young patients with high-risk lymphoma but rituximab was not part of the regimen. The tendency here is to better select patients for HDT that is patients in partial response to chemotherapy. Poor responding patients are proposed to be selected on PET scan, early or at the end of planned treatment. However, the benefit of such PET scan-driven strategy has to be confirmed.