



Patterns of care and outcome in AYA lymphomas- A multicenter registry study from India

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INTRODUCTION

There are no recommendations pertaining to AYA population. It is a prime area for collaborative research between pediatric and medical oncologists, as well as between providers in the community and in the consortia. Before any collaborative interventional research, we need the demographic data, patterns of care and outcome of AYA lymphomas in our country. Hence, HCC registry database can be utilized to do this analysis of all AYA lymphoma in India which will set the benchmark for future interventional research in this area.

AIM AND OBJECTIVE

AIM- To evaluate the patterns of care and outcome in AYA(15-30 years) lymphoma in India.

ENPOINTS

Primary Outcome:

1. To evaluate Event free survival(EFS)
(Time from first cycle of chemotherapy to progression, relapse, second malignancy or death)

Secondary Outcome:

2. To Evaluate Overall survival (OS)
2. To evaluate response rates

RESULTS

1. The median age of the cohort was 23 (IQR-19, 27) with 65% being males and the rest being females.
2. PETCT was done in 70% of patients at baseline.
3. Early-stage disease was seen in 233 patients (35%), advanced stage in 366 patients (56%), and 60 patients (9%) were not staged at baseline.
4. Bulky mediastinum was seen in 1/4th of the patients out of which the majority (85%) were Hodgkin lymphoma and PMBCL
5. Extra nodal site involvement was seen in 43% of patients out of which marrow involvement constituted almost half.
6. Out of 677 patients, 582 patients (86%) received treatment at their respective centers .
7. Among 298 treated cases Hodgkin lymphoma, 245(82%) patients received ABVD and escBEACOPP was given in 28(9%) patients.
8. In DLBCL, out of 87 patients, 59(68%) received CHOP-R, 10(11%) received DA-REPOCH, 8(9%) received GMALL NHL protocol and the rest 10(11%) received other intensive regimens.
9. Almost 160(36%) patients received radiation therapy out of which 90 patients (57%) received it as part of definitive treatment and 50 (31%) patients received it as consolidation to residual site.
10. Median follow up of the entire cohort was 13 month (IQR-8,12)
11. Out of 570 patients where follow-up was available, the overall EFS was 76. % ± 2.4%
12. Relapse or progression occurred in 72 patients (12.5%) out of which 50(72%) could receive any form of salvage therapy including transplant.

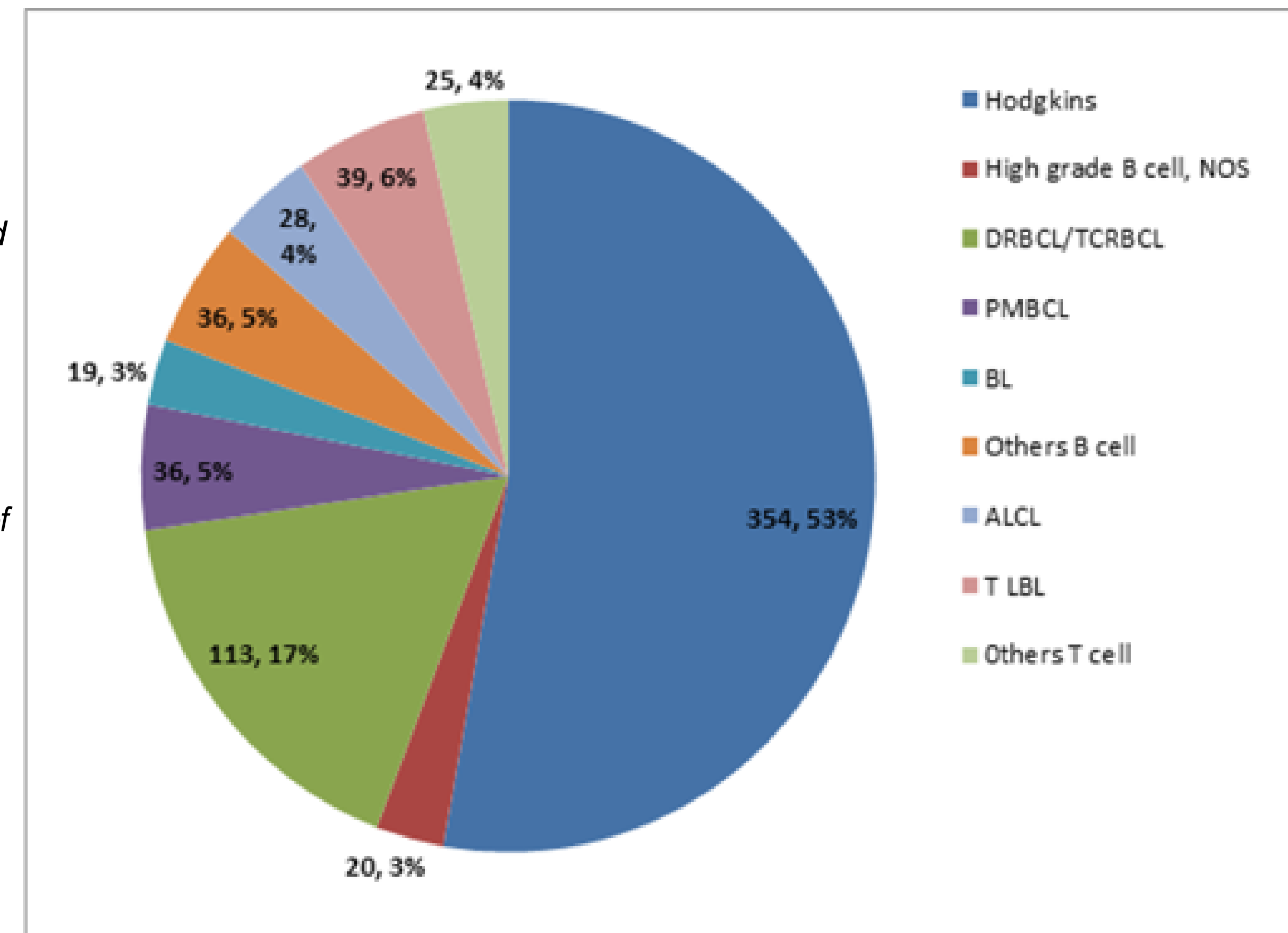


Figure-1 A pie-chart depicting the distribution of histopathological subtypes in AYA lymphoma (N=670)

TCRBCL-T cell Rich B cell lymphoma
DLBCL- Diffuse Large B cell lymphoma
BL-Burkitt Lymphoma
LBL-Lymphoblastic lymphoma
ALCL- Anaplastic Large cell lymphoma
PMBCL-Primary Mediastinal B cell lymphoma

EFS	6 Months	1 Year	2 Years
DLBCL/TCRBCL (N=88)	0.976±0.016	0.952±0.023	0.860±0.039
No. of Events	2	4	11
HG-B NOS (N=16)	0.875±0.083	---	---
No. of Events	2	---	---
PMBCL(N=32)	0.897±0.057	0.826±0.071	0.778±0.082
No. of Events	3	5	6
Hodgkin(N=303)	0.962±0.011	0.890±0.019	0.785±0.036
No. of Events	11	29	40
ALCL(N=27)	0.909±0.062	0.849±0.083	---
No. of Events	2	3	---
T-LBL (N=32)	0.835±0.068	0.762±0.079	0.637±0.094
No. of Events	5	7	10

Figure-2 EFS outcome according to important histopathological subtype.

METHOD

1. An observational, multicenter, prospective Hematologic cancer consortium(HCC) registry study.
2. Data was collected using an online data capture program, which is already in place as part of the HCC registry and is in use for the past 5 years. Each center maintains source documents (physical or electronic) and maintain responsibility for the accuracy of data.
3. Eight centers across India participated in this study.
4. All patients diagnosed with lymphoma between January 01, 2020, and June 31, 2022, were included in the study

CONCLUSIONS

1. This is the one of largest real-world data on AYA lymphoma from India.
2. The majority were Hodgkin lymphoma followed by DLBCL.
3. Most patients received adult type regimens for Hodgkin as well as non-Hodgkin lymphoma.
4. The use of radiation was high (1/3 rd) which could be due to a higher burden of bulky and mediastinal disease in our cohort.
5. This data will set the benchmark for future collaborative studies in India and abroad for AYA lymphoma

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