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THE ROLE OF ANTIVIRAL TREATMENT IN HCV-RELATED NON-HODGKIN LYMPHOMA: AN UPDATE OF A MULTICENTER STUDY

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Hepatitis C Virus (HCV) is largely, although not homogenously, diffuse in Northwestern Europe and U.S.A. It has been shown to play a role both in hepatocellular carcinoma and in B-cell non-Hodgkin lymphoma (B-NHL). Up to now the exact biological mechanisms that could explain the lymphomagenic role of the virus are unknown, although several hypothesises are under investigation. We have previously published a series of 13 pateints, affected by low grade B-cell NHL and characterized by an indolent course (i.e. doubling time less. than 1 year, no bulky disease), who underwent antiviral treatment only with peghilated interferon and ribavirin (peghilated interferon 50-70 microgram once a week, ribavirin 1000-1200 mg daily). Now we report an update of this study. Up to now we were able to evaluate 15 patients with a mean follow up of 18,1±7,6 months (range 2-28 months). Eight patients experienced complete or good partial haematological response that has lasted up to now with a mean follow up of 16,1months. Two other patients achived a long lasting partial response. The only one relapse occurred about one year after the end of treatment, hematological relapse happened toghether with viral relapse, the lymphoma reappeared as highy chemoresistant high grade lymphoma, and two months later the patient died. Interestingly complete and good partial responses were more likely to be seen in viral genotype 2 (p=0.035) and were strictly related to the decrease of viral load under treatment (p=<0.001). Toxicity causes the stop of the treatment in 3 patients, however one of them was able to achieve complete response. Time to achieve hematological response was quite long (mean 9±2,5 months).

This kind of experience strongly provides a role for antiviral treatment in patients affected by HCV related low grade B-cell NHL. Especially viral genotype 2 infection may be considered a good prognostic marker for hematological response as well as decrease of viral load under treatment. Toxicity in our hands was however significant and further experiences are warrented in order to better modulate antiviral therapy doses.

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HAIRY CELL LEUKEMIA: TREATMENT RESULTS AND PROGNOSTIC FACTOR ANALISIS IN A MONOCENTRIC EXPERIENCE OF 151 PATIENTS

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Background. Factors predicting treatment response and survival in Hairy Cell Leukemia (HCL) have not been extensively studied. The aim of this study was to analyze clinical and laboratory features at presentation in correlation to treatment response and overall survival, and the role of different treatment approaches in disease free survival (DFS), progression free survival (PFS) and overall survival (OS).

Metods. The data of 151 consecutive HCL patients observed between 1982 and 2004 were retrospectively analyzed.

Results. Median age was 53 (range 30 to 80) years, with 126 males, and 25 females. The following data at presentation were analyzed and compared with response, DFS,PFS and OS: Hb<10g/dL (observed in 27% of patients); Plt<100.000/mL (72%); WBC>10.000/mL (15 %); splenomegaly (75%); >70% bone marrow infiltration (27%). At univariate analisis, only WBC>10.000/mL resulted significantly correlated to a reduced PFS, while none of the other factors considered affected DFS, PFS nor OS. 88 patients received as first line treatment alpha2-interferon (IFN) alone, 49 purine analogues (PA) alone or in combination with IFN, 5 were treated with splenectomy. Among IFN treated patients, CR, PR and SD were obtained in 21.6%, 73.8% and 4.5% of the patients respectively; while among PA-treated patients in: 26.5%, 71.4% and 2.0%, respectively. Nevertheless, DFS was significantly prolonged in patients treated with PA with respect to IFN. No significant difference in OS was observed. The median PFS is 27.6 months, the median OS is projected at 238 months after a median follow-up of 131 months.

Conclusions. Among the routine clinical and hematochemical baseline features, only the presence of WBC count >10000/mL was significantly correlated to a lower PFS. First line treatment with purine analogues was associated with prolonged PFS and DFS with respect to IFN; nevertheless, no difference was observed in OS.