

[Abstract 39]

CHOP PLUS RITUXIMAB (CHOP-R) IN WALDENSTRÖM'S MACROGLOBULINEMIA (WM).

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Recently, a consensus panel of experts recommended alkylator therapy, nucleoside analogues and rituximab as appropriate first line therapies for WM (*Semin Oncol* 2003; 30:121). It was also recommended that candidates for future autologous transplantation should have limited alkylator or nucleoside analogue exposure due to potential stem cell harm. CHOP-R (cyclophosphamide, adriamycin, vincristine, prednisone, rituximab) is a highly active, stem cell sparing regimen that has been extensively evaluated in other low-grade Non-Hodgkin's lymphoma patients. No published experience in WM exists. As such, we analyzed the outcome of 13 patients with WM who received CHOP-R at our Institution. Patients had a median age of 54 (range 44-72) yrs, and a median of 1 (range 0-5) prior therapies. 8 of 13 (62%) patients had relapsed (n=2) or were refractory (n=6) to fludarabine. Five patients had received rituximab previously. Patients received a median of 6 cycles (range 2-6) of standard dose CHOP, and 6 infusions (range 2-6) of Rituximab (375 mg/m²). Three patients received additional rituximab (4 weekly infusions every 6 months) as maintenance therapy. Median IgM for all patients declined from 4,975 (range 1,960-12,400) to 1,575 (range 62-8,230) mg/dL ($p=7 \times 10^{-5}$); median S.V. 2.8 (range 1.5-12) declined to 1.6 (range 1.3-4.8) CP ($p=0.04$). Importantly, the median hematocrit rose from 30.7 (range 21.9-35.6) to 39 (range 24.3-43.2) $p=0.005$. Clinical responses were as follows: 3 CR/CRu; 7 PR; 2 MR. One patient is in stable disease after 3 cycles of CHOP-R. With a median follow-up of 8 (range 3-28) months, no patient has progressed. Therapy was well tolerated for most patients. Two patients had febrile neutropenia with documented bacteremia and recovered without any complication. Circulating effector cell levels pre- and post-CHOP-R were also evaluated in 6 patients since rituximab activity is mediated in part by ADCC activity. No significant change in CD3⁺, CD4⁺, CD8⁺, and CD16⁺/CD56⁺ effector cell levels occurred following CHOP-R as assessed by multicolor flow cytometry.