■ ♣S-363 ■

Analysis of treatment outcome of R-CHOP regimen for gastric diffuse large B cell lymphoma

[1]School of Medicine, Pusan National University, Yangsan; [2]Department of Pathology, School of Medicine, Pusan National University Yangsan Hospital, Yangsan; [3]Division of Hematology-Oncology, Department of Internal Medicine, School of Medicine, Pusan National University Yangsan Hospital, Yangsan; [4]Department of Pathology, School of Medicine, Pusan National University Hospital, Busan; [5]Division of Hematology-Oncology, Department of Internal Medicine, School of Medicine, Medical Research Institute, Pusan National University Hospital, Busan, Korea

*In Hae Kim[1], Dong Hun Shin[2], Soo Hee Cho[3], Chang Hoon Lee[4], Joo Seop Chung[5], Ho-Jin Shin[5]

Rituximab plus cyclophosphamide, doxorubicin, vincristine, and prednisone (R-CHOP) is regarded as standard treatment for localized gastric diffuse large B cell lymphoma (DLBCL). Few studies have reported the efficacy of chemotherapy followed by local radiotherapy. Nevertheless, these studies involved small number of patients with various combination of treatment and still the optimal therapeutic strategy for gastric DLBCL has not been clarified. We conducted a retrospective analysis of 30 patients with histologically confirmed gastric DLBCL treated between May 2010 and September 2015. The median age was 59.5 years. Twenty-one patients (70%) had Ann-Arbor and Lugano stage I/II DLBCL. All 30 patients received R-CHOP chemotherapy; the median number of chemotherapy cycles was 6 (range, 1-8 cycles). The standard 6-cycles of R-CHOP chemotherapy in patients with Lugano stage I/II disease yielded a 77.8% complete remission (CR) rate (14/18 patients) and 76.2% and 88.1% 1-year progression-free survival (PFS) and overall survival (OS) rates, respectively. Of 6 patients with Lugano stage I DLBCL who received R-CHOP chemotherapy alone, 5 patients (83.3%) achieved CR and 1 died during chemotherapy due to pneumonia. Among 9 patients with Lugano stage IV DLBCL who received 3 to 8 cycles of R-CHOP chemotherapy, 5 patients (55.6%) achieved CR, and the overall response rate was 66.7%. One-year PFS and OS rates for Lugano stage IV DLBCL were 55.6% ± 16.6% and 76.2% ±14.8%, respectively. With the advent of rituximab, a full 6 cycles of R-CHOP chemotherapy may not be necessary, and short cycles of R-CHOP chemotherapy followed by radiotherapy could be considered a reasonable option for localized gastric DLBCL.

■ ♣S-364 ■

Clinical features of severe ADAMTS13 deficienct- thrombotic thrombocytopenic purpura

[1]CHA University School of Medicine, [2]Seoul National University College of Medicine, [3]Sungkyunkwan University School of Medicine, [4]Catholic University College of Medicine, [5]Konkuk University School of Medicine

*Doyeun Oh[1], In-Ho Kim[2], Soo-Mee Bang[2], Chul-Won Jung[3], Jong-Wook Lee[4], Hong Ghi Lee[5]

Background: Diagnostic and prognostic value of ADAMTS13 activity is controversial. We previously reported the characteristics of severe ADAMTS13 deficiency in thrombotic thrombocytopenic purpura (TTP) and patients with severe ADAMTS13 deficiency (Jang MJ et al, Int J Hematol 2011; 93: 163-9). In this report, we enrolled 95 additional patients from January 2009 to June 2014 and analyzed 161 TTPpatients using same methods. **Methods:** One-hundred sixty nine patients with TTP from January 2005 to June 2014 were analyzed. ADAMTS13 activity and inhibitors were measured by immunoblotting of degraded von Willebrand factor. Clinical information was retrospectively collected and analyzed. **Results:** Patients with severe ADAMTS13 deficiency at presentation had lower serum creatinine levels ($p < 0.0001$), lower platelet counts ($p < 0.0001$), and higher total bilirubin levels ($p = 0.0001$) than patients with non-severe ADAMTS13 deficiency. Treatment outcomes did not differ significantly between two groups in response, remission, and mortality rate. After adjusting for clinical and laboratory features, multivariate analysis revealed age over 60 year old is an independent risk factor for TTP-associated mortality ($p = 0.0249$). **Conclusions:** TTP with severe ADAMTS13 deficiency is a unique subgroup characterized by lower platelet count and relatively good renal function. The severity of ADAMTS13 deficiency at presentation does not have prognostic significance.