

Target Practice: New Therapies for NHL and CLL

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At this year's meeting, many advances in the field of non-Hodgkin lymphoma are being presented. On Saturday, the Education Sessions on Chronic Lymphocytic Leukemia and Rational Therapeutic Targets in Large B-Cell and Mantle-Cell Lymphomas, and the Education Spotlight Session on New Response Criteria for NHL highlighted the major updates in this group of diseases. The CLL session chaired by Dr. Neil Kay focused on recent advances in the evaluation of quality of life, prognostic parameters, and novel approaches to therapy. The session highlighted the high incidence of familial CLL. The education session on therapeutic targets in large B-cell lymphoma and mantle-cell lymphoma chaired by Dr. Margaret Shipp highlighted the recent insights into the immunobiology and molecular signatures of aggressive B-cell lymphomas and the identification of new targeted therapies. The spotlight session co-chaired by Dr. Bruce Cheson and Dr. Jonathan Friedberg discussed the new criteria for response assessment and the role of fluorodeoxyglucose-positron-emission tomography (FDG-PET) in the management of patients with lymphoma. There are more than 400 abstracts on non-Hodgkin lymphoma and 340 abstracts on CLL presented at this meeting that demonstrate the significant changes in the biology and treatment of these diseases.

Today, in the simultaneous oral session, Dr. Anton Hagenbeek will be presenting the results of the international randomized study that investigated the efficacy and safety of Zevalin (^{90}Y -ibritumomab tiuxetan) consolidation in patients with advanced-stage follicular lymphoma responding to first-line chemotherapy. The concept tested was whether a single infusion of Zevalin would prolong progression-free survival (PFS) in patients with minimal residual disease. Patients were randomized to receive either Zevalin or no further treatment. Prolongation of PFS, the primary endpoint, was significantly longer in patients treated with Zevalin, also confirmed in patient subgroups in PR or CR after induction. After Zevalin consolidation, secondary endpoints also improved, including change of response status, safety/tolerability, and quality of life. There are a number of important clinical trials currently evaluating Zevalin in other subtypes of lymphoma, as consolidation therapy or as part of myeloablative regimens. This study will help clinicians to understand how to best integrate this promising new treatment option into existing established treatment algorithms and ultimately propose a new concept that improves quality of life with a single-dose consolidation therapy.

There is now a large body of evidence demonstrating benefits of rituximab maintenance versus observation following induction with either rituximab plus chemotherapy or chemotherapy alone in both first-line and relapsed/refractory settings. Also, compared with rituximab re-treatment at disease progression, the maintenance approach produces higher complete remission rates and significantly longer remissions and PFS. Although various maintenance schedules have been explored, the optimal dose, schedule, and duration of maintenance therapy still need to be established. Current data indicate that rituximab maintenance can be safely administered for up to two years. Although the trials did not report severe adverse drug reactions, information concerning long-term toxicity is scarce, and, thus, careful monitoring of patients is recommended. The potential application of the study presented today may be expanded to other non-Hodgkin lymphomas for studying the role of a single infusion of Zevalin in the consolidation of therapy in these diseases.