Nucleoside analog therapy in Waldenstrom's macroglobulinemia (WM). V. Leblond , Hopital Pitié-Salpêtrière Paris France

Table 1 : Activity of fludarabine in patients with WM

Study	N° of patients	Response rate N° of patients	%
Primary treatment			
Foran (J Clin Oncol 1999)	19	15	79
Dhodakpar (Blood 2001)	118	45	38
Salvage therapy			
Kantarjian (Blood 1990)	10	4	40
Dimopoulos (Am J Med 1993)	26	8	31
Zinzani (Eur J Med 1995)	13	8	61
Leblond (J Clin Oncol 1998)	71	21	30
Dhodapkar (Blood 2001)	64	21	33

Table 2 : Activity of 2-CDA in patients with WM

Study	N° of patients	Response rate N° of patients	%
Primary treatment			
Dimopoulos (J Clin Oncol 1994)	26	22	85
Fridrik (Ann Hematol 1997)	10	9	90
Delannoy (Br J Hematol 1999)	11	8	73
Liu (Br J Hematol 1998)	7	4	57
Lewandowski (2000)	11	6	55
Hellman (Eur J Hematol 1999)	9	4	44
Salvage therapy			
Dimopoulos (Ann Oncol 1995)	46	20	45
Delannoy (Br J Hematol 1999)	16	8	50
Liu (Br J Hematol 1998)	13	7	54
Betticher (Br J Hematol 1997)	24	9	38
Hellman (Eur J Hematol 1999)	13	5	38
Lewandowski (2000)	14	9	64

The nucleoside analogs fludarabine (FAMP) and 2-chlodeoxyadenosine (2CDA) have shown activity in patients with (WM). Details of trials of FAMP and 2-CDA are given in Table 1 and 2. In untreated patients, the median duration of response to purine analogs ranges between 13 and 36 months. Responses are rapid and usually evident after 2 cycles of therapy. Toxicity is primarily hematological, with 60% of patients developing grade 3 neutropenia. In salvage therapy, the response rate ranges from 14% to 78% and is highest in patients still sensitive to their primary therapy. Late responses can occur 6 months after initiation of therapy. Better salvage treatment is unknown for patients with WM and primary or secondary resistant to a first therapy. A randomized trial comparing FAMP and the cyclophosphamide-doxorubicin-prednisone combination in 92 patients showed a higher response rate in the FAMP arm, longer-lived responses, better quality-adjusted survival, but no difference in median overall survival. There are few data on purine analogs combined with other treatments. It is not known if purine analogs would improve the results of first line therapy, including overall survival.