9° Giornata della Ricerca della Svizzera Italiana
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Modulo per la sottomissione abstract di ricerca CLINICA

Titolo (massimo 15 parole)

Early progression of disease predicts shorter survival in MALT lymphoma patients

Autori (cognome e iniziali, es: Grassi L.)

Conconi A. 1, Thieblemont C. 2, Pirosa M.C. 3, Cascione L. 4, Lopez Guillermo A. 5, Johnson P.W. 6, Cavalli F. 4, Zucca E. 3,4, on behalf of the International Extranodal Lymphoma Study Group (IELSG).

Affiliazioni (ospedale o istituto, servizio o reparto, indirizzo, es: Ospedale Regionale di Lugano, Servizio di angiologia, Lugano)

1. Unit of Hematology, Ospedale degli Infermi, Biella, Italy; 2. Hemato-Oncology Department, Saint Louis Hospital, Paris, France; 3. Oncology Institute of Southern Switzerland, Bellinzona, Switzerland; 4. Institute of Oncology Research, Bellinzona, Switzerland; 5. Department of Haematology, Hospital Clinic, Barcelona, Spain; 6. Cancer Research UK Center, Southampton General Hospital, Southampton, United Kingdom.

Testo (massimo 250 parole, preferibilmente in italiano (accettato anche in inglese), suddiviso in Introduzione, ***Metodi***, ***Risultati***, ***Conclusioni*** e ***Finanziamento***

Introduction:
Progression of disease within two years from start of therapy (POD24) is linked with poor outcome in follicular lymphoma who received first-line systemic therapy. In the present study we sought to understand whether early progression after first-line treatment is affecting overall survival (OS) also in extranodal marginal zone B-cell lymphomas of MALT type (EMZL).
Methods:
We analyzed the dataset of the IELSG19 clinical trial to determine whether POD24 is associated inferior OS in EMZL. The study population included 401 patients (131 randomly assigned to chlorambucil treatment, 138 to rituximab and 132 to chlorambucil plus rituximab).
Results:
In this cohort, estimated hazard curves showed that peak risk for progression occurs within the first 24 months from treatment start and POD24 was observed in 69 of 401 patients (17%). Of the remaining 332 patients, 315 (79%) had no relapse or death during the first 24 months after diagnosis—this was the reference group. Nine patients were lost to follow-up, 8 died without POD within 24 months. For the 69 patients with early POD, median age was 62 years, 32 patients (46%) were male and 26 (38%) had gastric localization. Patients in the early-POD group were more likely to have high-risk MALT-IPI scores than those in the reference group (P=0.013). The 10-year OS rate was 64% in the early-POD group and 85% in the reference group (P=0.0022).
Conclusion:
POD24 predicted poor outcomes irrespectively of treatment type. The validation of these findings in a large independent cohort is ongoing.

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EMANUELE. ZUCCA

Criteri per sottomissione Abstract:
NO Case report
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Invio Abstract