87. Role of Rituximab in Non-Hodgkins Lymphoma

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Non-Hodgkins lymphoma (NHL) is a heterogeneous group of lymphoproliferative disorders. Both low grades NHL/CLL as well as high grade NHL have malignant cells that are CD20 positive. This forms an attractive form of biological therapy. Of particular importance is the use of rituximab (or mabthera). It has been shown that rituximab has a role both as a single agent as well as in combination with chemotherapy/immunotoxins. We present the Tata Memorial Hospital data on use of rituximab. A total of 49 patients have been evaluated over three years. This includes 39 males and 10 females. The median age was 54 years (range 17 to 85 years). Of these 49 cases 10 were in early stage (I/II) whereas the majority (39/49) were in advanced stage (III/IV) of the disease. B symptoms were present in 40% of cases. The Histology was equally distributed between high grade NHL (25) and low grade NHL/CLL (24). Of these 27 were new cases and 22 were treated after relapse. Treatment included rituximab alone in 9 cases and combination chemotherapy with CHOP in 18 and other second line schedules in remaining 22. Toxicity includes anaphylaxis in one, hypotension in one and minor reactions in four others. Of these, one required discontinuation of rituximab. G-CSF support was given to 15/49 cases. Febrile neutropenia occurred in 8 cases.

Treatment is still ongoing in 6 cases. Another 6 patients did not complete planned therapy (including the one with anaphylaxis). Among the remaining 37, the outcome was FR + PR in 33, stable disease in one and progressive disease in 3. A total of three patients have died, 2 due to progressive disease and one due to unrelated cause.

We conclude that Rituximab is a valuable addition to the treatment armamentarium for NHL.

88. Primary NHL of Bone - Tata Memorial Hospital Experience

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Primary non-Hodgkin’s lymphoma of the bone is an unusual entity. Twenty five (22 males and 3 females) patients with diffuse large cell lymphoma of the bone were registered at the Tata Memorial Hospital from August 1991 to May 2002. Pai at the local site and soft tissue swelling were the commonest symptoms. Involvement of the bones in the lower half of the body was more frequent than the bones in the upper half. Osteolytic lesions and an associated soft tissue mass were the common radiological findings. Age range was 15 to 83, median age 35. Nineteen patients received CHOP chemotherapy and 5 received COP chemotherapy. One patient refused chemo and received only IFRT. Twenty-three received CHOP chemotherapy and 5 received COP chemotherapy. One patient died of progressive disease while on chemotherapy. The overall response to therapy was 96%. On follow-up, 2 patients had a nodal relapse. One patient died of cryptococcal meningitis. There were no deaths due to treatment related toxicity. The mean progression free survival was 9.39 yrs and the mean overall survival has not been reached. At last follow-up, 21 patients were following up at TMH and are free of disease.

Conclusion: Primary bone lymphoma is a highly curable malignancy with a combination of chemotherapy and radiotherapy.
total leukocyte count. Absolute neutrophil count of them were studied pre chemo, post chemo, post G CSF. Incidence of febrile neutropenia, related clinical consequences and duration of hospitalization, antibiotic use were also studied. Data: Cases study group (G CSF) 10 x 6 chemotherapy cycles (sixty) chemotherapy cycles. Control group (1 out G CSF) (60 cycles). Duration of study 21 weeks. Two cases developed febrile neutropenia (with G CSF) Fourteen developed febrile neutropenia (without G CSF).

Results: Approximately 20% reduction in incidence of FN was noted in patients on G CSF than those without G CSF. Those few febrile neutropenia patients on G CSF had much less severe clinical course, quick response to antibiotics, requiring shorter hospitalization than compared to those with out G CSF.

Conclusion: Use of prophylactic G CSF significantly reduces the incidence of febrile neutropenia its related complications, duration of hospitalization, and associated morbidity.

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