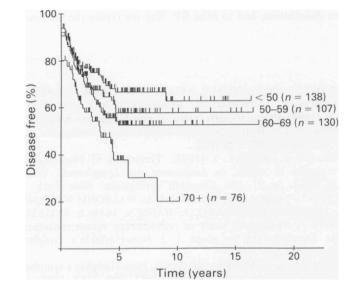
### Newly diagnosed early stage FL

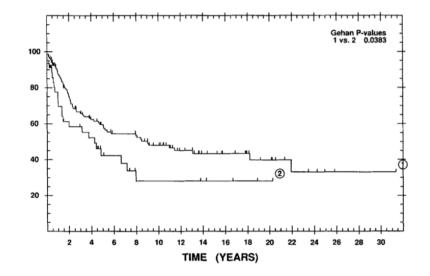
Dr Kirit Ardeshna University College London Hospitals

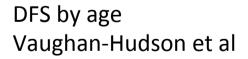
## 10 yr outcome following RT

Author	Pts (n)	RT Dose (Gy)	RT Vol	FU (yrs)	10y PFS	10 y OS
Vaughan Hudson 1996	208	35	NS	10	47%	CSS 71-84
MacManus 1996	177	35-44	IF EF TNI	7.7	44%	64%
Guadagnolo 2006	106	30-42	IF (EF)	12	FFTF 46%	75%
Gospodarowicz 1984	248	25-50	IF	12	53%	58%
Peterson 2004	460	16-48	IF	12.5	37%	55%

#### Cures are possible





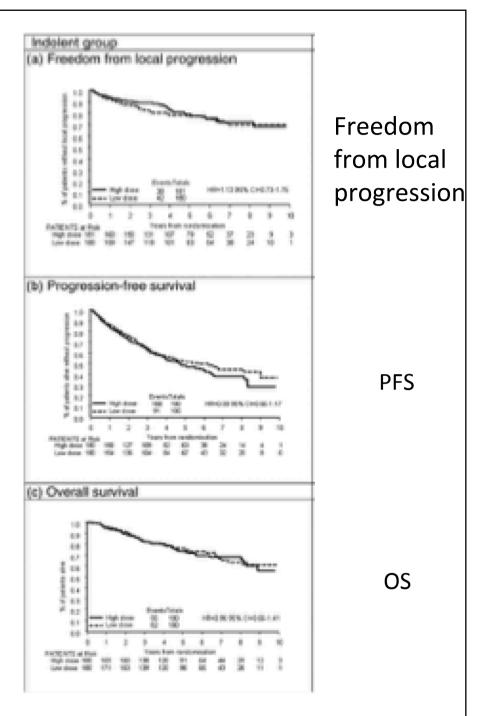


Freedom from relapse by age Mac Manus and Hoppe

#### BNLI: 24 vs 40/45Gy

# 361 sites of indolent NHL were randomly irradiated

Response	24 Gy	40-45 Gy		
CR	145 (82%)	138 (79%)		
PR	18 (10%)	24 (14%)		
SD/PD	14 (8%)	12 (7%)		
Death	0 (0%)	0 (0%)		



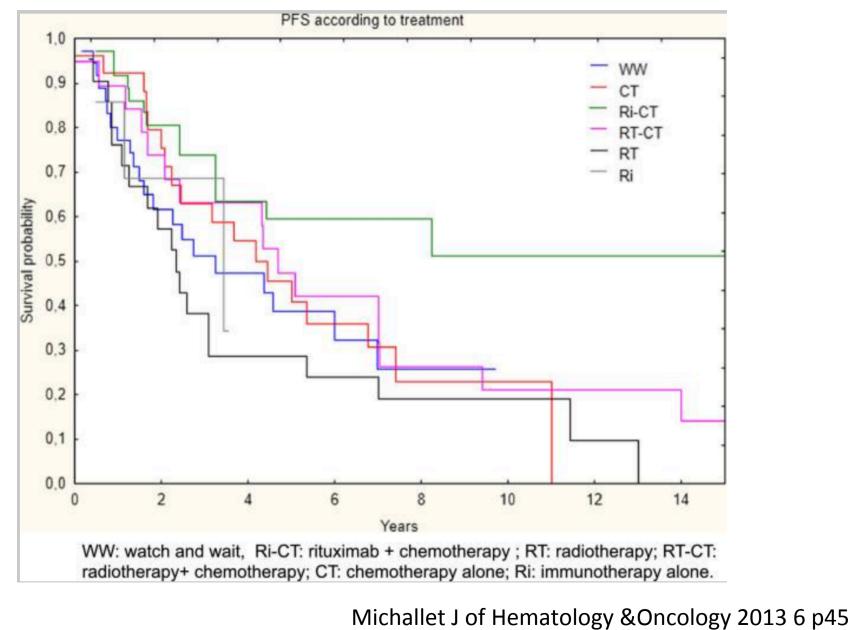
Lowry et al: Radiotherapy and Oncology, Vol 100, Issue 1, 2011, 86–92

### Watch and Wait

- No randomised studies of W&W vs RT
- Retrospective 43 pts stage 1a (11) & 2a (32)
- Median FU 7yr
- 16 (37%) required treatment after median
  22mo
- 27 (63%) not received any therapy
- Estimated 10 yr OS= 86% (not inferior to RT)

Advani et al JCO 2004 22 p1454

### Watch and Wait

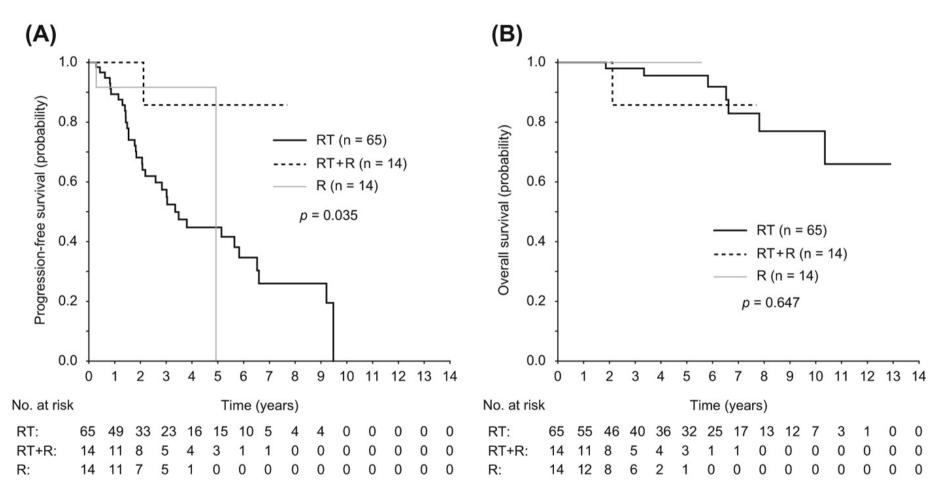


## Fully excised

- 26 pts
- Median FU 4.6yr
- 13 had not relapsed
- 6 relapsed same site -median 4.2yr (0.6-9yr)
- 7 relapsed different site median 1yr (0.5-5.5yr)
- 5yr OS=82.5%

Soubeyran *et al, 1996* 

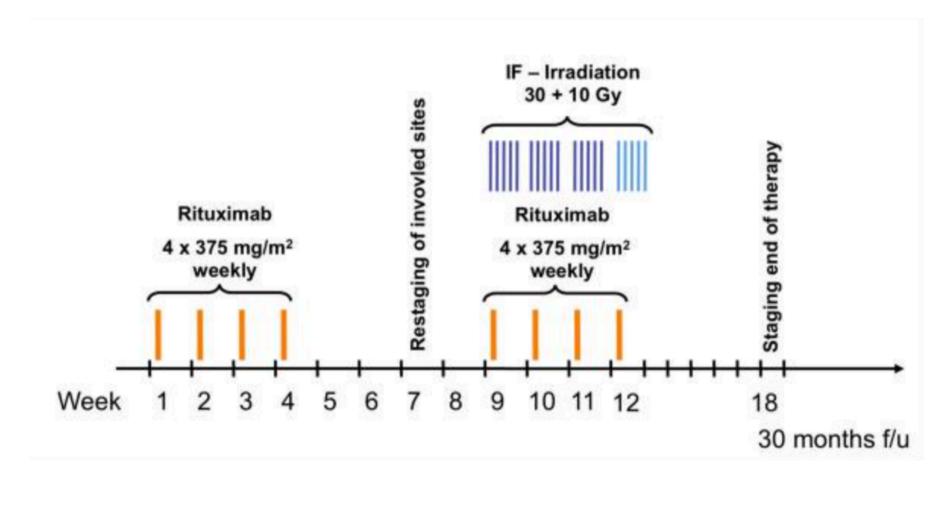
#### Rituximab & IFRT



PFS (A) and OS (B) from first-line treatment initiation: RT vs. RT + R vs. R

Janakova Leuk & Lymphoma 2015 56 p2350

### Rituximab & IFRT

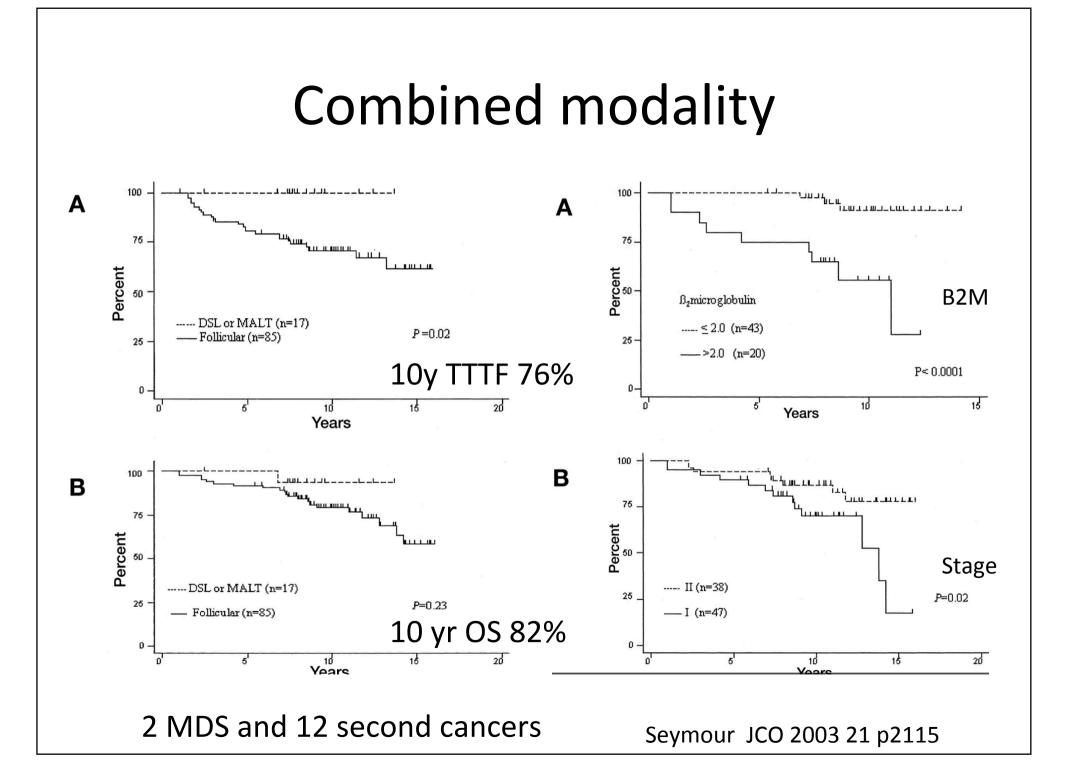


Witzens-Harig BMC Cancer 2011 11 p87

### Combined modality

- 102 pts 1984-1992
- Stage 1-2 LGNHL
- C(H)OP-Bleo x 10 + IFRT concurrently
  - Median age 56 (28-77)
  - FL 83%, Bulky >5cm 24%, Stage 2 52%
  - Median 10yr FU
    - 21% of cycles N<0.5
    - 8.8% of cycles resulted in admission
    - No deaths

Seymour JCO 2003 21 p2115



## Role of PET in staging

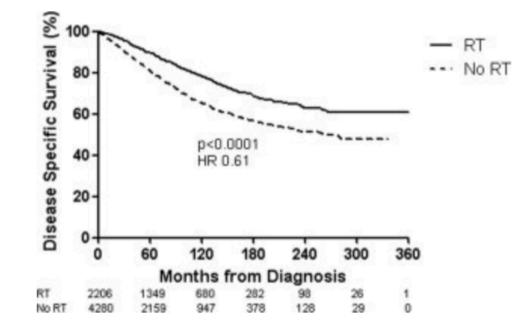
- Retrospective 1997-2006
- 42 pts early stage FL by CT
- PET
  - 97% avid
  - Change in management 19/42 (45%)
    - 13 (31%) stage 3-4
    - 6 (14%) involved field enlarged (4 upstaged from 1 to 2)

Wirth et al Int J Radiation Oncology Biol Phys 2008 vol71 p213-19

### SEER

- 1973-2004
- 6568 pts with grade 1 or 2, stage 1&2 FL
- Median age 63
- Median FU 66 mo
- Upfront RT in 2222pts (34%)
  - More likely if <60, stage 1, grade 1, no extranodal</li>

### SEER-Disease specific survival

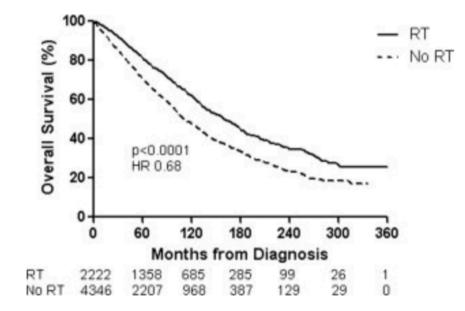


10 yr DSS with RT 79% vs without RT 65% p<0.0001

Multivariate: Improved DSS if , Stage 1, <60y, no extranodal

Pugh Cancer 2010;116:p3843

#### **SEER-Overall Survival**



10 yr OS with RT 62% vs without RT 48% p<0.0001

Multivariate: Improved OS if , upfront RT Stage 1

Pugh Cancer 2010;116:p3843

## SEER

- RT utilisation
  - 34% -static over 3 decades
- Deaths
  - 52% due to NHL
- Conclusions
  - Upfront RT reduces risk of death
    - from NHL at 10y by 13.1%
    - From any cause at 10yr by 14.2%
  - Benefit of RT seen in all subgroups
    - Age, stage, grade, sex, extranodal
    - Not non-white (small nos)

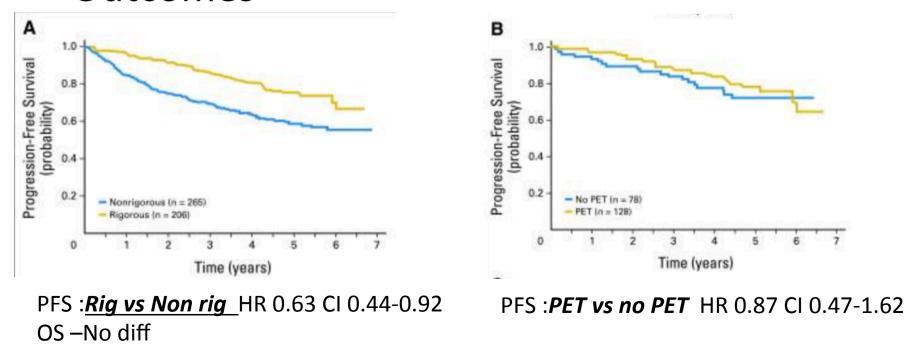
### Lymphocare

- 471 stage 1 FL
- Staging
  - Rigorous in 206pt: BM plus CT and/or PET
    - community 42% vs academic 52% p=NS
    - PET in 128/206pt (community 66% vs academic 48% p=0.026)
  - Rig vs NonRig no diff: Hb, LDH FLIPI grade 3, B sympt
    - More NonRig
      - > 60y (64% vs 52% p=0.08)
      - Undergo W&W (39% vs 17% p<0.001)</p>
    - More Rig receive
      - R-Chemo (28% vs17% p<0.001)
      - Systemic plus RT (13% vs 6% p<0.001)</li>

Friedberg et al JCO 2012 30 p3368-75

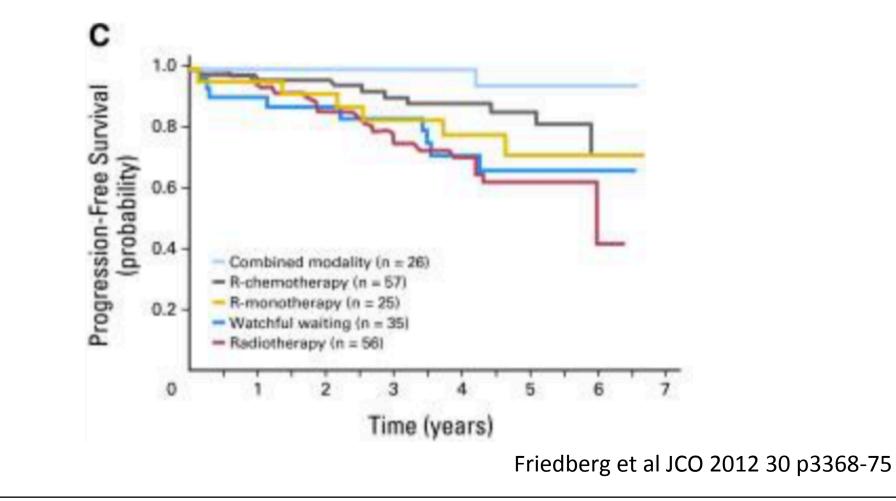
### Lymphocare

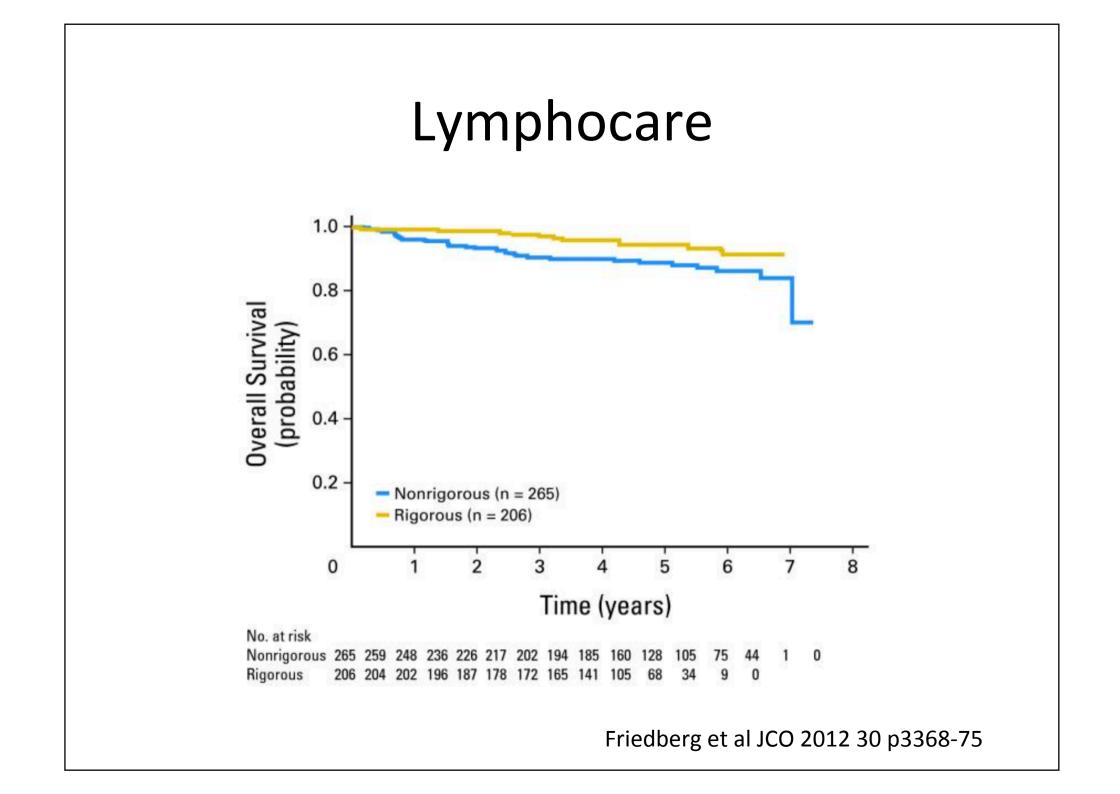
- Treatment selection
  - Amongst Rig
    - Varied according to LDH, grade 3, B symptoms
- Outcomes



### Lymphocare

- PFS according to treatment- Rig staged- median FU 57m
  - <u>**R-Chemo vs RT alone**</u> HR 0.36 (CI 0.16-0.82)
  - Systemic+RT vs RT alone HR0.11 (CI 0.01 to 0.83)



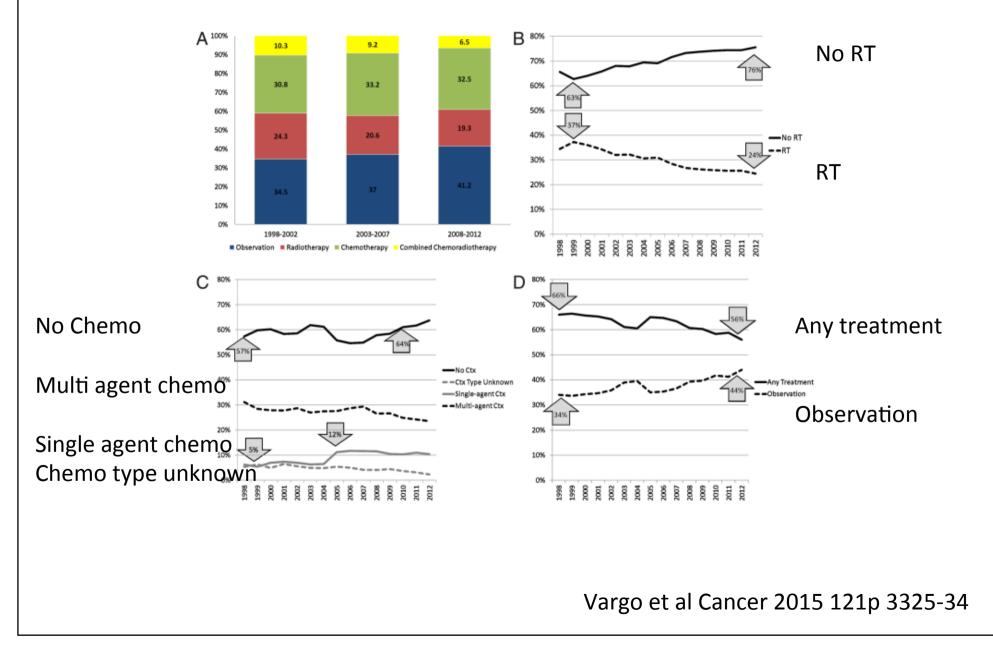


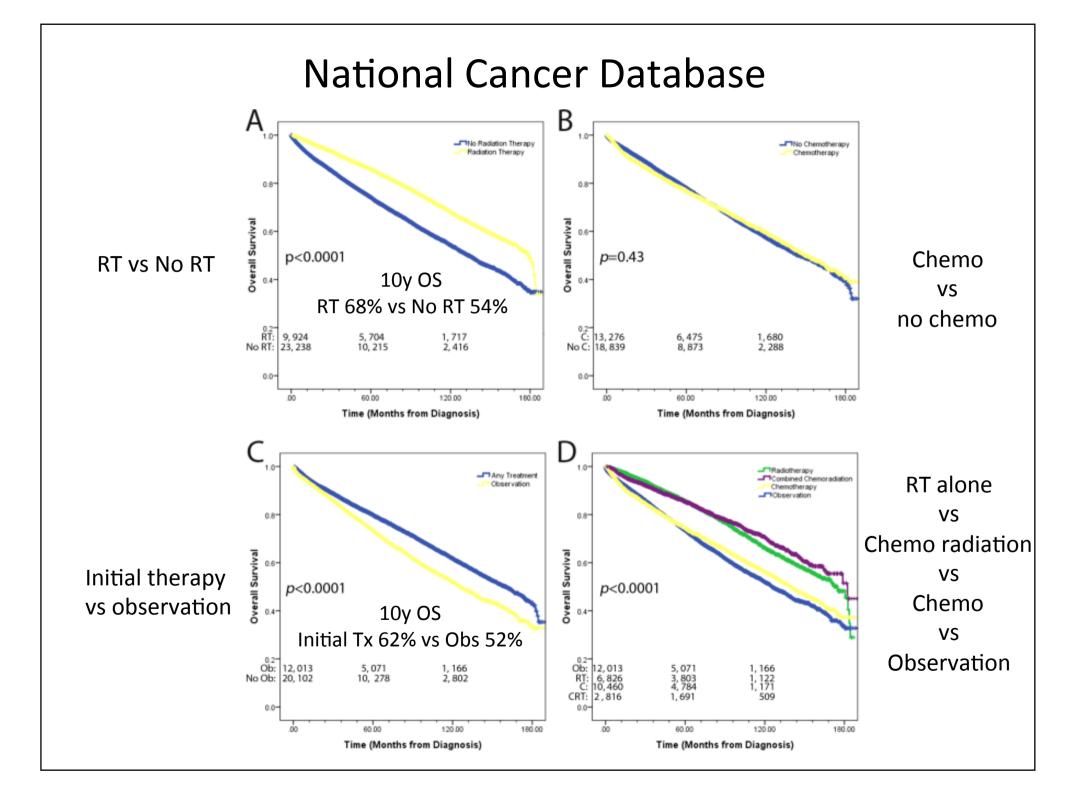
### National Cancer Database

- 1998-2012
- 35,961 grade 1-2 FL pts stage 1 or 2
- Median FU 64 mo

Vargo et al Cancer 2015 121p 3325-34

#### National Cancer Database





### Combined modality therapy

- 2002-2012
- Stage 1&2 FL grades 1,2,3a
- CT and BM staged (PET optional)
- 150 pts randomised to
  - IFRT =Arm A
  - IFRT followed by 6x(R)CVP=Arm B
- Median FU 9.6 yr

MacManus Int J Rad Onc Biol Phys 2016 96 p938

### Combined modality therapy

- PFS superior arm B
  - <u>RCVP and CVP 10 yr PFS 59% vs 41%</u>
    - HR 0.57 (95% CI 0.34-0.95) p0.033
  - <u>If RCVP</u>
    - HR 0.26 (95% CI 0.07-0.97) p0.045
- OS 95% vs 87% p=0.4
- Grade 2+ toxicity greater in Arm B

MacManus Int J Rad Onc Biol Phys 2016 96 p938

### My approach

- Stage 1 and contiguous stage 2 FL 1,2 3a
- Confirmed by CT, BM and PET
- For IFRT 24Gy
  - If funded, Rx4 IF-RT with concurrent Rx4
- Non contiguous stage 2 or RT contraindicated
  As per advanced disease