

## [Abstract 53]

### IGA AND IGG HYPOGAMMAGLOBULINEMIA PERSISTS IN MOST PATIENTS WITH WALDENSTROM'S MACROGLOBULINEMIA DESPITE THERAPEUTIC RESPONSES, INCLUDING COMPLETE REMISSIONS.

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Recurrent infections are common in pts with Waldenstrom's macroglobulinemia (WM) and may be related to IgA and IgG hypogammaglobulinemia. The impact of therapy and therapeutic responses on humoral immunity in WM is therefore of clinical interest. We examined IgA and IgG levels before and after therapy in 92 serially treated and responding WM patients. Their median age was 59 yrs and 70/92 (76.1%) were previously untreated. Median follow-up for all patients was 11 (range 3-134) months. Pre-therapy, 72/92 (78.2%) and 70/92 (76.1%), and post-therapy 82/92 (89.1%) and 80/92 (86.9%) pts demonstrated IgG (<700 mg/dL) and IgA (<70 mg/dL) hypogammaglobulinemia, respectively. Changes in median IgG and IgA levels by therapy were as follows:

	N=	Pre-IgG	Post-IgG	T-Test	Pre-IgA	Post-IgA	T-Test
Nucleoside analogue	5	438	399	0.63	32	38	0.35
Rituximab	17	455	358	0.29	35	29	0.43
Rituximab/Thalidomide	19	388	374	0.3	28	24	0.32
Rituximab/Nucleoside	21	571	423	0.006	55	29	0.05
CHOP	3	702	568	0.62	48	30	0.82
CHOP/Rituximab	14	537	383	0.1	61	36	0.21
Chlorambucil ±steroids	5	837	659	0.57	129	66	0.52
Campath-1H	7	521	444	0.62	28	27	0.61
HD Dexamethasone	1	269	173	NA	27	28	NA
<b>All therapies</b>	<b>92</b>	<b>480</b>	<b>398</b>	<b>0.008</b>	<b>38</b>	<b>28</b>	<b>0.01</b>

Changes in median IgG and IgA levels by response category were as follows:

	N=	Pre-IgG	Post-IgG	T-Test	Pre-IgA	Post-IgA	T-Test
CR	8	644	472	0.05	75	37	0.08
PR	70	415	349	0.09	27	28	0.91
MR	14	474	394	0.01	38	26	0.02

These studies demonstrate that IgA and IgG hypogammaglobulinemia persists despite therapeutic responses, including complete remissions in patients with WM. Furthermore, the therapeutic regimen employed may aggravate persistent IgA and IgG hypogammaglobulinemia.