Haematological malignancies
Discussion of presentations 2870, 2880, and 2890

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Disclosures

• Member of Advisory Board and Principal Investigator, Takeda

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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