DOSE DENSE HIGH DOSE METHYLПREDNISOLONE (HDMP) AND RITUXIMAB (RTX) ARE EFFECTIVE IN RELAPSED OR REFRACTORY HIGH RISK CHRONIC LYMPHOCYTIC LEUKEMIA (CLL)

Regina Pileckyte MD\(^1\), Mindaugas Jurgutis MD\(^2\), Vilma Valcekiene PhD\(^3\), Egle Gineikiene PhD\(^3\), Mindaugas Stoskus MSC\(^3\), Jurgita Sejoniene MD\(^4\), Andrius Deguly\(\)s MD\(^5\), Arturas Jakubauskas PhD\(^5\), Laimonas Griskevicius MD,PhD\(^1,5\)

1- Department of Hematology, Hematology, Oncology and Transfusion Medicine Center, Vilnius University Hospital Santariskiu Clinics, Vilnius, Lithuania,
2- Department of Hematology, Riga Stradija University, Latvia,
3- Department of Molecular and Regenerative Medicine, Oncology, Hematology and Transfusion Medicine Center, Vilnius University Hospital Santariskiu Clinics, Vilnius, Lithuania,
4- Department of Internal Medicine and Oncology, School of Medicine, University of Illinois at Chicago, Illinois, USA
5- Clinic of Internal Medicine and Oncology, Faculty of Medicine, Vilnius University, Vilnius, Lithuania

Background
Management of high risk CLL remains a considerable challenge, especially in fludarabine refractory patients and those with p53 dysfunction(1). In many cases high risk chromosomal abnormalities, including 17p13 deletion, are acquired at relapse, which cause resistance to p53 dependent agents. Alemtuzumab has limited activity in patients with bulky lymphadenopathy and is associated with high incidence of infections (2). Some studies explored HDMP-Rtx combination in fludarabine refractory patients with promising results (3).

Aims of the study
The primary aim was to evaluate efficacy and safety of dose dense HDMP and Rtx combination in a prospective study.

Methods
HDMP-Rtx combination is an effective treatment for relapsed CLL patients with adverse factors including 17p deletion/p53 mutation.

Results
1. Patients characteristics are listed in Table 1. 29 patients were included. 23 patients (79%) completed all 6 cycles. There were 3 early deaths during treatment and 2 patients were discontinued because of prolonged IV/neutropenia and lung infection, respectively. One patient proceeded to autologous bone marrow transplantation after the 5th course. 26 patients were evaluable for response. Overall response rate (ORR), complete response (CR), responses are shown in Figures 1, 2 and Table 2. Four patients in partial remission underwent autologous bone marrow transplantation. Median follow up for all 26 patients was 19 (1-29) months.

2. Four patients in partial remission underwent autologous bone marrow transplantation. Median follow up for all 26 patients was 19 (1-29) months, median progression free survival (PFS) was 12 (10-14) months and median overall survival (OS) was not reached (Figure 2). Adverse events are listed in Table 3.

3. Conclusion
- HDMP-Rtx combination is an effective treatment for relapsed CLL patients with adverse factors including 17p deletion/p53 mutation.
- This regimen is well tolerated and has relatively low toxicity.
- It can be useful for tumor burden reduction before autologous bone marrow transplantation in eligible patients.

References
1. Keating et al, Results of first salvage therapy for patients refractory to a fludarabine regimen in chronic lymphocytic leukemia. Leuk Lymphoma 2002;