Session VII: Novel Agents for Treatment of

Waldenström's Macroglobulinemia

Abstract 139

Presenter: M. Rummel

Bendamustine plus Rituximab versus CHOP plus Rituximab in the First-Line-Treatment of Patients with Waldenström's disease – First interim Results of a Randomized Phase III Study of the Studygroup Indolent Lymphomas (StiL). Mathias J Rummel, University Hospital, Giessen, Germany, Ulrich von Gruenhagen, Praxis Cottbus, Germany, Norbert Niederle, Klinik Leverkusen, Harald Ballo, Praxis Offenbach, Eckhart Weidmann, Krankenhaus Nordwest, Manfred Welslau, Praxis Aschaffenburg, Gerhard Heil, Krankenhaus Luedenscheid, Christina Balser, Praxis Marburg, Heinz A Duerk, Hamm, Martina Stauch, Praxis Kronach, Dorothea Kofahl-Krause, MHH Hannover, Ulrich Kaiser, Hildesheim, Wolfgang Knauf, Praxis Frankfurt and Wolfram Brugger, MD, Hematology/Oncology, Schwarzwald-Baar Clinic, Voehrenbacherstr. 23, Villingen, 78050, GERMANY.

Background: Promising results have been observed in our previous phase-II study evaluating the combination of Bendamustine plus Rituximab (B-R) in patients with relapsed/refractory indolent or mantle cell lymphomas. An overall response rate (ORR) of 90%, including a 60% rate of complete remissions (CR) was documented. Objective: In October 2003 we initiated a multicenter randomized phase-III study to compare efficacy and safety of the combination B-R versus CHOP plus Rituximab (CHOP-R) as first-line therapy for follicular, Waldenström's, marginal zone and mantle cell lymphomas. Methods: Patients (pts) were randomized to receive Rituximab 375 mg/qm (day 1) plus either Bendamustine 90 mg/qm (days 1+2) every 28 days or the standard CHOP regimen every 21 days for a maximum of 6 cycles. The primary endpoint was event-free survival (EFS). The trial was calculated to power the study to demonstrate a non-inferior EFS associated with B-R treatment, as defined by a difference in EFS between the two regimes of less than 10% after 3 years. An event was defined by a response less than a partial response, disease progression, relapse, or death from any cause. The study is closed according to the planned recruitment schedule. Results: 42 patients with Waldenström's disease have been randomized. Here we report the results of 40 patients being evaluable for response for this first interim analysis (B-R: n=23; CHOP-R: n=17). Median patient age is 64 years. The ORR for pts treated with B-R was similar to that associated with CHOP-R (96% vs 94%, respectively). The median follow-up time for both groups is 26 months. Thus far, 2 deaths have been observed (B-R: 1; CHOP-R: 1). Progressive or relapsed disease has been documented during the follow-up period: 2 in pts treated with B-R and 7 in the CHOP-R group. The median PFS for B-R is not yet reached, the median PFS for CHOP-R is 40 months with no statistical significant difference for the PFS between both groups. The B-R regimen appears to have a better toxicity profile, as evidenced by a lower rate of total alopecia (0% with B-R vs. 89% CHOP-R) and a lower number of infectious complications (number of patients with infections of any grade were 2 (9%) in the B-R group vs. 8 (47%) in CHOP-R group). Correlating, the CHOP-R regimen was more hematotoxic: WHO grade 3/4 leukocytopenia was more often reported in CHOP-R treated pts. Conclusions: In this interim analysis the combination of Bendamustine plus Rituximab appears to be non-inferior to the standard CHOP-R while showing a better tolerability profile. Further updated results will be presented at this time.