

New treatment approach promising for lymphoma patients in the developing world

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Preliminary results suggest that patients with aggressive non-Hodgkin's lymphoma in the developing world might benefit from a modified chemotherapy regimen, researchers say.

At the ESMO Conference Lugano (ECLU) organized by the European Society for Medical Oncology, a group headed by Prof. Hamdy Azim from Cairo University reports that giving these patients chemotherapy every 2 weeks, rather than every 3 weeks as usual, improved treatment outcomes.

The standard regimen in this case is called CHOP (chemotherapy regime), which is given every 3 weeks. In the developed world, CHOP is administered in combination with an antibody therapy called rituximab.

But many patients in developing countries, including Egypt where this study was conducted, cannot afford this treatment, so they are offered CHOP alone.

"We hypothesized that if CHOP or a CHOP-like regimen was given every two weeks instead of three, a superior outcome could be achieved," says Dr. Hatem A. Azim Jr, who presented these results at ECLU.

To see if this was the case, they analyzed five trials that compared CHOP to regimens given every two weeks. Using two statistical analyses, they showed that regimens every two weeks had superior

response rate, disease-free and overall survival; however in one method, the response rate analysis did not reach statistical significance.

"We believe that this work could provide good evidence to support the use of the 2-weekly regimen," Dr. Azim Jr said. One issue that remains to be assessed is how well patients tolerate the more intense treatment, he noted.

"Patients on the 2-weekly regimens have to receive injections with 'growth factors' to ensure that severe toxicities to the white blood cells do not occur," he said. "Even so, the cost of these injections per cycle is much lower than that of rituximab. The preliminary results are encouraging in providing patients who cannot afford the cost of rituximab, a better alternative than CHOP."

Source: European Society for Medical Oncology

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