

2-CHLORODEOXYADENOSINE (2-CdA) ALONE OR IN COMBINATION FOR WALDENSTROM'S MACROGLOBULINEMIA (WM). DM Weber, MA Dimopoulos, K Delasalle, K Rankin, M Gavino, R Alexanian. University of Texas MD Anderson Cancer Center, Houston, Tx, USA.

Since 1/91 we have treated 90 consecutive, newly diagnosed pts with symptomatic WM using either 2-CdA alone or in combination with other agents including prednisone (Pred), cyclophosphamide (Cy), and rituximab (Rit) as follows: 1/91-12/92: 2-CdA 0.1mg/kg CI over 24hr x 7d (16 pts); 12/92-12/95: 2-CdA as above + Pred 60 mg/m² po qd x 7d (20 pts); 7/96-3/98: 2-CdA 1.5 mg/m² sc tid x 7d + Cy 40 mg/m² po bid x 7d (37 pts); 2-CdA sc + Cy as above + Rit 375 mg/m² IV qwk x 4 (17 pts). For all pts a second course was repeated after 6 weeks. Responding pts were followed without further treatment until relapse, when retreatment consisted of a similar 2-CdA regimen. PR was defined by at least 75% reduction of monoclonal IgM, Bence Jones protein, +/- adenopathy/organomegaly. Response, remission, and survival data were compared for all regimens, and for historical data of 115 pts treated with common alkylating agent (AA) combinations (CP, COP, CHOP). Response was similar for 2-CdA (93%), 2-CdA/Cy (92%), 2-CdA/Cy/Rit (94%) and was superior to 2-CdA/Pred (60%) and AA (55%), p<.01. Median first remission duration and survival was short for 2-CdA/Pred (9 mos, 51mos) and longer for 2-CdA (22 mos, 73 mos), 2-CdA/Cy (37mos, 95 mos), and was not reached for 2-CdA/Cy/Rit (med. survival for AA, 56 mos). We observed minimal toxicity, long durations of unmaintained remission, high frequency of disease recontrol (87% with resumption of a 2-CdA combination for relapse), and long survival, making limited 2-CdA regimens the treatment of choice, in our opinion, for newly diagnosed, symptomatic, untreated WM,