

## Shelikhova et al. (Abstract)

Cellular Therapy and Transplantation (CTT), Vol. 3, No. 9

doi: 10.3205/ctt-2010-No9-abstract07

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Abstract accepted for "4th Raisa Gorbacheva Memorial Meeting on Hematopoietic Stem Cell Transplantation", Saint Petersburg, Russia, September 18–20, 2010

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## Current treatment of mature B-NHL/ALL in children and adolescents in regional pediatric clinics of the Russian Federation

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### Abstract

**Background:** To evaluate the effectiveness and toxicity of 2 therapy regimens for children and adolescents with mature B-NHL used over the last 10 years in specialized clinics of hematology/oncology in the Russian Federation (St. Petersburg, Ekaterinburg, N. Novgorod, Balashikha, Makhachkala, Chelyabinsk, Orenburg, Kirov, Rostov-Don, Cheboksari, Novokuznetsk, Arkhangelsk, Perm, Astrakhan, Jaroslavl, Rjazan, Blagoveschensk, and Moscow, Ufa). One regimen is based on original and modified B-NHL 90 and 95. The other is a regimen combining rituximab and less intensive CT with a decreased dose of Mtx (protocol B-NHL 2004mab).

**Objectives:** To propose a standardized program of treatment for children and adolescents with mature B-NHL which could be effectively used in the majority of pediatric specialized hospitals of the Russian Federation (RF.)

**Methods:** A database that included information from 28 pediatric departments of hematology/oncology followed by standard statistical analysis.

**Results:** From January 2004 until April 2010, 233 untreated patients with mature B-NHL (BL/B-ALL, 143/40 pts; DLBCL, 66 pts) were enrolled in a trial: m:f = 3:1, with a median age of 9.5 years. 132 pts received the B-NHL-2004m protocol, 101 pts received NHL- BFM-90 or 95. With a med. FU of 38 mo. (3–70), CR was achieved in 92 and 82% of pts, RFS was 0.95 and 0.91; and EFS and OS were  $0.86 \pm 0.04$  and  $0.72 \pm 0.06$  ( $p < 0.05$ ), respectively. Toxic deaths were the main cause of failure in the BFM-oriented type of treatment.

**Conclusions:** Rituximab combined with conventional CT is a well-tolerated regimen, associated with excellent results. This therapy can be recommended as the first-line treatment for pediatric mature B-NHL/B-ALL. Future studies are required to determine the optimal dose of chemotherapy and rituximab for aggressive NHL for maximum effectiveness with minimal acute and late toxicity.

**Keywords:** non-Hodgkin lymphoma, combined treatment, rituximab, children

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