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PO7

SINGLE CENTER EXPERIENCE WITH DOSE INTENSIVE CHEMOTHERAPY PLUS RITUXIMAB IN THE TREATMENT OF BURKITT'S LYMPHOMA / LEUKEMIA

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Objectives: Burkitt's lymphoma / leukemia (BL) is an aggressive mature B-cell non-Hodgkin's lymphoma, frequently associated with immunosupression. Intensive chemotherapy has improved the outcome of children and adults with BL, and there is evidence that adding rituximab to those regimens is beneficial in adult patients, independently of HIV status. In this work, we aimed to evaluate our results with an dose-intensive regimen plus rituximab (BURKIMAB-13, PETHEMA group) in the treatment of BL.

Methods: All patients with BL treated with BURKIMAB-13 protocol between 2007 and 2017 were included. Clinical and analytical data were collected and a retrospective evaluation of overall response rate (ORR), toxicities and 4-years overall survival (OS) and progression free survival (PFS) probabilities was performed.

Results: We evaluated 32 patients (68.8% male), with median age of 49 years (interquartile range 36-57, min 22, max 74). Sporadic BL was diagnosed in 22 patients (68.8%), while 9 (28.1%) had HIV-related BL and 1 (3.1%) had immunosupression-related BL. At diagnosis, 6 patients (18.8%) had central nervous system invasion, while 15 (46.9%) presented with bulky disease, 24 (75.0%) with extranodal disease and 19 (59.4%) with bone marrow involvement. Regarding number of treatment cycles, 23 patients (71.9%) completed 6 cycles, whilst 1 patient completed 4 cycles and 1 patient changed protocol after 2 cycles due to hepatosplenic candidiasis. The ORR at the time of the last administered cycle (28 patients evaluated) was 89.3% (95% confidence interval [CI] 71-95). Treatment related toxicities were mainly infection and febrile neutropenia (ranging from 75% on cycle 1 to 15.6% on cycle 5), mucositis ≥grade 3 (ranging from 21.9% on cycle 1 to 3.1% on cycle 5) and tumoral lysis syndrome (on cycle 1, 9.4%). Global mortality rate was 28.1% (9 patients), with 4 patients dying during cycle 1 (3 due to infection and 1 due to an ischemic stroke) and 5 dying due to BL progression. With a median follow-up time of 29 months (IQR 7-61), the 4-year PFS probability was 79.1% (95% CI 70.3-87.9), with 3 patients progressing after 2 cycles and 2 patients relapsing after finishing treatment, and the 4-year OS probability was 70.8% (95% CI 62.5-79.1).

Conclusions: BURKIMAB-13 protocol is effective in the treatment of BL, with manageable toxicities and good 4-years PFS and OS.