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Need and tolerance of G-CSF in patients with targeted CD20+ diffuse large B-cell lymphoma treated with R-CHOP regimens

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Background: Diffuse large B-cell lymphoma (DLBCL) is an aggressive subtype of non-Hodgkin lymphoma (NHL) and is commonest in India. Targeting CD20+ cells by rituximab is therapy of choice now (R-CHOP). We face dreadful complication of febrile neutropenia which is treated by new GM-CSF, Pegfilgarstim. However in DLBCL it may improve CD20 expression also probably by activating effectors.

Aim: This study was undertaken to evaluate the tolerability of Pegfilgarstim. We also studied efficacy of Pegfilgarstim in terms of prevention of neutropenia and more importantly better response rate.

Methods: A total of fifty-one patients below and above 60 years with newly diagnosed DLBCL were treated with R-CHOP every 21 days for 6–8 cycles and Pegfilgarstim 250 µg/m² per day on day 4 in NCRI from Jan 12 to Jan 14. Twenty-eight patients were enrolled in >60 yrs with a median age of 72 years (192 doses) and 23 patients in <60 yr age group with Median age 37 yrs (176 doses). Patients were evaluated for response after cycles 4, 6, and 8. The primary endpoint was the rate of complete response, and secondary endpoints were progression-free survival (PFS), event-free survival, and overall survival (OS).

Results: Tolerability was same in both the groups. Side effects were mainly bone pain/body ache (5.2 vs. 5.1%) and local rash in some cases. A complete response (CR) was achieved in 10 (35.7 %) of elderly patients and 9 (39%) in younger group. After a median follow-up of 19 months, the 2-year PFS and OS were 78% (n=21) and 85% (n=24) in elderly and 87% (n=20) & 91% (n=21) in younger group.

Conclusions: These data suggest that survival outcomes may be modestly improved when pegfilgarstim is combined with R-CHOP in the treatment of elderly DLBCL. Pegfilgarstim was well tolerated. Further investigation of Pegfilgarstim in combination with rituximab-containing chemotherapy is warranted.

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