Case Report

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FC for Relapsed/Refractory Diffuse Large B Cell Lymphoma

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ABSTRACT

Keywords: FC; Relapsed/Refractory Diffuse Large B Cell Lymphoma

Abbreviations: DLBCL: Diffuse Large B-Cell Lymphoma; Auto-HCT: Autologous Hematopoietic Cell Transplantation; CR: Complete Response; PR: Partial Response; CLL: Chronic Lymphocytic Leukemia

Case Report

Despite overall improvements, relapsed/refractory diffuse large B-cell lymphoma (DLBCL)remains a major cause of morbidity [1]. Treatment option for relapsed/refractory DLBCL is salvage chemotherapy followed by an autologous hematopoietic cell transplantation(auto-HCT) for those with chemotherapy-sensitive disease [2], but prognosis is generally poor. Currently, there is no standard salvage chemotherapy regimens, and the use of new therapies for relapsed disease require further evaluation. Based on the landmark PARMA trial [2], high-dose chemotherapy and auto-HCT were firmly considered as the optimum salvage treatment in relapsed chemosensitive DLBCL. Numerous salvage chemotherapy regiments have been used, with a high response rate, low hematologic and nonhematologic toxicity. They broadly are divided into regimens based on ifosfamide, cytarabine/platinum, or gemcitabine [3], and other new drugs such as radiolabelled immunotheraphies [4].

In addition to these commonly used chemotherapy regimens, we explored some rare chemotherapy regimens. We evaluated safety and antitumor activity of the chemotherapy regimen of FC (fludarabine, cyclophosphamide) for six patients with relapsed/refractory DLBCL. Clinical data of 6 relapsed and refractory DLBCL patients treated with FC in CHONGQING University Cancer Hospital between Feb 1.2018 and Dec 31.2018 were retrospectively analyzed. 6 patients occurred at an average age of 52.8 years. Among the 6 patients, 2 cases were transformed from follicular lymphoma and 2 from marginal lymphoma, 2 of them were relapsed DLBCL while the other 4 were refractory. There were 3 patients used rituximab combined with FC. None of them had a transplantation before the regiments. All the patients received fludarabine with 25mg/m2 on days 1 to 3 and cyclophosphamide 300mg/m^2 on days 1 to 3. After 2 to 3 cycles, we researched the ORR was 83%(5/6), with 2 patients achieving a complete response(CR) and 3 a partial response(PR). The major adverse events included thrombocytopenia (66.7%), neutropenia (33.3%), anemia (50%) and nausea/vomiting (33.3%), 1 patient had upper respiratory tract infection during the treatment period. There was no chemotherapy-related death occurred. The chemotherapy regimen of FC is effective in refractory and relapsed DLBCL, as well as safe and well-tolerated. Usually, the chemotherapy regimen of FC is used in chronic lymphocytic leukemia (CLL) and it is rarely reported in relapsed/refractory DLBCL. Our case is not large enough to perform statistical analysis, however, our findings

explore a new possibility of traditional method. Further studies are required to practice.

Conflict of Interest

The authors declare that they have on conflict of interest.

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