

Patterns of Care in Medical Oncology

Mantle-Cell Lymphoma

CASE 5: A 66-year-old man is diagnosed with biopsy-proven MCL in the duodenum and colon and is initially watched in the absence of any symptoms.

After 2 years, he develops progressive adenopathy with bilateral renal and left orbital masses and involvement of the bone marrow. The patient receives R-CHOP x 4 followed by consolidation ibritumomab tiuxetan on an ECOG protocol and achieves a CR.

After a further 4 years, the disease recurs with periorbital subcutaneous masses and is unresponsive to a combination of bortezomib and rituximab. The patient subsequently receives rituximab/bendamustine and achieves a second CR.

— Dr Smith

What is your usual initial treatment regimen for patients with newly diagnosed MCL?

	60-year-old		75-year-old	
	CI (n = 25)	PO (n = 100)	CI (n = 25)	PO (n = 100)
R-CHOP → transplant	32%	19%	8%	6%
R-hyper-CVAD	20%	36%	4%	8%
Modified R-hyper-CVAD	8%	27%	20%	9%
R-CHOP	8%	14%	20%	51%
Bendamustine + rituximab	8%	2%	44%	22%
Other	24%	2%	4%	4%

How would you compare the efficacy of R-hyper-CVAD to R-CHOP followed by transplant in the front-line treatment of MCL?

	CI	PO
R-hyper-CVAD is more efficacious than R-CHOP followed by transplant	28%	46%
R-hyper-CVAD is about as efficacious as R-CHOP followed by transplant	56%	38%
R-hyper-CVAD is less efficacious than R-CHOP followed by transplant	8%	3%
I don't know	8%	13%

In your opinion, which regimen is more tolerable for a patient with MCL?

	CI	PO
R-hyper-CVAD	12%	18%
R-CHOP followed by transplant	80%	55%
Both of the above are equally tolerable	8%	18%
I don't know	0%	9%

Ongoing studies incorporating novel agents into first-line therapy for MCL

Study	Phase	N	Treatment
BRIGHT	III	436	Bendamustine + rituximab vs R-CVP or R-CHOP
NCT00114738	II	80	EPOCH-R + bortezomib → bortezomib or observation
SWOG-S0601	II	60	R-CHOP + bortezomib → bortezomib
ECOG-E1405	II	72	VcR-CVAD → rituximab
GOELAMS-MANTEAU-2006-SA	II	39	Bortezomib, rituximab, doxorubicin, dexamethasone, chlorambucil

When administering bortezomib for MCL, either alone or in combination with another agent (eg, rituximab), which schedule do you generally use?

	CI	PO
Biweekly	84%	52%
Weekly	12%	35%
Other	0%	2%
I do not administer bortezomib for MCL	4%	11%

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

	CI	PO
Stem cell transplant	92%	54%
Bendamustine +/- rituximab	84%	50%
Bortezomib +/- rituximab	68%	59%
Lenalidomide	64%	22%

PO n = 98