

AGGRESSIVE TREATMENT FOR EARLY LYMPHOMAS

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Lymphomas are recently gaining more attention as a variety of people in the news have been diagnosed with this malignancy that usually - but not always - commences in lymph nodes.

Over the past decades, there have been a variety of treatment options available for patients with non-Hodgkins lymphoma. These options have included radiation as well as chemotherapy. The distinction between Hodgkin's and non-Hodgkins is great. The distinction is made by a pathologist who evaluates biopsy material. Staging tests and treatments are different for the two different diseases.

A variety of lymphoma classifications have divided these tumors into fast-growing, intermediate-growing and slow-growing diseases.

In the past, early localized lymphomas were treated successfully with radiation only. Some patients developed recurrence of their lymphoma. For that reason, more extensive treatment using chemotherapy was occasionally substituted or added to the treatment regimen.

Dr. Tondini et al from the National Institute of Cancer in Italy recently reported on 183 patients with early stage non-Hodgkins lymphoma occupying no more than three sites. All patients were treated using CHOP chemotherapy and local radiation. CHOP chemotherapy consists of Cyclophosphamide, Adriamycin, Vincristine and Prednisone.

If patients had a complete remission - meaning no evidence of disease before the fourth round of chemotherapy - radiation was commenced. If patients had a complete response only at the end of the fourth cycle, then two additional cycles of chemotherapy were given before radiation was instituted.

Radiation was started a month after the last chemotherapy - being treated with either Cobalt or Linear Accelerator-based treatment.

Patients ranged in age from 17 to 76 years. The majority of patients had disease confined to one lymphatic site. Forty patients had what was felt to be 'bulky' disease. This was defined as tumor measuring at least 10 cms. in its greatest diameter.

Ninety-eight percent of the patients treated with chemotherapy and radiation were felt to have a complete response - meaning no evidence of cancer.

Patients with involvement of the gastrointestinal tract often had surgery to remove the disease before proceeding with therapy.

Only three patients did not have a complete response after the completion of treatment. One of the three had successful salvage therapy. Salvage therapy is second-line treatment that is attempted in order to place the patient's cancer in remission.

Twenty-six patients subsequently had recurrent disease and 22 were evaluable for this study. Salvage therapy produced a complete response in 47 of the patients for a "median duration of twelve months."

Of all patients evaluated, the five year survival was 83%.

The authors felt, "treatment was well tolerated and no deaths due to acute toxicity from chemotherapy were observed." The investigators wrote, "the results of this study indicate that four to six cycles of primary CHOP chemotherapy followed by local regional irradiation can yield a high frequency of tumor complete response (98%), as well as an identical five year relapse-free and total survival (83%) rate."

The study noted "treatment was easy to administer in the outpatient clinic and toxicity was mild and tolerable. In terms of cost to benefit ratio, our findings support the strategy that relative short-term chemotherapy followed by limited irradiation represents today the state-of-the-art for Stage I or II patients presenting with aggressive histologic sub-types of non-Hodgkins lymphoma."

Even in patients who had poorer response to chemotherapy, it was felt "radiation therapy appears to be useful in contributing to local control of the disease, even if patients who do not respond completely to chemotherapy remain at higher risk for systemic relapse." The authors concluded this very positive study stating "our experience in a large consecutive group of patients with limited aggressive lymphoma clearly indicates, as in other previous series, that a relatively short course of CHOP chemotherapy followed by local regional radiation is safe, highly effective and probably curative for most patients, including those with bulky lymphoma. Thus, the combined approach with primary chemotherapy should be regarded as the current medical standard for the various disease presentations classified as Stage I, II, IE and II to IIE histologically aggressive malignant lymphomas." (Stage I lymphoma represents disease in one site, while Stage II disease is more than one site on the same side of the body - upper or lower half.)

Such work like this enhances the care of patients with lymphoma and helps prevent recurrences which are difficult at best to treat.

While the usual treatment for lymphomas is either radiation or chemotherapy and sometimes both, we do see patients with recurrent lymphomas. Innovative technology such as stereotactic body radiosurgery allows us to focus quite precise beams of radiation to the cancer. The appeal is focused beam even in previously treated patients. Our local control rate – that is controlling the cancer in the treated field – is quite high, around 85-90%.

For those who wish to inquire about our work at Radiosurgery New York, we have a panel of experts to review each case as well as an information "hot line" to answer questions at 212-CHOICES.