

Rituximab in non-Hodgkin Lymphoma (NHL)

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Abstract

Purpose: To study epidemiology of NHL in Tripoli Medical Center (TMC), to assess response rate to rituximab in CD20 positive NHL patients and compare our results with international results.

Methods : Retrospective non-randomized study includes all patients registered as non-Hodgkin Lymphoma in oncology clinic in TMC. 88 patients were registered in the period between Jan 2011 and Dec 2013. 60 patients with CD20 positive B cell Non Hodgkin Lymphoma.

Results: Median age was 56.5 years, SD±16.14. 62/88 (70%) were high grade NHL. 19/88 (21.3%) were low grade NHL. 5/88(5.7%) were T cell lymphomas. 70/88 (79.5%) were CD20 positive B cell type. 60/70 (86%) patients with CD20 positive B cell lymphomas received Rituximab either with CHOP or CVP. 43.3% were male and 56.7% were female. 23/60 (38.3%) have extra nodal lymphoma. Stomach is being the most common extra nodal organ involved in (56.2%). 37/60(61.7%) were nodal lymphoma. 48/60 (80%) were aggressive large B cell lymphomas, 12/60 (20%) were low grade NHL. 7/60 (11.7%) of patients have bone marrow infiltration. In nodal lymphomas, 43.2% were stage III. According to International Prognostic Index (IPI) 41.7% of patients was low risk, 39% were intermediate risk and 16.7% were high risk. 31/37 (83.8%) received Rituximab as first line. The mean number of cycles was 6. Overall response rate was 89.2%, 64.9% of patients had complete response and 24.3% had partial response. No statistical difference in overall response rate between aggressive NHL and low grade lymphoma were noticed ($p=0.2$). In extra nodal NHL 87% were stage I. All received Rituximab as first line. Overall response rate was 82.6%, with 52.2% complete response and 30.4% partial response.

Conclusion: Our results show that Rituximab had high response rate comparable with international results. More time is needed to assess event free survival and overall survival.