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Reduced intensity allogeneic transplant for low grade non Hodgkin's lymphoma

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Of 121 mini transplants carried out altogether in Non Hodgkin's lymphoma by our group and associates, 50 had been in high grade Non Hodgkin's lymphoma with 16 of those in patients previously transformed. 21 have been in mantle cell lymphoma and 50 have been in follicular lymphoma. It is this last group pf 50 in follicular lymphoma that will be described in this presentation.

Patient characteristics

The median age of all patients has been 45 years and we now have a median follow up of 36 months. 63% of the patients have had HLA match related donors and 37% of the patients unrelated donors with 29 of these 45 matched and 18 of these 45 mismatched. In the follicular lymphoma group 26% of the patients had a prior autologous transplant. Acute GVHD grades 2 to 4 occurred in 14% of patients and extensive chronic GVHD in 10%.

Conditioning Regimen

We have used five days of Alemtuzumab 20 mg daily, five days of Fludarabine 150 mg/m^2 daily, and a single dose of Melphalanon day -2 140 mg/m^2. GVHD prophylaxis has been with Cyclosporin A from day -1.

Results

The non relapsed mortality for high grade patients has been 37% with 40% of high grade patients ultimately relapsing. Their current progression free survival at 2000 days is 38%.

In the mantle cell patients the non relapsed mortality has been 16% and the current progression free survival 39%. The overall survival has been 78% at 2000 days.

Follicular NHL

The non relapsed mortality of these 50 patients has been 15% with 31% of patients relapsing and 69% of patients are currently progression free.

Conclusions

This is a remarkably good result particularly in follicular lymphoma patients, a quarter of whom had previously had an autologous transplant. The non relapse mortality is low and is similar to that seen by several groups with similar patients and in chronic lymphocytic leukaemia. A significant number of these patients respond to donor lymphocytes after relapse and the *current progression free survival* includes those patients who have never relapsed post mini transplant and those patients put into a further remission after DLI.

So good are the results, apparently, that the whole approach to the management of these patients should be reconsidered. These results call into question the continual or repeated management of these patients with different forms of chemotherapy after first relapse and also the whole value of potential autologous transplant. If graft vs. lymphoma effect indeed is effective in these patients, if they respond even after relapse donor lymphocyte infusion and if the whole procedure is safe, then for many of these patients a reduced intensity allogeneic transplant with potentially curative value should be considered early in the disease.