The Management of Lymphomas

With Dr. Sanghvi

Learning Objectives:
1. To understand the transition to involved site radiotherapy in the radiotherapeutic management of lymphoma
2. To review the latest trials on the role of radiation therapy in Hodgkins lymphoma, DLBCL, follicular lymphoma and MALT lymphomas

Question 1. Which of the following are associated with decreased likelihood of success with antibiotic therapy for gastric MALT lymphomas?
   a. Mucosal involvement only
   b. H. pylori + disease
   c. Stage I or II disease
   d. t(11,18) translocation

Answer: d

Feedback:
The likelihood of MALT eradication in H. pylori + MALT patients is approximately 80% with upfront antibiotic therapy. Relapse rates are 20-30% after CR to antibiotics. Predictors of decreased likelihood of antibiotic success for include infiltration beneath the mucosa, nodal or adjacent organ involvement as well as chromosome t(11;18) (q21;21) translocation.

Location:
Slide 73

Reference:
List at least one cited reference that supports the answer to this question.

--- End of Question 1 ---

Question 2: What is the appropriate therapy for a 38 y/o man with Stage IA DLBCL lymphoma with a 8 cm mass
involving the mediastinum with SA-IPI score of 1 (LDH 2x normal)?

a) 3 cycles of R-CHOP followed by IFRT to 45 Gy
b) 6 cycles of R-CHOP alone
c) 6 cycles of R-CHOP followed by ISRT to 30 Gy
d) 8 cycles of CHOP

Answer: c

Feedback:
3 cycles of R-CHOP followed by ISRT to 30 Gy would be appropriate therapy for patients with Stage I/II patients with non-bulky disease and 0-1 SA IPI score. The UNFOLDER trial demonstrates that adjuvant RT is still needed in patients with early stage disease after 6 cycles of R-CHOP. The UK trial by Hoskins et al (Radiotherapy & Oncology 2011) confirms that patients with a CR can be treated adequately with 30 Gy RT.

Location:
Slides 51, 52, 55, 56

Reference:
List at least one cited reference that supports the answer to this question.

--- End of Question 2 ---
Question 3:
Which of the following is true of the UK NCRI RAPID trial?

a) This trial enrolled early stage favorable classic Hodgkins lymphoma patients  
b) A CR after chemotherapy was defined as a Deauville score of 2 or lower.  
c) The trial did not meet the preset trial design non-inferiority objective in the patients who did not receive RT in the experimental arm  
d) All of the above

Answer: d

Feedback: In this trial, early stage favorable classic Hodgkins lymphoma patients received 3 cycles of ABVD followed a PET/CT. If they were PET negative with a score Deauville 2 or lower, they were randomized to 30 Gy IFRT or no further treatment. If the PET scan was Deauville 3 or higher, it was deemed as positive and patients received a 4th cycle of ABVD followed by 30 Gy IFRT. ITT analysis showed a 3 y PFS of 93.8% in the PET negative RT arm and 90.7% in the PET negative no RT arm. By per protocol analysis, the PFS in RT arm was 97% and in the no RT arm was 90.7%. This difference in PFS between the no RT and RT arms did not meet the pre-set study non-inferiority criteria. Nevertheless, since both groups had an excellent progression free survival of >90%, it was felt that either no further therapy or adjuvant RT were both reasonable options in patients with early stage favorable disease who had a CR after 3 cycles of ABVD

Location: Slides 14-18

Reference: List at least one cited reference that supports the answer to this question.
Question 4:
Which of the following is true of Nodular Lymphocyte Predominant Hodgkin’s disease?

a) The most common site of this sub-type of Hodgkins lymphoma is in the mediastinum
b) These tumors are usually CD 15 and CD 30+
c) These patients generally present with locally advanced Stage III or IV disease
d) Early stage non-bulky patients can be treated with RT alone

Answer: d

Feedback:
NLPHD is a distinct entity compared to classic Hodgkins lymphoma. It is usually CD15 and CD30 negative. It is CD 20+. It rarely involves the mediastinum and most patients are diagnosed with early stage non-bulky disease. For early stage non-bulky patients, involved site radiotherapy to 30-36 Gy is usually the preferred monotherapy of choice. Relapses are late generally 8-10 years post diagnosis and can be either as DLBCL or Hodgkins lymphoma.

Location:
25

Reference:
List at least one cited reference that supports the answer to this question.

--- End of Question 4 ---
**Question 5:** What is the best radiotherapeutic treatment option for a Stage IV Grade 2 follicular lymphoma patient with a bulky painful R neck node?

a) 4 Gy in 2 Gy fractions  
b) 24 Gy in 2 Gy fractions  
c) 40 Gy in 2 Gy fractions  
d) No radiotherapy

**Answer:** a

**Feedback:**  
The Boom-Boom regimen of 2 Gy x 2 provides excellent palliation in locally advanced follicular lymphoma patients with symptomatic disease.

**Location:**  
69-70

**Reference:**  
List at least one cited reference that supports the answer to this question.

--- End of Question 5 ---