Rituximab-based maintenance therapy in Waldenström macroglobulinemia: A case control study.

Presented Monday, June 3, 2019

Authors:
Saurabh Zanwar, Jithma P. Abeykoon, Morie A. Gertz, Shaji Kumar, David James Inwards, Luis F. Porrata, Carrie A. Thompson, Thomas E. Witzig, Thomas Matthew Habermann, Ronald S. Go, Martha Lacy, S. Vincent Rajkumar, Angela Dispenzieri, Francis Buadi, Wilson I. Gonsalves, Nelson Leung, Suzanne R. Hayman, Robert A. Kyle, Stephen M. Ansell, Prashant Kapoor; Mayo Clinic, Rochester, MN; Dep[illegible]nt of Internal Medicine, Mayo Clinic, Rochester, MN; Division of Hematology, Mayo Clinic, Rochest[illegible], MN

View Less

Abstract Disclosures

Background:
Waldenström macroglobulinemia (WM) is a rare indolent lymphoma commonly treated with rituximab (R)-based therapy. The use of rituximab maintenance (mR) in WM is controversial. We present a case-control study of patients (pts) with WM treated with mR.

Methods:
Pts evaluated at Mayo Clinic, Rochester with active WM that received mR between 1/2000 & 6/2018 were included. Cases comprised pts who received mR following R-based induction as primary therapy. Cases were matched based on the time of diagnosis in 1:2 ratio with a control group treated with R-based primary induction therapy without mR. Time to event analyses were performed from initiation of R-based induction.

Results:
Of 776 pts with active WM, 42 (5%) cases received mR and 84 pts were selected as controls. The median follow-up and the proportion of high risk pts were comparable between the two cohorts (Table). Pts in the mR cohort show a trend toward longer time to next therapy (TTNT) and a significantly longer overall survival (OS) compared to the control group (Table). The R-based induction therapies were comparable in the two cohorts (p = 0.6). Median duration of mR was 1.9 yrs (95% CI 1.6-2) and mR was used most frequently every (q) 2 (range 1-6) months. Of the 42 mR pts, 25 (60%) received an R-based combination for induction and 17 (40%) received R monotherapy as induction. Five (12%) pts

discontinued mR due to toxicity, infections were reported in 13 pts (31%) during mR therapy and 3 pts (7%) received IVIg infusions for recurrent infections.

Conclusions:

R-based induction followed by mR demonstrates a longer OS in WM compared to R-treated control population not receiving mR, albeit at a high rate of infections. Despite limitations of a retrospective study, with a heterogeneously treated cohort, these data add to the body of literature supporting Rituximab maintenance. Results from an ongoing randomized controlled trial are awaited.

Parameter	R-based Induction + mR (n = 42)	R-based induction without mR (n = 84)	p value
Median age	62	66	0.08
% Male	74	53	0.052
IPSS High risk, %	36	29	0.89
Median follow-up, yrs (95% CI)	6 (5.4-6.8)	6.6 (5.5-7.4)	0.70
Median time to next treatment, yrs (95% CI)	8.8 (4.2-12.5)	5.8 (2.5-10.2)	Print
Median OS, yrs			
(95% CI);	NR (8-NR)	10.1 (8.9-NR)	0.02
6 year OS, %	91	71	