

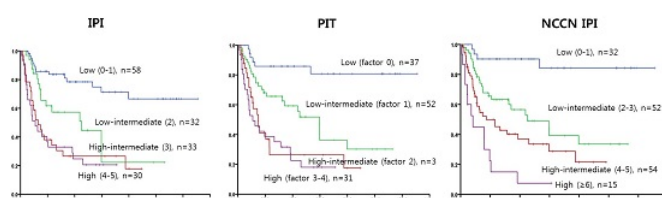
## Predictable efficacy using different prognostic models in peripheral T cell lymphomas

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**Background:** The National Comprehensive Cancer Network-International Prognostic Index (NCCN-IPI) has been proposed for patients with diffuse large B-cell lymphoma at 2014 and regarded to be more powerful than the IPI for predicting survival. The goal of this study was to evaluate the usefulness of the NCCN-IPI in the patients with peripheral T cell lymphomas (PTCLs). **Method:** This retrospective bicenter analysis included 153 patients with de novo peripheral PTCLs diagnosed from 2010 to August 2015. NCCN-IPI was calculated as in the original references. Survival outcome was compared with a matched result of IPI or Prognostic Index for peripheral T cell lymphoma, unspecified (PIT). **Result:** PTCL subtypes included PTCL, not otherwise specified (PTCL-NOS) (26%), angioimmunoblastic T cell lymphoma (20%), anaplastic large cell lymphoma (13%), extranodal NK/T cell lymphoma, nasal type (35%), and other (7%). The NCCN-IPI showed better risk-based prognostic discrimination than IPI and PIT, especially between high-intermediate and high risk subgroups (3-y OS 40% vs 27% vs 26% in the high-intermediate risk group and 15% vs 33% vs 32% in the high risk group, respectively) with a median follow-up of 25.1 months. The absolute difference in survival between the low and high risk groups was 75% based on NCCN-IPI stratification compared with 45% on IPI stratification or 54% on PIT stratification, respectively. **Conclusions:** The NCCN-IPI is very powerful prognostic model in PTCL, especially discriminate survival between high-intermediate and high risks patients.

Overall Survival (N=153) based on risk assessments



## The efficacy of ESHAP in patients with relapsed or refractory peripheral T-cell lymphomas

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**Aims and background:** There has been lack on efficacy of ESHAP regimen in a homogenous group of patients with relapsed or refractory peripheral T cell lymphomas (PTCLs). This study was performed to determine the efficacy of the combination chemotherapy of etoposide, methylprednisolone, cytarabine and cisplatin (ESHAP) as a salvage therapy in patients with relapsed or refractory PTCLs who have not received stem cell transplantation (SCT). **Methods:** Thirty five patients with relapsed or refractory PTCLs who received ESHAP chemotherapy as a salvage therapy between May 1997 and August 2012 at the Korea university medical center were analyzed retrospectively. **Results:** The median age was 59 years(range, 17-74years). Overall response rate was 31.4%, 8 patients(22.8%) with complete remission and 3 (8.6%) with partial remission, With a median follow-up 70.4 months, median overall survival (OS) was 6.3 months[95% confidence interval(CI), 2.3-10.4 months] and median progression free survival (PFS) was 6.2 months (95% CI, 2.5-9.8 months). Eastern Cooperative Oncology Group (ECOG) performance status(PS) [ $p < 0.05$ ; hazard ratio (HR) = 3.87; 95% CI, 1.09-13.81], and response to prior chemotherapy ( $p < 0.05$ ; HR = 3.02; 95% CI, 1.1-8.29) were revealed to be the independent significant factors for OS with multivariate analysis. ECOG PS and response to previous therapy were also significant independent factors related to the PFS with HR of 4.03 (CI, 1.27-12.82;  $p < 0.05$ ) and 3.26 (CI, 1.32-8.05;  $p < 0.05$ ), respectively. **Conclusions:** Although intensive therapy should be considered for patients with relapsed or refractory PTCLs, especially for those with poor prognosis factors, the ESHAP chemotherapy would be an option for those who are not candidates of HDT-SCT.