

Treatment of Follicular Lymphoma

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Follicular lymphoma (FL) is a heterogenous disease, which is still considered as incurable. New prognostic factors as the FLIPI (Follicular Lymphoma International Prognostic Index) and histological grading are of help in deciding type of therapeutic option. Also immune cells in the micro environment of the tumour have shown to be of clinical importance.

Improvement in therapy has been seen with the monoclonal anti-CD20 antibody rituximab, first used as single agent therapy in relapsed follicular lymphoma (the pivotal trial). Recently the combination of this antibody with chemotherapy (CVP, CHOP or fludarabine combinations) has been shown to extend both progression-free (PFS) and overall survival (OS), when used as first-and or second line therapy.

To improve the efficacy of rituximab and to delay the need of chemotherapy, different schedules of drug administration, as extended dosing, combination with interferon and maintenance, has been used.

R-CHOP (rituximab 375 mg/m² at day 1 of each cycle of CHOP) was used in a phase III clinical trial

for patients with relapsed follicular lymphoma, the EORTC 20981 Intergroup Study. Patients with a CR or PR after six cycles of therapy underwent a second randomisation to no further treatment (observation) or maintenance treatment with rituximab (375 mg/m² once every 3 months) until relapse or for a maximum of 2 years. Both treatment arms yielded similar PR rates but a highly significant higher CR rate with the combination. In patients randomised to maintenance an advantage was observed both in PFS and OS when compared with the observation arm.

The benefit of rituximab maintenance for patients with first-line immunochemotherapy will be determined in ongoing randomised studies.

The best schedule and length of therapy as well as longterm effects of rituximab treatment needs to be evaluated. New monoclonal antibodies are under development, but it is still not defined which subgroups of patients will benefit most of treatment with antibodies. Also other new drugs acting on the microenvironment of the lymphoma might show therapeutic activity.