Abstract: PB2943

Title: MARGINAL ZONE LYMPHOMA: AN IRISH SINGLE INSTITUTION EXPERIENCE

Abstract Type: Publication Only

Topic: Indolent and mantle-cell non-Hodgkin lymphoma - Clinical

Background:

Marginal Zone Lymphoma (MZL) is an indolent yet heterogenous B-cell lymphoma, with limited data available on the prevalence of its subtypes and their natural progression, particularly within the Irish population.

Aims:

Our study aimed to explore the distribution of MZL subtypes and assess treatment outcomes within our center, comparing these findings to existing literature over a 20-year period.

Methods:

This retrospective study reviewed all cases of Marginal Zone Lymphoma diagnosed between 2004 and 2020 at the Department of Haematology, University Hospital Waterford, Ireland. We analyzed the distribution of nodal (NMZL), extranodal (EMZL), and splenic (SMZL) subtypes within our cohort. The study also evaluated management strategies and outcomes, including 10-year overall survival (OS) and 10-year progression-free survival (PFS). The data collection encompassed demographic details (male/female distribution, age at diagnosis), disease subtype, staging, IPI score at diagnosis, bone marrow involvement, hemoglobin (Hb) levels, lactate dehydrogenase (LDH) levels, treatment modalities employed, and response to treatment.

Results:

27 patients were identified. Median age at diagnosis was 66 ± 12.5 yrs, with gender distribution in favour of males (63%). 7 (25.9%) patients represented NMZL, 9 (25.9%) presented SMZL and 11 (48.1%) represented EMZL. Mean Hb was 12 .5 gm/dl and LDH 324 and 9 (33.3%) of patients had bone marrow involvement at the time of diagnosis. 3 (11.1%) patients were IPI 0, 13 (51%) of patients were IPI score 1, 4 (25.9%) had IPI 2, and 3 (11.1%) of patients were IPI 3. 7 (25.9%) patients had Stage I disease, 4 (14.8%) patients had Stage II disease, 14 (51.8%) patients had Stage IV disease at diagnosis and 2 (7.4%) patients did not have accessible data.

Treatment modalities for EMZL ranged excisional biopsy in 1 (3.7%) patient, chlorambucil in 1 (3.7%) patient, radiotherapy in 3 (11.1%) patients, rituximab monotherapy in 2 (7.4%) patient, rituximab with chemotherapy in 4 (14.8%) patients, and ESCHAPP followed by BEAM autograft in 1 (3.7%) patient who progressed following rituximab and chemotherapy based treatment. Treatment modalities for NMZL represented excisional biopsy in 1 (3.7%) patient rituximab monotherapy in 1 (3.7%) patient, and rituximab and chemotherapy in 4 (14.8%) patients. 1 (3.4%) patient passed away prior to commencement of treatment and 1 (3.4%) patient is currently on watch and wait protocol. Treatment of SMZL involved splenectomy in 1 (3.4%), rituximab followed by splenectomy in 2 (7.4%), rituximab and chemotherapy in 3 (14.8%), and rituximab monotherapy in 1 (3.4%) patient. Kaplan Meier estimates of 10-year OS were 87% and 10-year PFS were 81% across disease subtypes.

Summary/Conclusion:

The study validates the favorable prognosis associated with MZL, corroborating findings from available published data in terms of the distribution of disease subtypes and outcomes.

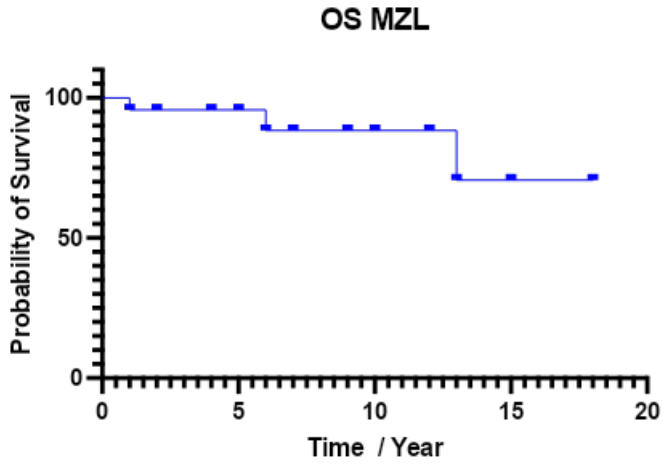

Figure 1: *Kaplan-Meir estimate of 10-year overall survival (OS) across MZL subtypes*

Keywords: Marginal zone, Indolent non-Hodgkin's lymphoma, Non-Hodgkin's lymphoma, B cell lymphoma