

Haematological malignancies

Discussion of presentations 2870, 2880, and 2890

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Disclosures

- Member of Advisory Board and Principal Investigator, Takeda
- Research Agreement, Varian Medical Systems

Anand AS. Prospective study of poor prognosis multiple myeloma (MM)

- 30 pts with newly diagnosed ISS2-3 MM not eligible for transplant, presenting with paraparesis/paraplegia (grade 0-2) from spinal cord compression
- Treated with local radiation therapy (RT) (“single shot” 8 Gy) and Bortezomib, Lenalidomide, Dexamethasone, and Zoledronic Acid
- Neurological response: Excellent (in fact outstanding), despite symptom duration 3 weeks before diagnosis, 50 % paraplegic
- Overall disease response: Excellent, OR 100 %, CR + VGPR 87 %

Anand AS. Prospective study of poor prognosis multiple myeloma (MM)

- Background:

- RT achieves permanent local control in MM with doses of 40-50 Gy
- RT achieves excellent palliation in MM with doses of 15-30 Gy
- 8 Gy as a single treatment is effective for pain management
- BLD is a highly active combination in newly diagnosed MM with published OR rates of 100 % and CR rates of > 40 %

Anand AS. Prospective study of poor prognosis multiple myeloma (MM)

- Questions:
- What is the contribution of RT with the highly active systemic treatment?
 - Spinal cord compression needs to be reduced ASAP for best neurological function
 - Is the response faster and more durable if combined with RT?
 - In newly diagnosed aggressive lymphoma (typically DLBCL) with spinal cord compression, systemic treatment is now so effective that this treatment is administered alone initially, and RT is used later for consolidation
 - We need data on newly diagnosed MM patients with spinal cord compression treated with modern, highly effective systemic treatment alone
- Dr. Anand's results are truly excellent and should lead to further investigations into the role of supplementary RT in MM treated with modern, effective systemic treatment (e.g., residual soft tissue masses, "oligo-"residual foci, spinal cord compression)

Honda T et al. FDG-PET in diffuse large B-cell lymphoma

- Retrospective analysis of 98 consecutive pts. with newly diagnosed diffuse large B-cell lymphoma (DLBCL) (no CNS, PMLBCL, transformed)
- Staging with information from PET/CT compared with "conventional" staging with CT, oesophago-gastro-duodeno-scopy, and bone marrow (BM)
- PET upstaged in 8 cases, 4 in gastro-intestinal tract, and 3 cases of colon adenocarcinoma were found
- PET downstaged in 3 cases
- Gastric lesions: many false negatives, few false positives
- Bone marrow: 2/6 false negatives, false positive rate cannot be estimated (BM examination is no gold standard)

Honda T et al. FDG-PET in diffuse large B-cell lymphoma

- The most common extranodal involvement in non Hodgkin lymphomas is in the GI tract
- This was not specifically addressed in the recent Lugano Classification
- The present study questions the reliability of PET for detection of GI involvement in DLBCL
- PET+ lesions should be biopsied, other primary tumours are not infrequently found
- Esophago-gastro-duodenoscopy should be considered in the staging evaluation of pts with DLBCL

Honda T et al. FDG-PET in diffuse large B-cell lymphoma

- PET detects more BM lesions than BM biopsy
- False negative rate was not negligible
- Hence, BM biopsy should be performed if BM negative on PET, and if knowledge of co-existing indolent lymphoma is important
- The present study presents some important considerations which should be investigated further with a view to the next revision of Classification

Wang Y, Jiang M et al. PET evaluation of bone marrow in NK/T-cell lymphoma

- 101 pts with extranodal NK/T-cell lymphoma, 88 nasal, 13 non-nasal, 3 disseminated
- PET demonstrated more bone/bone marrow disease than bone marrow biopsy
- PET demonstrated 24 other extranodal sites
- PET was prognostic in advanced-stage patients

Wang Y, Jiang M et al. PET evaluation of bone marrow in NK/T-cell lymphoma

- Extranodal NK/T-cell lymphomas are much more common in East Asia (3-10 % of lymphomas) than in Western countries (< 1 % of lymphomas)
- We in Western countries need to learn from the vast Asian experience with this disease
- The value of PET has not been extensively analyzed
- Hence, the presented data are very important

Wang Y, Jiang M et al. PET evaluation of bone marrow in NK/T-cell lymphoma

- The distinction up front between localized disease, where RT plays a major role in the curative treatment, and disseminated disease, where aggressive chemotherapy is the only treatment, is extremely important
- The present study indicates that PET is an essential part of the evaluation of patients with extranodal NK/T-cell lymphoma

Thank you for your attention



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