[haematologica reports]
2006;2(13):102

Relapsed peripheral T-cell non-Hodgkin's lymphomas: outcome following reduced-intensity conditioning allogeneic stem cell transplantation

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Peripheral T-cell non-Hodgkin Lymphomas (PTCL) account for 15-20% of aggressive lymphomas and include different entities. Several studies have shown that T-cell phenotype was associated to a worse outcome compared with B-cell phenotype, with the exception of alk-positive anaplastic large cell lymphoma (ALCL).[1] High-dose chemotherapy with autologous stem cell transplantation (SCT) have demonstrated a limited benefit in relapsed alk-negative PTCL with 3-year event-free survival ranging from 20% to 40%.[2,3] In aggressive lymphomas, it has been demonstrated that myeloablative allogeneic SCT is associated with a lower relapse rate than autologous SCT. However, the higher transplant-related mortality (TRM) associated to allograft offsets any survival benefit. Over the past few years, reduced-intensity conditioning (RIC) regimens have been developed to decrease morbidity and TRM and encouraging results have been reported in patients affected by relapsed lymphomas. We had previously shown the existence of a graft-versus-lymphoma effect against PTCL.[4] Recently, we extended our previous observations to 32 patients receving allogeneic SCT. All patients received several courses of debulkying chemotherapy followed by a RIC regimen. Patients' median age was 42 years (range, 15-64). Histologic subtypes included: unspecified (n=14), specified (n=16) and lymphoblastic (n=2). Twenty-seven pts (84%) received transplant from HLA-identical sibling donor, 3 from haploidentical donor and 2 from unrelated donor. The median time from diagnosis to transplantation was 16 months. Seven-teen patients (53%) had failed a previous auto-SCT. The majority of patients (72%) had chemosensitive disease at the time of allogeneic SCT. At a median follow-up of 30 months (range, 6-86), 22 (69%) were alive (n= 16 in CR) and 10 died (n=6 disease, n=4 toxicity). The estimated 5 year OS and PFS projections were 62% (95% CI, 42-82%) and 53% (95% CI, 35-71%), respectively. Relapses (n=14) occurred in the first 6 months after allograft and we did not observe differences in PFS between specified and unspecified variants.

In conclusion, our data indicate: 1) long-term disease control can be achieved in patients with relapsed T-cell lymphomas still having a chemosensitive disease; 2) although optimal therapeutic strategies for relapsed PTCL are yet to be defined, the role of allogeneic SCT should be investigated.

References

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