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# Treatment of mantle cell lymphoma



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# Clinical case

*July 2014*

- ◉ 49 y.o. male, smoker
- ◉ weight loss (9kg), night sweats, febrile, early satiety, abdominal pain
- ◉ Lab: L 15, Hb 109, Pt 83, N 1,2; SR 34, LDH 4,0; CRP16, alb 38
- ◉ Histology (LN inguinal): mantle cell lymphoma, Ki-67: 40%
- ◉ BM: 75% infiltration MCL, t(11;14) not present
- ◉ CT (th + abd): LN mediastinum, axillae, hilar, pericardial effusion; hepatosplenomegaly, LN upper abdomen, inguinal
- ◉ MIPI 5,6

# Treatment (1)

*July 2014*

- ◉ Splenectomy (30 x 20 cm; 3,2 kg, infiltrated with MCL, Ki-67: 20%, CD20+, Cyclin D1+ bcl2+, SOX11+)
- ◉ Vaccination prior to operation (pneumo-, meningococcal, H. Influenzae)
- ◉ 3 weeks after splenectomy 1.R-CHOP (100%), grade 2 infusion reaction to rituximab
- ◉ Alternation R-CHOP/ R-DHAP 8x

# Treatment (2)

*January 2015*

- ⊙ BM: CR; PR mediastinum, inguinal LN

*February 2015*

- ⊙ HD cyclophosphamide + 2 x R (in vivo purging)
- ⊙ BM stimulation filgrastim (2 x plerixafor) → successful collection CD<sub>34</sub> cells (2,86 x 10<sup>6</sup>/kg)
- ⊙ Another R-CHOP (75%)

# Treatment (3)

*April 2015*

- ⦿ autologous BM Tx after cyclophosphamide conditioning and TBI (12 Gy)
- ⦿ Mucositis, febrile, atb treatment
- ⦿ On discharge: Pt 39; Hb 102; N 1,26

# Maintenance R

*August 2015:*

- ⊙ PET/CT: could not exclude vital lymphoma in mediastinum (SUV 2,8)
- ⊙ Maintenance rituximab every 8 weeks
- ⊙ Last visit November 2015: in remission, asymptomatic



**Thank you**

