

[Abstract 31]

FLUDARABINE COMBINATION THERAPY IS HIGHLY EFFECTIVE IN FRONTLINE AND SALVAGE TREATMENT OF PATIENTS WITH WALDENSTROM'S MACROGLOBULINEMIA (WM)

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AIM: Alkylating agents or single-agent purine analogues are modestly effective as front-line therapy of WM, but responses of <50% are achieved in the salvage setting. Fludarabine combination therapy may be more effective, but no large studies exploring these regimens specifically in WM are available.

METHODS: 19 episodes of fludarabine-based combination therapy were administered to 15 patients from 12/94-8/03 at PMCC: fludarabine (F 25mg/m²x3) & cyclophosphamide (C 250mg/m²x3; n=9), & mitoxantrone (M 10mg/m²x1; n=3), FC-R (FC & rituximab 375mg/m²x1; n=6) or FR (n=1). Pt characteristics: median age 58 yrs (range 44 - 89), male 89%, previously untreated 21%, #prior therapies 2 (0-7), prior single-agent F 26%, alkylator refractory 47%, time from diagnosis 30 months (0-130), baseline paraprotein 25g/L (5-56).

RESULTS: Patients received a median of 4 cycles (range 1-6), with grade 3+ neutropenia and infection complicating 27% and 3% cycles, respectively. 16 treatments were evaluable: objective responses, all partial, were observed in 13 (81%). Response rates did not differ significantly by any of regimen (FC 7/7, FM 2/3, FCR 4/5, FR 0/1), disease status (untreated 3/4, relapsed 4/4, refractory 6/8), previous F exposure (5/5 vs 8/11 no previous exposure), alkylator refractoriness (6/8 vs 7/8 not refractory) or time from diagnosis (6/8 <30 months vs 7/8 ≥30 months). 5-year actuarial remission duration and survival were 25±15% and 57±15% respectively. There have been no cases of secondary AML/MDS seen.

CONCLUSIONS: Fludarabine combination therapy is highly effective in the treatment of patients with WM, achieving response rates of >75% in patients with refractory or relapsed disease, with often durable remissions.