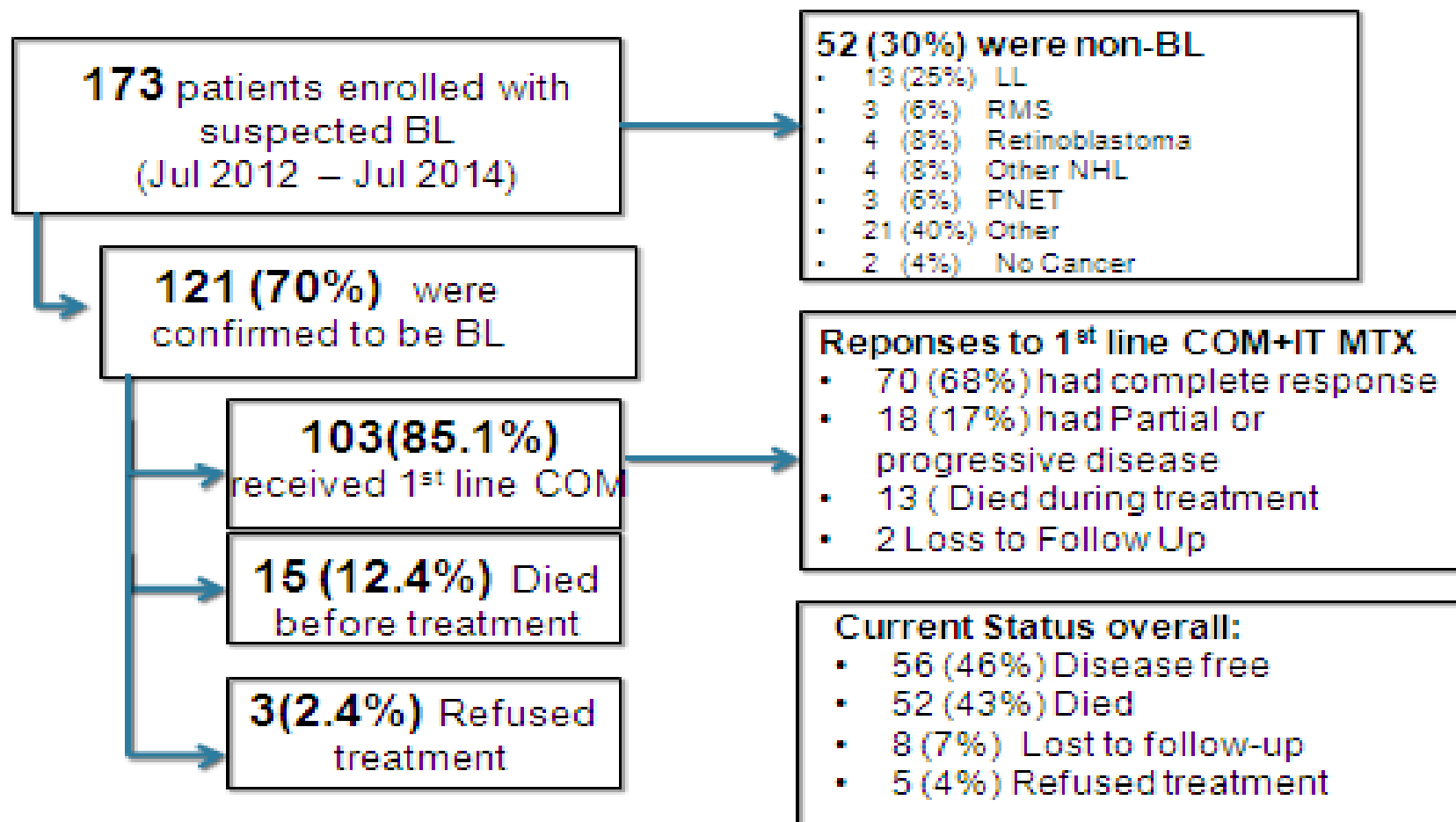


Burkitt lymphoma treatment in UCI

Patient Numbers



Treatment(Regimen(
Induction(

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1			Day 1	Day 2	Day 3	Day 4	Day 5
			P 40mg/m ²	P 40mg/m ²	P 40mg/m ²	P 40mg/m ²	P 40mg/m ²
			C 300mg/m ²		IT MTX / Ara-C /HC		
			V 1mg/m ²				
2	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12
	P 40mg/m ²	P 40mg/m ²	P 40mg/m ²	P 40mg/m ²	P 40mg/m ²	P 40mg/m ²	P 40mg/m ²
			D 60mg/m ²		IT MTX / Ara-C /HC		
			C 1200mg/m ²				
3			V 2mg/m ²				
	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19
	P 40mg/m ²	P 40mg/m ²	P 40mg/m ²	P 40mg/m ²	P 40mg/m ²	P 40mg/m ²	P 40mg/m ²
			C 1200mg/m ²		IT MTX / Ara-C /HC		
4			V 2mg/m ²				
	Day 20	Day 21	Day 22	Day 23	Day 24	Day 25	Day 26
	P 40mg/m ²	P 40mg/m ²	P 40mg/m ²	P 40mg/m ²	P 40mg/m ²	P 40mg/m ²	P 40mg/m ²
			C 1200mg/m ²		IT MTX / Ara-C /HC		
5			V 2mg/m ²				
	Day 27	Day 28	Day 29	Day 30	Day 31	Day 32	Day 33
	P 40mg/m ²	P 40mg/m ²	P 20mg/m ²	P 20mg/m ²	P 20mg/m ²	P 10mg/m ²	P 10mg/m ²
			D 60mg/m ²				
6			C 1200mg/m ²				
			V 2mg/m ²				
	Day 34	Day 35	Day 36	Day 37	Day 38	Day 39	Day 40
	P 10mg/m ²	P 5mg/m ²	P 5mg/m ²	P 5mg/m ²			

P: prednisolone, D: Doxorubicine, C: Cyclophosphamide, V: Vincristine,
MTX: Methotrexate, Ara-C: Cytarabine, HC: Hydrocortisone

Consolidation

(starts 2 weeks after completion of induction):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
			D 60mg/m ²				
			C 1200mg/m ²		IT MTX / Ara-C / HC		
		AraC SC 75mg/m ²	Ara-C SC 75mg/m ²	Ara-C SC 75mg/m ²	AraC SC 75mg/m ²		
	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13
	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20
2	Day 21	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27
			C 1200mg/m ²		IT MTX / Ara-C / HC		
		AraC SC 75mg/m ²	Ara-C SC 75mg/m ²	Ara-C SC 75mg/m ²	AraC SC 75mg/m ²		
3	Day 28	Day 29	Day 30	Day 31	Day 32	Day 33	
					IT MTX / Ara-C / HC		
		AraC SC 75mg/m ²	Ara-C SC 75mg/m ²	Ara-C SC 75mg/m ²	AraC SC 75mg/m ²		

P: prednisolone, D: Doxorubicine, C: Cyclophosphamide, V: Vincristine, MTX: Methotrexate, Ara-C: Cytarabine, HC: Hydrocortisone

Induction:

C 300mg/m² + V 1mg/m² d1

P 40mg/m² for 4 weeks, followed by tapering dose

IT MTX 12mg + IT AraC 30mg + IT HC 30mg d3,10,17, 24

C 1200mg/m² + V 2mg/m² d 8, 15, 22, 29, 36

A: 60mg/m² d 8, 29

Consolidation:

C: 1200mg/m² d 2, 23

A: 60mg/m² d 2

Ara-C: 75mg/m² SC d 1-4, 22-25, 29-32

IT MTX 12mg + IT AraC 30mg + IT HC 30mg d4, 25, 32

If the patient has either neutrophils < 1000/μl or platelets < 50 000/μl the next course of chemotherapy is delayed until the values are above the threshold again, extending the total

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General Poster

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November

2015

Stanley, Christopher

PREDICTORS OF ONE YEAR SURVIVAL AMONG CHOP-TREATED CHILDREN WITH ENDEMIC BURKITT LYMPHOMA IN LILONGWE, MALAWI

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Objective To describe 12-month overall survival (OS) for endemic Burkitt lymphoma (eBL) treated with CHOP in Lilongwe; and examine risk factors associated with 12-month OS.

Method Children ≤ 18 years with newly diagnosed, pathologically confirmed eBL were enrolled in June 2013–March 2015 in the prospective Kamuzu Central Hospital (KCH) Lymphoma Study. During this period, staging and supportive care were standardized, as was treatment with COP prephase followed by CHOP for 6 cycles as tolerated. Children were actively traced when lost. We assessed 12-month Kaplan-Meier OS, and risk factors for mortality using adjusted Cox proportional hazards. Follow-up was calculated from enrollment until death or loss to follow-up.

Results Sixty-two children with eBL were treated with CHOP between June 1, 2013 and March 31, 2015. Median age was 8.7 years (IQR 6.8–11.3), 40 (65%) were male, and 1 was HIV-infected. Forty-nine (79%) presented with stage III/IV disease, 27 (44%) with abdominal disease, 51 (81%) had Lansky performance score ≤ 70 , and 19 (31%) weight-for-age z-score < -2 . Baseline median white blood cells were $8.6 \times 10^3/\mu\text{L}$ (IQR 6.6–12.5), absolute neutrophils $4.2 \times 10^3/\mu\text{L}$ (IQR 2.7–6.8), hemoglobin 9.9 g/dL (IQR 8.6–11.3), platelets $448 \times 10^3/\mu\text{L}$ (IQR 310–599), albumin 3.4 g/dL (IQR 2.9–3.9) and lactate dehydrogenase (LDH) 696 IU/L (IQR 381–1415). As of March 31, 2015, 6 (9.7%) patients were lost to follow-up and estimated 12-month OS was 35% (95% CI 22–51%). Mortality was associated with age $>$ median (HR 2.1, $p=0.04$), weight-for-age z-score < -2 (HR 2.0, $p=0.06$), LDH $>$ median (HR 2.3, $p=0.03$), and performance status ≤ 70 (HR 3.2, $p=0.05$). Of 32 deaths, 17 were attributed to disease progression, 11 treatment, and 4 uncertain causes.

Conclusion Compared to published experience using less intense regimens, CHOP did not clearly improve outcomes for mostly advanced eBL in Lilongwe. However, CHOP may be appropriate for some children, and adjudicated deaths were more often due to disease than treatment. Older age, low weight, and higher LDH were associated with worse 12-month OS. Better risk stratification to more appropriately match higher treatment intensity to higher-risk children would likely improve outcomes.

