

Interim FDG-PET/CT does not predict outcome in newly diagnosed patients with mantle cell lymphoma treated with chemotherapy alone or chemo + ASCT

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Patient characteristics and treatment

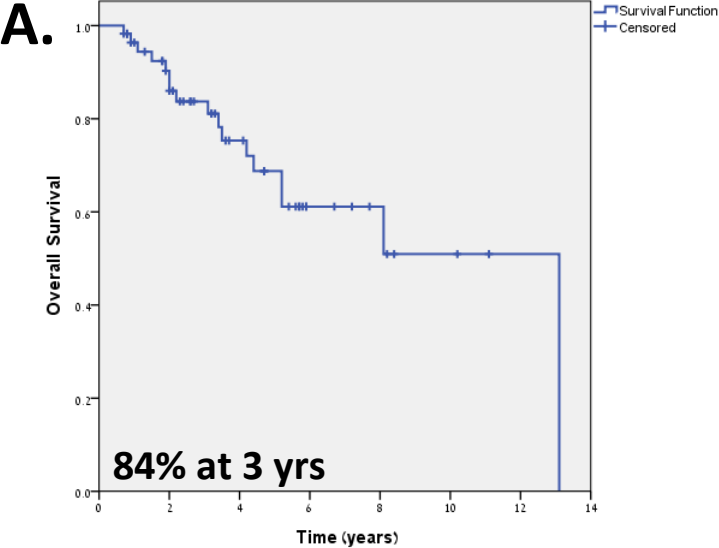
Patients (n)	58
Gender F/M (n)	9/49
Age (median)	59 yrs (41-88)
Median follow-up	3.3 yrs (0.67-13.1)
Treatment (n) (%)	
R-CHOP	37 (64%)
R-CHOP/R-DHAP	5 (9%)
R-HyperCVAD	10 (17%)
Other	6 (10%)
ASCT	24 (41%)

Patient characteristics: chemo vs. chemo + ASCT

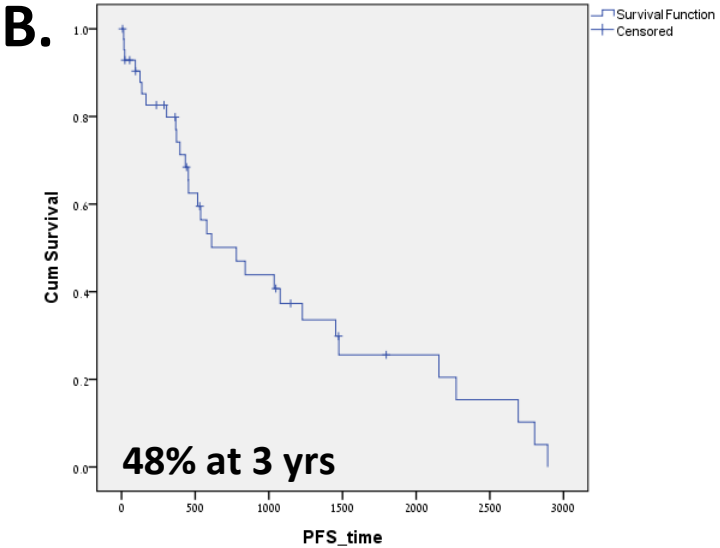
	Chemotherapy 34 (59%)	Chemotherapy+ASCT 24 (41%)	p
Gender (n=58) Male Female	29 (85%) 5 (15%)	20 (83%) 4 (17%)	NS
Age (n=58) <60 ≥60	12 (35%) 22 (65%)	19 (79%) 5 (21%)	0.001
Stage (n=58) I/II III/IV	3 (9%) 31 (91%)	0 (0%) 24 (100%)	NS
GI involvement (n=58) No Yes	28 (82%) 6 (18%)	13 (54%) 11 (46%)	0.04
Interim PET (n=51) Neg Pos	11 (35%) 20 (65%)	9 (45%) 11 (55%)	NS
MIPI (n=49) Low Int High	8 (27%) 17 (57%) 5 (16%)	14 (74%) 3 (16%) 2 (10%)	NS
Ki67% (n=35%) <30% ≥30%	12 (50%) 12 (50%)	3 (27%) 8 (73%)	NS

Survival outcomes

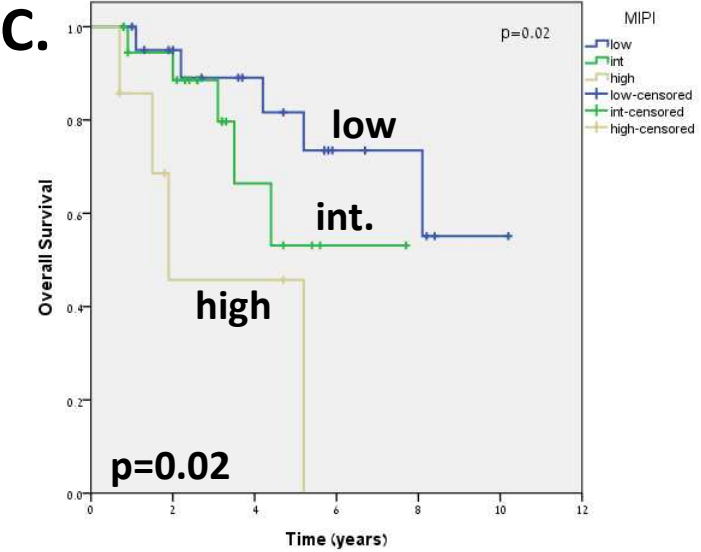
OS - entire cohort



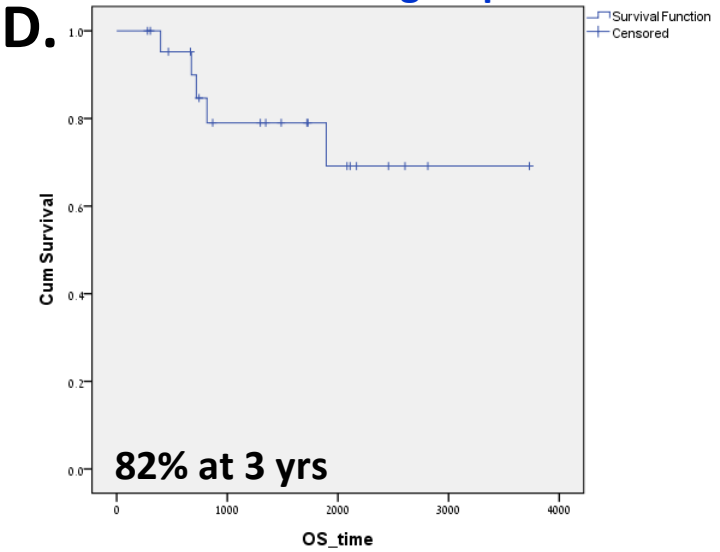
PFS - entire cohort



OS entire cohort - MIPI

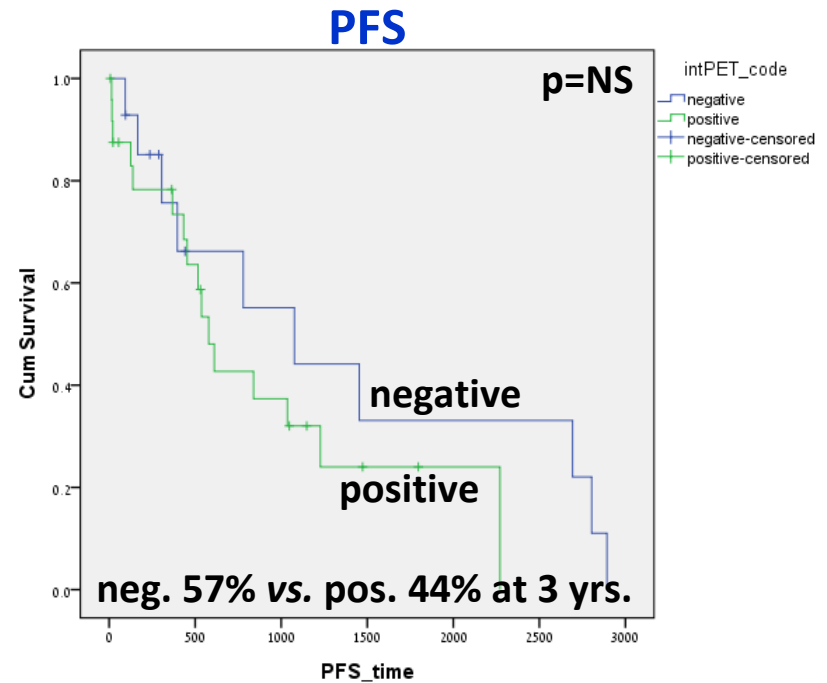
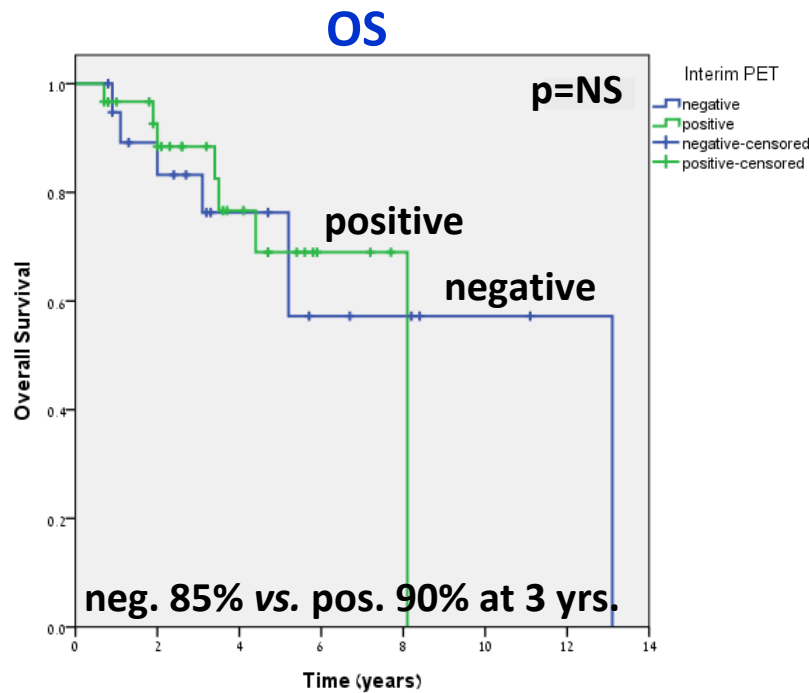


OS - ASCT subgroup

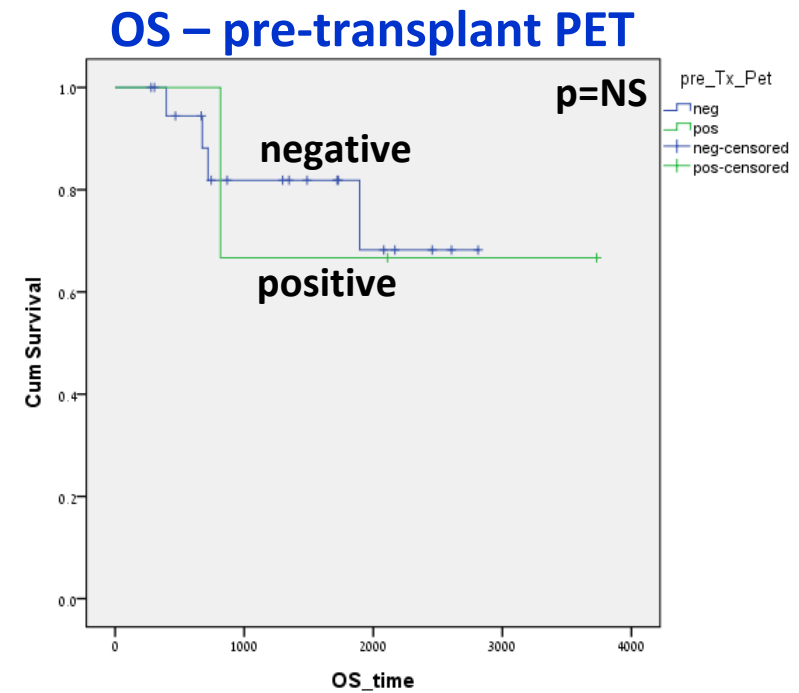
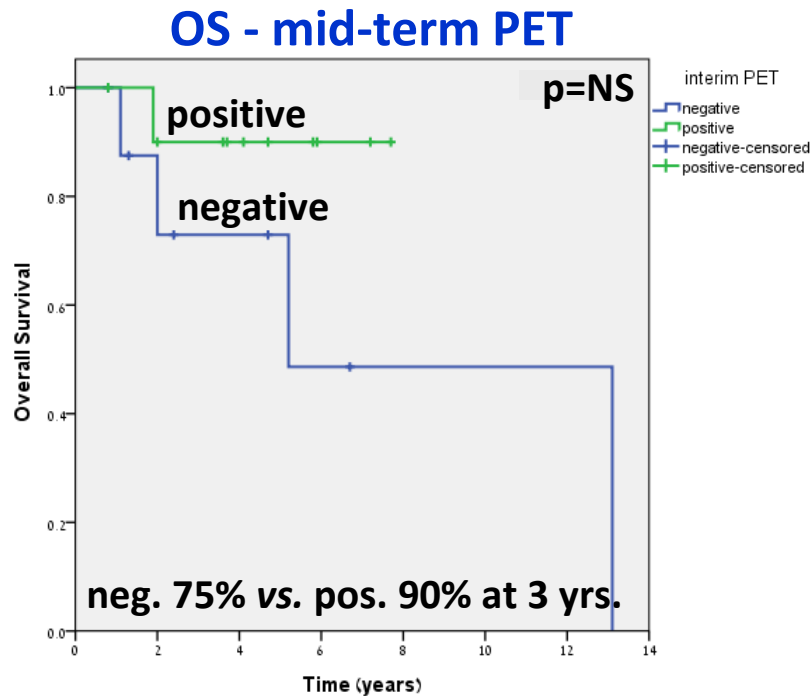


Mid-term PET results do not predict outcome in the entire cohort

- 51/58 patients were scanned
- Pos. or neg. scores – based on revised response criteria (2007)
- Mid-term PET: neg.- 20, pos.- 31 [no difference in gender, MIPI, stage and B symptoms. Older age (≥ 60 yrs) more prevalent in PET pos. group ($p=0.02$)]



Neither mid-term nor pre-transplant PET results predict outcome in MCL patients treated with chemo and upfront ASCT



PFS at 3 yrs:
neg. 80% vs. pos. 66% (p=NS)

Conclusions

- Mid-term PET/CT results do not predict OS and PFS in newly diagnosed patients with MCL treated with chemotherapy.
- Neither interim nor pre-transplant PET results predict outcome in patients who receive consolidation with upfront autologous stem cell transplantation.
- Negative mid-term PET is more often achieved in younger than in older patients with MCL.