Case Report Follicular Lymphoma
Case Report FL

- 12/2010 - female patient, 68 years old, asymptomatic lymphadenopathy
  - CT: bilateral axillary, mesenterial, retroperitoneal +inguinal lymph nodes
  - biopsy of retroperitoneal lymph node: FL Grade I-II
  - no constitutional symptoms, no cytopenias

- Diagnosis: Follicular Lymphoma Grade I-II,
  Stage: III A
  FLIPI: high risk

- 12/2010: watch & wait

- 01/2011: patient develops abdominal pain, indication for starting treatment

- 01-04/2011: 1st line treatment: 4 cycles Rituximab+Bendamustin

- 04/2011: CT-scan: no change / stable disease
Case Report FL

- 05-09/2011: change of chemotherapy backbone: 2nd line treatment 6 cycles R-CHOP
- 09/2011: CT-scan: partial remission
- 05/2012: CT scan: progressive axillary lymph nodes; no symptoms
- 05/2012 biopsy of axillary lymph node: FL grade I-II confirmed
- 07/2012: bone marrow biopsy without lymphoma infiltration
- 11/2012: CT scan: progressive axillary, iliacal and inguinal lymphadenopathy; no symptoms; watch & wait
- 11/2012- 01/2016: watch & wait
- 01/2016: CT scan: progressive disease
  Patient develops constitutional symptoms: weight loss, night sweat
Case Report FL

- 02/2016: starting 3rd line treatment with Idelalisib
- 05/2016: CT scan: partial remission. B-Symptoms disappeared, well being
- 07/2016: diarrhoe grade IV, acute renal failure, 4 weeks hospitalisation, Idelalisib withdrawn
- 09/2016: CT scan: progressive disease, beginning ureter compression + agaon constitutional symptoms (night sweat, weight loss)
- 09/2016: rechallenge with Idelalisib discussed; patient refuses
- 09/2016-01/2017: 4th line treatment: 5 cycles immunochemotherapy with R-MCP well tolerated but prolonged neutropenia at end of treatment, -> omission of cycle #6
- 01/2017: CT-scan: partial remission; well being
Case Report FL

- 04/2017: patient develops abdominal pain and night sweats

- 06/2017: CT-scan: progressive disease of cervical, mediastinal, axillary and abdominal lymph nodes, abdominal bulk 10 cm, signs of bowel manifestation
  
  LDH raised
CT scan 06/2017
Case Report FL

- 06/2017: Endoscopy: biopsy proves lymphoma infiltration of stomach and terminal ileum
- 07/2017: 5th line treatment: Obinutuzumab+Bendamustin cycles #1 + #2
- 08/2017: less abdominal pain and constitutional symptoms, LDH declining but several infectious complications: febrile neutropenia, catheter infection, herpes-simplex-II-infection → treatment postponed, port exchanged, antibiotic and antiviral treatment
- 10/17: Pat. recovered; strong therapy wish, continuing treatment with Obinutuzumab+Bendamustin#3
- 10/17: Restaging after 3 cycles: partial remission
- 10/17: Treatment plan: 4-6 cycles O-Bendamustin + Obinutuzumab-maintenance
06/2017

10/2017

ESMO PRECEPTORSHIP PROGRAM
case report FL - discussion

- Which future treatment options if patient relapses again?

  - Idelalisib-rechallenge?
    - approved
    - was effective in 3rd line
    - problem: toxicity

  - Copanlisib?
    - new PI3K-Inhibitor
    - promising data from phase-II-trials in pretreated FL-pat. + less GI-toxicity
    - results from phase-III-trials pending
    - not (yet) approved

  - Radioimmunotherapy?
    - (90Y) -ibritumomab tiuxetan is approved

Venetoclax?
Lenalidomid?
Lenalidomid+Rituximab?
Bortezomib?
Ibrutinib?
Thank you for your attention