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Primary Gastrointestinal Non-Hodgkin's Lymphoma: Retrospective Evaluation of 50 Patients

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– 31,6% (6 pts), CRu – 10,5% (2 pts), PR – 47,4% (9 pts), SD – 5,25% (1 pt), and PD - 5,25% (1 pt). BR is more active in the group of relapsed lymphoma *versus* the group of primary refractory lymphoma (Table 1). Safety analysis was available for 36 pts. Overall, the combination BR was well-tolerate. The most common grade 2/3 adverse events were leucopenia (9%) and infections (9%).

Table 1. Efficacy outcomes.

	ORR	CR	CRu	PR	SD	PD
All pts (n=36)	29 (80,5%)	10 (28%)	2 (5,5%)	17 (38%)	2 (5,5%)	5 (14%)
Pts with primary resistant lymphoma (n=17)	12 (70,5%)	4 (23,5%)	-	8 (47%)	1 (6%)	4 (23,5%)
Pts with relapsed lymphoma (n=19)	17 (89,5%)	6 (31,6%)	2 (10,5%)	9 (47,4%)	1 (5,25%)	1 (5,25%)

Summary and Conclusions: Based on this intermediate results, BR combination is highly active and well tolerated in heavily pre-treated pts with relapsed lymphoma and in primary refractory pts.

PB1808

HAIRY CELL LEUKEMIA: MULTICENTER RETROSPECTIVE ANALYSIS IN TURKEY

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Background: Hairy Cell Leukemia (HCL) constitutes 2-3% of all adult leukemias. This is characterized by infiltration of the bone marrow, liver, spleen and rarely lymph nodes by malignant B cells with hairy extension.
Aims: In this multicenter study, we aimed to present therapeutic outcomes and survival of 93 patients with HCL.
Methods: A retrospective analysis of clinical, laboratory and treatment results of 93 cases, who were diagnosed as having HCL in 13 centers in Turkey between October 1990 and July 2011 are presented in this report.
Results: Sixty-five of the patients were males and 28 were females, with a median age of 55. Splenomegaly was present in 92.6% of cases at diagnosis. At diagnosis, 57% of the patients had leukopenia, 17.2% leukocytosis, 77.4% anemia, 75.3% thrombocytopenia, 15.1% had cytopenia, 34.4% had bi-cytopenia, and 47.3% had pancytopenia. 63% of the patients showed a "dry tap" in bone marrow aspiration. Of the patients with an indication for treatment, 89.5% (77/86) were treated with cladribine as first-line treatment, while in 7% (6/86) of the patients splenectomy was preferred, and in 3.5% (3/86) interferon was preferred. Four patients died before being treated, and 3 could not be followed. Of the patients who were treated with cladribine, 80.5% (62/77) had a complete response (CR), 16.8% (13/77) had a partial response (PR); with a total response rate of 97.3%, 2 patients (2.6%) had died during treatment. Of the patients who were treated with a splenectomy, a CR was obtained in 66.7% (4/6), and a PR was obtained in 33.3% (2/6). No patients died in this group. A partial response (PR) was obtained in patients treated with IFN. The relapse rate was 16.9% (13/77) in patients treated with cladribine and in whom a CR or PR was obtained. In 66.7% (4/6) of the patients treated with a splenectomy and all of the patients treated with IFN, second line of treatment was given as a result of relapse. As second-line of treatment, in 95% (19/20) of the patients cladribine was used and rituximab was preferred in only one patient (5%). A CR was obtained in the patient treated with rituximab, while CR was obtained in 68.4% (13/19) of the patients treated with cladribine, while a PR was obtained in 31.5% (6/19) of them. A second relapse developed in 6 of these patients (6/19). In third - line of treatment, 3 of this 6 patients were given cladribine again (50%), while 2 were given rituximab (33.3%) and 1 was given (16.6%) deoxycoformycin. In third-line treatment, a CR was obtained in 66.6% (2/3) of the patients, PR was obtained in 33.3% (1/3), while CR was obtained in 100% (2/2) of the patients treated with rituximab. A PR was obtained in the patient treated with deoxyicoformicyn. The 28-month median OS was 91.7% in all patients followed-up in this study. In patients who were given cladribine as first-line treatment, OS was observed in 96% in a median 25 months of follow up. In the secondary cancer evaluation of these patients, one had a diagnosis of lung cancer before HCL was diagnosed, and an acute leukemia was diagnosed in one patient 3 months later HCL was diagnosed.
Summary and Conclusions: Cladribine treatment was confirmed as a safe and effective therapy in this study, where patients with HCL were followed up for a long time period, and demographic characteristics of patients with HCL are presented. Also, a long time period of follow up is important for evaluation of development of a secondary malignancy.

PB1809

PRIMARY GASTOINTESTINAL NON-HODGKIN'S LYMPHOMA: RETROSPECTIVE EVALUATION OF 50 PATIENTS

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Background: Primary gastrointestinal non-Hodgkin's lymphoma (PGI-NHL) is a heterogeneous entity different from the nodal counterpart regarding definition, clinicopathological characteristics, histological subgroups, diagnosis, staging, prognosis and treatment.
Aims: The aim of this study is to define the epidemiologic and clinicopathological characteristics of and the prognostic factors related to PGI-NHL, and to evaluate treatment results combined with survival analysis retrospectively.
Methods: Clinical records of 50 patients presented in our center between 1985-2011, diagnosed with PGI-NHL according to the 'relaxed criteria' described by Lewin et al, and followed-up for at least 1 year, were reviewed retrospectively. Histopathologic classification was done according to WHO, 2008. Patients are staged according to the Lugano staging system. MIPI is used for the stratification of prognostic risk groups. Treatment modalities are heterogeneously chosen by the caring physician with regard to clinical characteristics, disease localization, histological subgroup and stage, according to current guidelines. Disease or therapy related toxicities were assessed according to National Cancer Institute-Common Terminology Criteria for Adverse Events (NCI-CTCAE) version 4.03.
Results: Twenty-four patients were male, and the median age was 56 years (22-80). The most common disease localization was the stomach (70%). Abdominal pain was the main symptom (64%). The most common histological subgroup was diffuse large B cell lymphoma (74%) followed by MALT lymphoma (16%). Localized disease was more common (66% *vs* 34%). Bulky disease had negative influence on PFS and DFS (p=0.021 and 0.026, respectively). Bone marrow and/or ≥2 extranodal involvement had adverse effect on OS, PFS and DFS rates (for bone marrow involvement p=0.007, 0.017 and 0.020, respectively; for ≥2 extranodal involvement p=0.001, 0.003 and 0.007, respectively). MIPI (0-1 *vs* ≥2) has been found to separate the study population into prognostically distinctive risk groups with different OS, PFS and DFS rates (p=0.009, 0.011 and 0.010, respectively). Multivariate analysis showed that MIPI was the strongest predictor of overall survival. Compared with single-modality conservative treatment (Campylobacter jejuni eradication, chemotherapy, autologous hematopoetic stem cell transplantation), combination with surgery resulted in better OS rates in intestinal lymphomas (p=0.031). Despite that, in gastric lymphomas surgery has largely been replaced by conservative treatment modalities which are comparable to combination treatments in terms of survival. Over a median follow-up of 31 months, 36 of the patients were alive, 7 were dead and the remaining seven were lost to follow-up. The most common etiology of death was disease progression (n:5). The projected 5-year overall, progression-free and disease-free survival rates were 82.2%, 69.3% and 65.8%, respectively, with gastric lymphomas having better survival rates than intestinal lymphomas.
Summary and Conclusions: Considering the challenging heterogeneity, a uniform definition, histologic classification and staging system is important for comparative interpretations. Although the number of patients with primary gastric lymphoma allowed for a detailed analysis, a larger study group is needed for intestinal lymphomas. This study shows that MIPI is an effective model in PGI-NHL patients enabling identification of patient groups with different prognoses. Clinicopathological characteristics and parameters which have a statistically significant or nearly significant effect on survival need to be evaluated in multidisciplinary, prospective, multicenter trials with a patient population of greater number treated with standardized regimens according to current guidelines.

PB1810

USE OF BENDAMUSTINE AS FIRST LINE TREATMENT IN SELECTED POPULATION OF NON HODGKIN'S LYMPHOMA: TUSCANY REGION EXPERIENCE

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