

Clinical features and prognostic factors of Korean patients with
“peripheral T-cell lymphoma, unspecified”

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Background : Peripheral T-cell lymphoma unspecified (PTCL-U) are uncommon lymphomas mostly affecting adults, have aggressive clinical presentation and poor outcome. The prognosis and therapeutic approach are still not well defined. The objective of this retrospective study was to investigate clinical features, treatment outcomes and prognostic factors in patients with PTCL-U, data of which were collected over an 11-year period. **Material and methods :** Between February 1995 and December 2005 at our institution, eighty-four patients diagnosed with PTCL-U were included in the study. The clinical data were collected from the medical records. **Results :** Majority of the patients were younger (less than 60 years: 71%) and presented as stage IV disease (43%). Patients with Group 3 or 4 Prognostic Index for PTCL-U (PIT) were observed in 45% of all patients. Most of the initial chemotherapy regimens were anthracycline-based (75%). Overall response rate of patients treated with initial chemotherapy was 56.5% (47.1% of complete response, 9.4% of partial response). The median progression free survival (PFS) and overall survival (OS) of all patients was 17.1 months (95% CI, 0.0-40.5) and 35.5 months (95% CI, 1.2-69.8), respectively. The poor performance status, presence of B symptoms, International Prognostic Index (IPI) scores ≥ 3 and PIT class ≥ 2 were predictive prognostic factors for survival. **Conclusion :** Our experience shows that conventional chemotherapy does not cure the patients. New treatment regimens need to develop for patients with PTCL-U. Also, our results suggest that the IPI score and PIT class are a valid prognostic system for selecting poor risk patients with PTCL-U for whom the use of more aggressive therapeutic strategies is mandatory.

Reduced-intensity stem cell transplantation in adults with high-risk acute lymphoblastic leukemia

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Purpose : Reduced-intensity conditioning for allogeneic stem cell transplantation (RIST) has been investigated for more than 10 years as an alternative to conventional myeloablative transplantation. This strategy decreases the risk of nonrelapse mortality and allows transplantation in elderly patients or those with organ dysfunction. However, the role of RIST has not yet been clarified in adult acute lymphoblastic leukemia (ALL). Here, we analyzed the outcome of 26 adults with high-risk ALL who received RIST (1999-2006). **Patients and Methods :** The study population was 26 consecutive adults who were treated with fludarabine (30 mg/m²/day for 5 days) and melphalan (70 mg/m²/day for 2 days) followed by transplantation from matched sibling (n=18) or unrelated (n=8; 3 matched, 5 allele-mismatched) donors. The indications for RIST were: (1) >50 years 12 (46.2%), (2) decreased organ function 11 (42.3%), and (3) previous myeloablative transplantation 3 (11.5%). Their median age was 45 years (range, 20-63 years). All patients had high-risk criteria. Seventeen patients (65.4%) were transplanted in first complete remission (CR1). Graft-versus-host disease (GVHD) prophylaxis was attempted by administering calcineurin inhibitor (cyclosporine for sibling transplants and tacrolimus for unrelated transplants) plus methotrexate. **Results :** The incidence of acute (grades II-IV) and chronic GVHD was 21.7% (5/23) and 66.7% (14/21), respectively. After a median follow-up of 39 months (range, 12-91) for surviving transplants, the 3-year relapse, nonrelapse mortality, disease-free survival, and overall survival rates were 23.8% \pm 9.3%, 23.7% \pm 8.5%, 57.7% \pm 9.7%, and 61.5% \pm 9.5%, respectively. Chronic GVHD was found to have a significant antileukemic effect. **Conclusion :** RIST using fludarabine plus melphalan-based regimen is a potential therapeutic approach for patients with high-risk ALL who are not eligible for myeloablative transplantation.