Prognostic factors in Waldenström macroglobulinemia. Description of the complications during the evolution. Laure Stalnikiewicz, Laurence Detourmignies, Pierre Morel.
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Using multivariate analyses of overall survival calculated from date of diagnosis or date of initial registration in observational trial, several prognostic scoring systems have been described in Waldenström macroglobulinemia (WM). They use the following adverse characteristics, namely anemia, the presence of multiple cytopenias, weight loss, the presence of cryoglobulinemia, advanced age, low albumin level, low IgM level, and high β2-microglobulin level. However, data on the evolution of the disease during follow-up remain limited. Therefore, a multicenter analysis has been undertaken in 2002 to evaluate the follow-up procedures in WM patients (pts). 588 evaluations performed in 60 pts diagnosed between 01/1990 and 12/2001 were reviewed for this preliminary analysis. Median age was 41 (41-89), sex ratio M/F=1.8 Twenty-four pts received no chemotherapy (CT) at diagnosis, and 14 remained CT free. Finally, 46 pts required CT (M component greater than 30 g/L and/or hyperviscosity: 25, multiple cytopenias [MC] : 10, cryoglobulin : 6, lymphadenopathy: 3 and neuropathy: 2). Forty-two pts received chlorambucil as initial therapy. Three-year overall survival was estimated 81%, with a median follow-up of surviving pts at 39 months. Eighteen pts have died. The cause of death was the disease in 7 pts (including histologic transformation in 3 pts), a second malignancy in 4, unrelated or inevaluable in 5, and unknown in 2.
Thirteen patients presented with MC at diagnosis. 3 pts with mild cytopenias remained untreated, MC improved after CT in 4 pts. MC was observed during at least 6 consecutive months in 16 other pts, 5 to 73 months (median 26) after diagnosis, with a 3-year estimated cumulative incidence of 42%. No regression occurred despite treatments in 7 of these pts. Second malignancy was diagnosed during follow-up in 9 pts, and a rapid rise of M-component (>9g/L over 6 months) occurred only in 6 pts, 5 to 89 months (median 25) after treatment initiation. Finally, repeated measures analyses of variance showed no effect of initial scoring systems on blood cell counts, or IgM level observed 1, or 2 years after diagnosis, in this series.

These preliminary results suggested that MC was the most frequent complication occurring during the evolution of WM. It was followed by second malignancy, rapid rise of M component, and histological transformation in the present series. Analysis on a larger series will be presented.