Patterns of Care in Medical Oncology

Diffuse Large B-Cell Lymphoma

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CASE 4: ***A 55-year-old woman is diagnosed with Stage III DLBCL with a low-intermediate IPI score. She has bulky abdominal adenopathy and receives R-CHOP-21 x 8 followed by consolidation iodine I 131 tositumomab on the SWOG-S0433 study. The patient achieves a CR, but her disease recurs after 6 months with biopsy-proven DLBCL. She receives salvage chemotherapy with R-DHAP and initially responds. After stem cell collection and within 6 weeks of her documented response to R-DHAP, she experiences significant disease progression and recurrence of B symptoms, at which point she enrolls on a clinical trial.***

— Dr Friedberg

SWOG-S0433 Phase II open-label trial

Eligibility (target accrual = 80)

- Bulky Stage II to Stage IV DLBCL, previously untreated
- CD20 antigen-positive
- Age ≥ 18 years; PS 0 to 2
- Adequate sections and a paraffin block OR ≥10 unstained sections from original diagnostic specimen
- No CNS involvement
- No histologic transformation

→ **R-CHOP q3wk x 6**

↓ No progression

CHOP q3wk x 2

↓ Four to eight weeks

Tositumomab IV ➔ I 131 tositumomab IV*

R = rituximab; CHOP = cyclophosphamide/doxorubicin/vincristine/prednisone

* Patients undergo gamma scans over a one-week period to determine the correct treatment dose of I 131 tositumomab. After a dosimetric dose, patients receive tositumomab IV followed by a treatment dose of I 131 tositumomab.

www.clinicaltrials.gov, February 2011.

Do you generally use R maintenance for patients with DLBCL who have received R-containing front-line therapy?

	CI	PO
% responding no	100%	80%

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Do you use interim PET scanning for patients receiving treatment for DLBCL?

	CI	PO
% responding yes	56%	84%

After how many treatment cycles do you generally perform a PET scan? (Median)

	CI (n = 14)	PO (n = 84)
Number of cycles	4	4

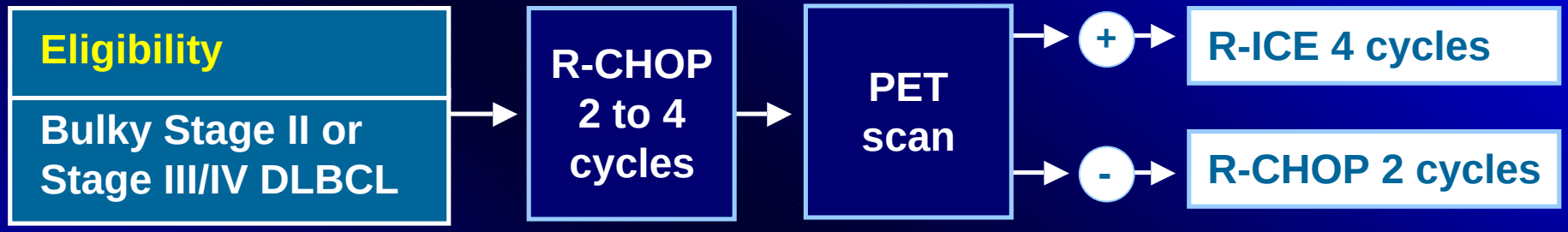
What action do you take if the midtreatment PET scan shows minimal response or progressive disease?

	CI	PO
Change course of therapy	75%	69%
Biopsy	25%	1%
Extend duration of existing therapy	0%	28%
Other	0%	2%

CI n = 12; PO n = 82

ECOG-E3404 study: Response-adapted therapy for aggressive non-Hodgkin lymphoma based on early PET scanning

Target Accrual: 99



www.clinicaltrials.gov, February 2011.

Interim PET scans read by three independent reviewers

- Moderate agreement among readers (68% by ECOG criterion)
- Proportion of positive PET scans relatively low (range 16% to 34%)
- PET interpretation should be standardized

Horning SJ et al. *Blood* 2010;115(4):775-7.

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Do you generally request molecular phenotype (germinal-center versus nongerminal-center activated B-cell subtypes) for your patients with DLBCL?

	CI	PO
Yes, for most or all patients	52%	31%
Yes, for some patients	16%	22%
No	32%	47%

During the past year, have you administered any of the following treatments to your patients with DLBCL?

	CI	PO
Stem cell transplant	100%	55%
R-CHOP-21	96%	98%
R-EPOCH	80%	41%
Lenalidomide	52%	15%
R-CHOP-14	40%	25%
Radioimmunotherapy	25%	20%
CNS prophylaxis	92%	48%
Intrathecal chemotherapy	76%	45%
Bendamustine	36%	28%