

Complete response should be the goal of therapy for WM patients in 2017?

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Numerous studies in lymphoproliferative disorders and chronic lymphocytic leukaemia have demonstrated that complete remission (CR) achievement with minimal residual disease negativity is highly predictive of outcome.

Waldenstrom Macroglobulinemia (WM) with regard to response criteria differs from other lymphomas as the level of the monoclonal IgM affects remission status. Response evaluation is complex in WM with numerous and often competing factors to be considered but complete remissions or very good partial remissions have been considered for years as important treatment goals.

The prognostic impact of categorical responses is still contradictory as there is not always a perfect correlation between the immunoglobulin level and the final outcome of the disease. The contradictory results may be related to the variability in kinetics of IgM reduction, discrepancy between IgM and bone marrow/tissue response, delayed responses, all issues that are strictly dependent on the type of treatment.

The incorporation of rituximab into various regimens has allowed to achieve deeper responses with a higher proportion of patients achieving CR or VGPR.

Treon et al, in a large series of rituximab-naive patients, demonstrated a longer progression free survival and time to progression in patients achieving at least a VGPR after receiving rituximab containing regimens and there was not a clear separation of curves between VGPR and CR. On the contrary in other studies after FCR treatment or in patients not receiving rituximab there was not a better TTP in patients achieving high quality of responses.

Further studies addressing the impact of achieving at least a VGPR with other therapies would therefore seem appropriate to clarify whether CR or VGPR attainment is categorical or therapy specific in terms of TTP benefit.

New targeted therapies are now available in the armamentarium of WM treatment. Because of their mechanism of action these new drugs have a peculiar (particular) kinetics of response resulting in a very rapid response on IgM level and symptoms control despite a delayed bone marrow clearing so that it seems difficult to achieve a CR status. Further follow-up of the ongoing studies will clarify if the achievement of a CR status should be considered the real goal of this treatments.