Asymptomatic Waldenstrom's Disease. R. Alexanian, D. Weber, K. Delasalle, F. Cabanillas, M. Dimopoulos. University of Texas M. D. Anderson Cancer Center, Houston, Texas.

Between 1990-2001, we identified 130 consecutive, newly diagnosed patients with monoclonal IgM gammopathy. The majority consisted of 83 patients with overt, symptomatic Waldenstrom's disease (WM) with anemia (Hgb<11.0 gms/dl) due to marrow lymphocytosis (>20%) or hemolysis, and/or lymphadenopathy (>1.0 cm) or splenomegaly. All received 2-CdA alone or in combination with other drugs and updated clinical outcomes will be described (Weber et al). Thirty-one patients had similar clinical features but were asymptomatic, and were followed without therapy until disease progression. Sixteen patients had MGUS of IgM type with median IgM peak of 0.9 gm/dl who were also followed without therapy (only one showed disease progression). Patients with overt WM had significantly lower Hgb (median 9.7 vs 12.1 gm/dl) and higher serum B_2M (median 3.4 vs 2.4 mg/L) than those with asymptomatic WM. For asymptomatic WM, median time to progression was 6.9 years with rare serious morbidity, and projected median survival of about 10 years. Hgb <11.5 gm/dl, $B_2M \geq 3.0$ mg/L, and/or IgM peak >3.0 gm/dl were associated with early progression, so that median times to progression were > 5 years with no harmful feature (17 patients), 2.0 years with one abnormality (9 patients), and 0.5 year with 2 or more features (5 patients). Thus, there were no symptoms in 27% of patients with WM who should be followed without therapy when prognostic factors are favorable. With disease progression, response rate and survival were similar to those of patients treated promptly for overt disease, indicating that delay of treatment did not affect outcome.