DLBCL
Case Presentation

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Clinical case

C.L. Female, 67 years

- No comorbidity

- March 2006: abdominal pain, weight loss (-8 kg) and jaundice
  - CT scan: left pleural effusion; huge abdominal mass with involvement of kidney, mesenteric, celiac and iliac lymph nodes; compression on biliar duct and enlargement of intrahepatic biliar tract; ascites effusion
  - Initial PET: uptake abdominal, pelvic, supraclavicular lymphonodes and left axilla, right thigh bone and posterior mediastinum
Clinical case

- Bone marrow biopsy: negative
- Cytology of abdominal effusion: large B cells CD20+
- Surgical biopsy of mesenteric node: DLBCL Activated B-cell like, MIB1 60%
- Blood sample: High LDH
- FEV 74%
Baseline PET
Q 1: What is the prognosis of this patient?

1. Poor prognosis because it is an activated B-cell-like DLBC

2. Poor prognosis because she has a score 4 according to the International Prognostic Index

3. Poor prognosis because she has bone involvement

4. Poor prognosis because she has a bulky mass
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Q 2: What is the treatment of choice in this high-risk patient?

1. R-CHOEP21 x 8

2. R-CHOP14 x 8

3. R-CHOP21 x 6 +2R (or R-CHOP21 x 8 or R-CHOP14 x 6 +2R)

4. R-CHOP21 or R-CHOP14 with tailored treatment based on interim (after 2 courses) PET results
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Treatment plan: R-CHOP21 x 6 + 2R

Interim PET after 2 cycles: CR
Final re-staging: CR

Disappearance of jaundice
LDH normal value
Q 3: Would you give additional treatment to this high-risk patient?

1. Involved field radiotherapy to bulky disease

2. High dose chemotherapy and autologous stem cell transplantation

3. No additional treatment

4. Rituximab maintenance
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1. Involved field radiotherapy to bulky disease

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3. No additional treatment

4. Rituximab maintenance
Clinical case

- May 2006: admission to the emergency department for chest pain, shortness of breath and cough
- Echocardiogram: pericardial effusion surrounding heart with right atrium compression without sign of cardiac tamponade
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- CT scan: mass in the right atrium; no enlarged lymph nodes
- Cytology of pericardial effusion: monoclonal large B cell CD20+ BCL2 +, Ki67 75%
Q 4: Which salvage treatment would you give to this patient?

1. R-DHAP x 3-4 + high dose chemotherapy and ASCT
2. Involved field radiotherapy
3. Rituximab-bendamustine
4. Rituximab-ICE + ASCT
Q 4: Which salvage treatment would you give to this patient?

1. R-DHAP x 3-4 + high dose chemotherapy and ASCT

2. Involved field radiotherapy

3. Rituximab-bendamustine

4. Rituximab-ICE + ASCT
Clinical case: salvage treatment with RDHAP with reduction of dose

- Partial response after 3 courses with improvement of general condition, reduction of pericardial effusion; collection of Peripheral Blood Stem cells with the aim of HDC+ASCT
- Rapid progression of the disease with increase in the cardiac mass (both atrium), paratracheal, retroperitoneal lymph nodes, right iliac muscle and left kidney involvement
- Death for progressive disease
FIL Studies aimed at addressing some issues

Predictive value of Interim PET in DLBCL?

*Figure 2. PFS according to response at I-PET and F-PET. (A) PFS by I-PET, 85% negative patients (solid line) and 72% positive patients (dashed line), respectively ($P = .047$). (B) PFS by F-PET, 83% negative patients (solid line) and 64% positive patients (dashed line), respectively ($P < .001$).*

This research was originally published in *Blood*. P. Pregno et. al.. *Blood*, Vol.119, no 9: 2066-2073© the American Society of Hematology
FIL Studies aimed at addressing some issues

First line treatment in elderly high risk DLBCL: RCHOP + X? To improve the efficacy?

LR-CHOP21 IIL-REAL07. Prospective multicenter dose finding phase II pilot trial to evaluate efficacy and safety of treatment with lenalidomide plus R-CHOP21 for elderly patients with untreated DLBCL.

Step I dose-finding
FINAL RESPONSE after 6 courses LR-CHOP21
Total = 21 patients
Len 10 mg = 9 patients
Len 15 mg = 9 patients
Len 20 mg = 3 patients

Vitolo U, ASH 2010
THANK YOU!