

1615 Retherapy with Bendamustine-Containing Regimens in Patients with Relapsed/Refractory CLL and Indolent Lymphomas Achieves High Response Rates

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Purpose: Bendamustine-containing regimens have shown high response rates and long lasting remissions in relapsed/refractory indolent B-cell-malignancies. Here we have evaluated the efficacy of Bendamustine-containing regimens as retherapy in this patient population.

Patients and methods: Patients with CLL or indolent B-cell-malignancies (NHL) who previously had been treated with Bendamustine and were retreated with either Bendamustine (90mg/m², day 1+2, q day 29 (1-6 cycles)) (B) or Bendamustine (90mg/m², day 1+2) + Mitoxantrone (6-10mg/m², day 1), q day 29 (1-4 cycles) (BM) or Bendamustine (90mg/m², day 1+2) + Rituximab (375mg/m², day 1), q day 29 (1-6 cycles) (BR) or Bendamustine (90mg/m², day 1+2) + Mitoxantrone (6mg/m² day 1) + Rituximab (375mg/m², day 8,15,22,29) (BM was repeated on day 36 x 1-3 every 4 weeks) (BMR) between 2000-2010 were analyzed retrospectively. Data were collected from patient files into a database and analyzed statistically using SPSS.

Results: 88 patients (57 CLL, 31 NHL) received a Bendamustine-retherapy-regimen. The median age at the first Bendamustine retherapy was 72 years (50-88). The mean number of therapies per patient was 6.0 in CLL and 7.0 in NHL; the mean number of Bendamustine therapies was 3.0 in CLL and 2.6 in NHL. Bendamustine-containing retherapy consisted of B in 4%, BM in 12%, BR in 29% and BMR in 55%. The overall response rate of Bendamustine retherapy was 79% (9% CR, 70% PR). ORR according to regimen was as follows: B: 57% (14% CR, 43% PR), BM: 70% (4% CR, 66% PR), BR: 55% (10% CR, 45% PR), BMR: 84% (7% CR, 78% PR). Main toxicity was a reversible grade 3 or 4 hematotoxicity in 35% of retherapies! No therapy associated death was observed. Overall survival since first diagnosis was 134 months in CLL (23-187) and 131 months in NHL (20-339). Overall survival since start of Bendamustine-containing retherapy was 33 months in CLL (2-129+) and 23 months in NHL (2-62+).

Conclusion: Bendamustine-containing retherapy-regimens achieve high response rates in patients with relapsed/refractory CLL and NHL. Hematotoxicity is relevant but reversible.

Disclosures: No relevant conflicts of interest to declare.

Back to: [623. Lymphoma - Chemotherapy, excluding Pre-Clinical Models: Poster I](#)

[<< Previous Abstract](#) | [Next Abstract >>](#)

