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DLBCLに対する Biweekly R-CHOP と自家末梢血幹細胞移植の有効性に関する多施設共同研究 (JSCT-NHL04)

Efficacy of Biweekly R-CHOP Followed by Auto-PBSCT for DLBCL: JSCT Multicenter Study (JSCT-NHL04)

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Purpose:The efficacy of biweekly R-CHOP and upfront high-dose chemotherapy (HDCT) combined with rituximab plus Auto-PBSCT for newly diagnosed high-risk, CD20-positive, DLBCL was investigated.

Method:Subjects were DLBCL (IPI H/H-I) patients aged from 15 to 60. Treatment consisted of 3 courses of biweekly CHOP, followed by PBSCH mobilized by high-dose etoposide, and 3 courses of biweekly CHOP, followed by MCEC and Auto-PBSCT. Rituximab was administered prior to courses 2, 3, 5, and 6 of biweekly CHOP, before high-dose etoposide and PBSCH, on the day before MCEC, and the day after Auto-PBSCT.

Results:Between 12/1/2004 and 3/31/2010, 46 patients were registered of which 40 were eligible. PBSCH was performed on 30 patients, of whom 29 underwent Auto-PBSCT after achieving PR or better prior to MCEC. 2y PFS was 82.2%, 2y OS was 93.9%, 2y PFS among patients who completed the treatment was 89.2%, and one case died due to a treatment-associated cause. Grade 3 gastrointestinal toxicity and FN were observed at transplant. No grade 4 events were observed.

Conclusion:Excellent results were observed in patients who completed this treatment. However, the treatment was discontinued in 10 patients, due to the progress of DLBCL in four cases, suggesting that some patients with poor prognosis may not be receiving Auto-PBSCT. Therefore, sophisticated chemotherapy regimens need to be devised until Auto-SCT. On the other hand, some cases may not require Auto-PBSCT. Currently, a phase II study is underway on upfront HDCT combined with Auto-PBSCT by the stratification of risks incorporating PET-CT.