

# Is upfront Autologous stem cell transplant required in Mantle Cell Lymphoma?

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## BACKGROUND

Mantle cell lymphoma (MCL) has a variable disease course. It is most commonly treated with intensive immunochemotherapy, such as R-hyper-CVAD (fractionated cyclophosphamide, vincristine, doxorubicin, dexamethasone and rituximab alternating with high-dose methotrexate and cytarabine) and the Nordic protocol. Uncertainty surrounds the question of consolidative autologous stem cell transplant (ASCT).<sup>1</sup>

Our standard institutional practice is to use minimal residual disease (MRD) guided therapy with R-hyper-CVAD and to omit ASCT in MRD negative patients. MRD is assessed using PET/CT and bone marrow examination. We have previously published data suggesting excellent long-term outcome in patients treated with this approach.<sup>2</sup> We aim to compare the outcomes of our cohort of patients with a similar cohort treated with consolidative ASCT at a second institution.

## METHODS

We performed a retrospective analysis of MCL patients treated at two institutions with intensive immunochemotherapy with and without consolidative ASCT.

We compared the overall (OS) and progression-free survival (PFS) of two cohorts: those at our institution who achieved MRD negativity and did not receive ASCT (group 1) and those at a second institution who underwent consolidative ASCT in first complete remission (group 2).

## RESULTS

31 patients were analysed: 15 patients in group 1 and 16 patients in group 2. Patients in group 2 received ASCT conditioning with either BEAM or BuMel.

There was no significant difference in OS or PFS between the two groups. Importantly, patients in group 1 had an excellent long-term outcome, with 5-year OS and PFS of 100% and 90% respectively, compared with 68% and 48% for patients in group 2. There was no treatment related mortality for patients in group 1.

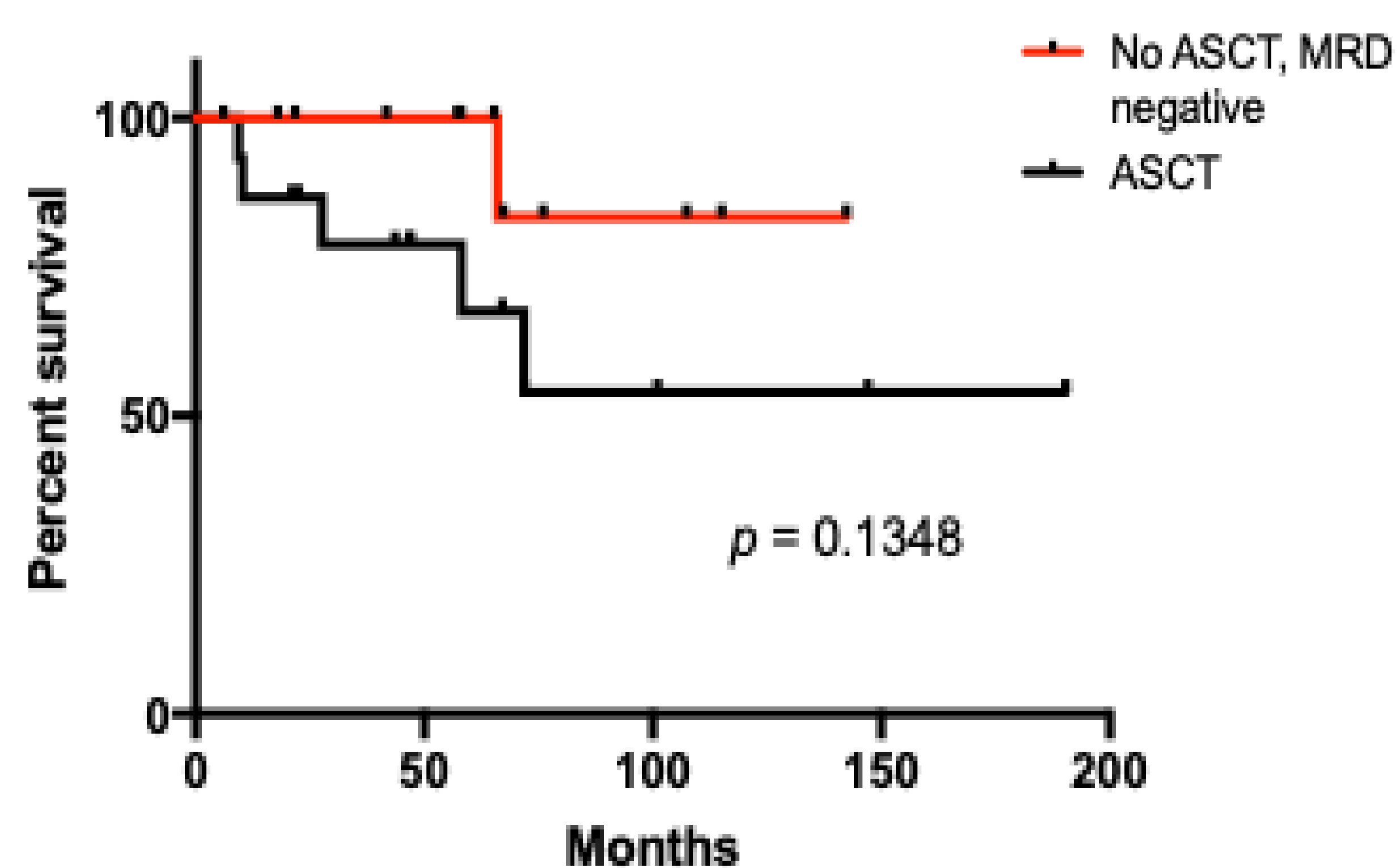
## CONCLUSION

These results in a small patient cohort suggest that MCL patients achieving MRD negativity following intensive immunochemotherapy have excellent long-term outcomes and may reasonably avoid consolidative ASCT. The results also highlight the benefit of MRD assessment to guide treatment decisions in MCL.

## REFERENCES

1. LaCasce AS, Vandergrift JL, Rodriguez MA, Abel GA, Crosby AL, Friedberg JW et al. Comparative outcome of initial therapy for younger patients with mantle cell lymphoma: an analysis from the NCCN NHL database. *Blood* 2012; 119: 2093.
2. Htet S, Lane S, Kipp D, Rose H, Campbell P. PET-CT confirmed complete remission and MRD negativity in mantle cell lymphoma patients treated with R-hyper-CVAD results in excellent outcome in the absence of autologous stem cell transplantation: a single-centre case for a transplant-free approach. *Internal Medicine Journal* 2016 Sept; 46(9):1113-1114

Overall survival



Progression-free survival

