

2016

# Sabati Ematologici della Romagna

*Coordinatori:*

PATRIZIA TOSI, SANTE TURA, ALFONSO ZACCARIA, PIER LUIGI ZINZANI

## **Il linfoma mantellare** **Introduzione**

Patrizia Tosi

UO Ematologia Rimini

**RIMINI 16 aprile 2016**

**Aula G, Ospedale Infermi**

Con il supporto  
non condizionato di



## **Linfoma Mantellare**

*Moderatori: P.P. Fattori, A. Zaccaria*

08.30 **Introduzione (Definizione, frequenza, età, sesso, care...)** *P. Tosi*

09.00 **Aggressivi e indolenti: diagnostica differenziale, morfologica e biomolecolare** *E. Sabbatini*

09.30 **Varietà indolente: approccio terapeutico e risultati** *C. Pellegrini*

10.00 **Varietà aggressiva: approccio terapeutico e risultati** *F. Zaja*

10.30 **L'impiego di farmaci target: grandi risultati con scarsa tossicità** *A. Broccoli*

*Moderatore: S. Tura*

11.00 **Nuovi approcci dell'imaging nel paziente neutropenico febbrile** *C. Sassi*

## **Guarire di LLC senza trapianto è oggi possibile?**

*Moderatori: L. Guardigni, P.L. Zinzani*

11.30 **Impiegando chemioterapia tradizionale** *F.R. Mauro*

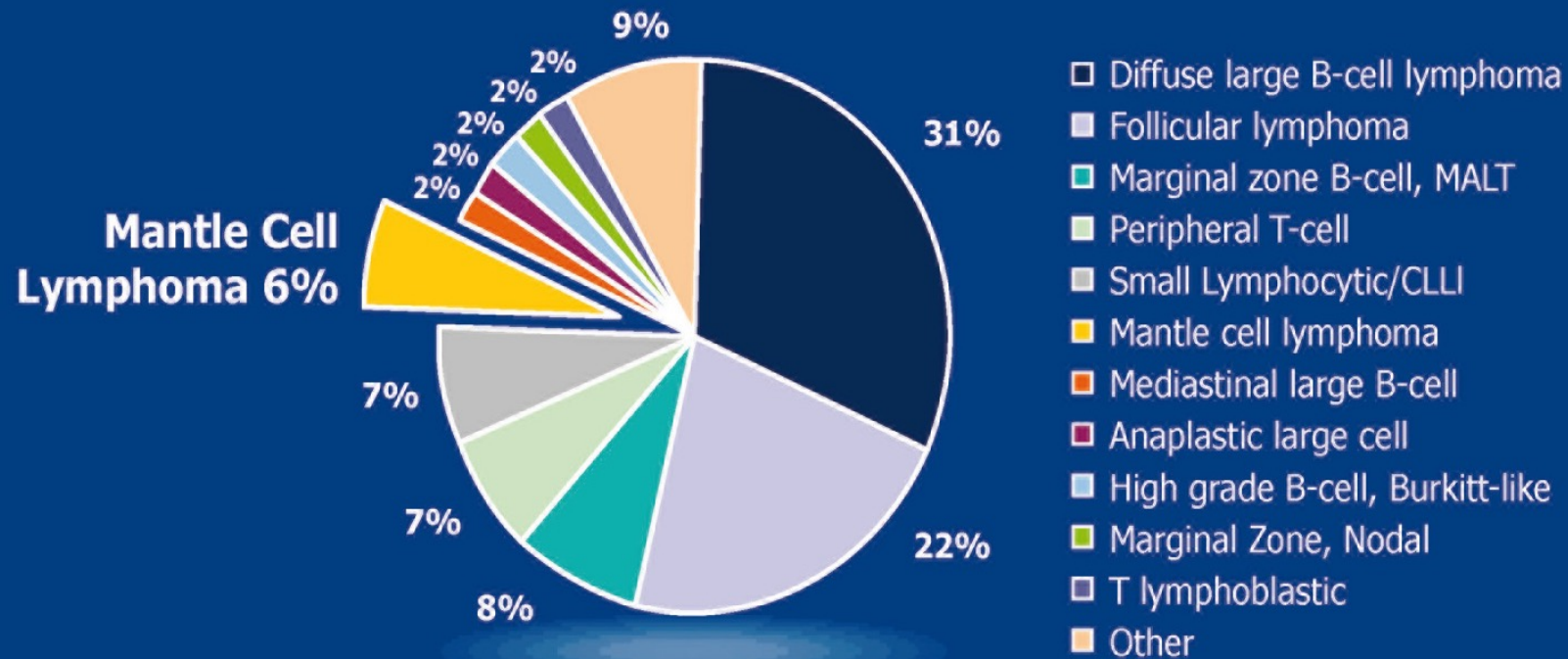
12.15 **Utilizzando nuovi farmaci** *S. Molica*

13.00 **Discussione**

14.00 **Conclusioni**

14.30 **Chiusura dei lavori**

# Frequenza del LNH mantellare



## **Epidemiologia e caratteristiche cliniche**

Incidenza 2-3 / 100000 / anno

M/F = 4 / 1

Età mediana 68aa

Stadio avanzato alla diagnosi

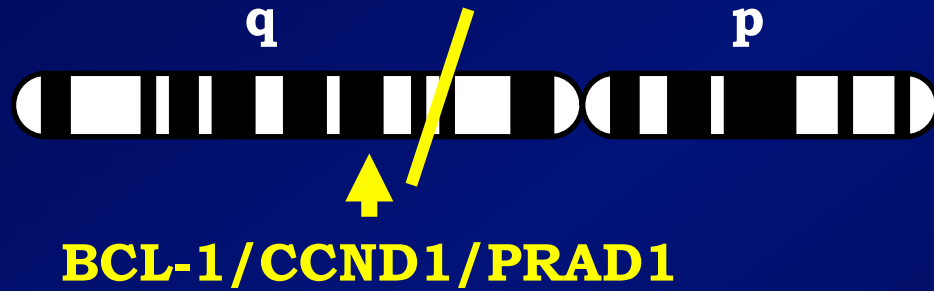
90% localizzazione extranodale

77% sd leucemica

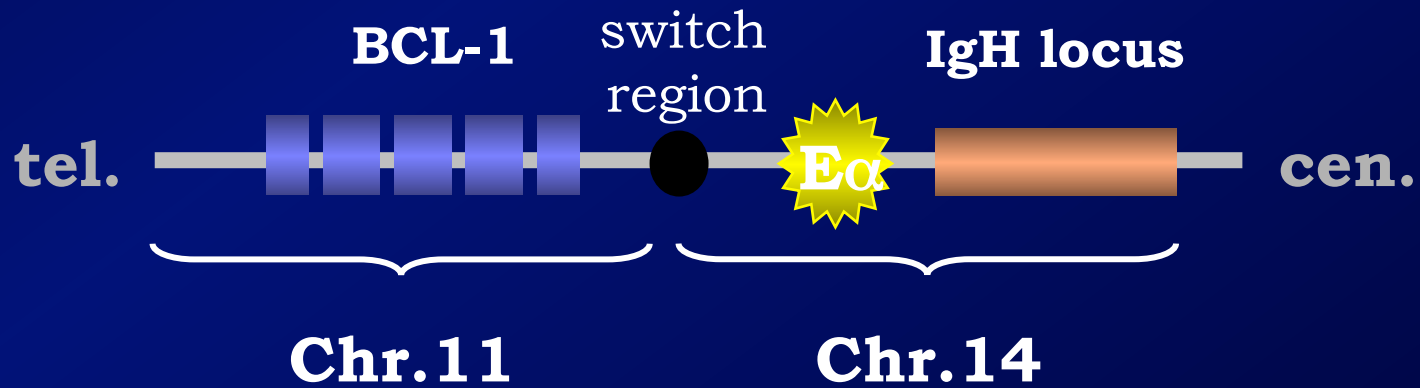
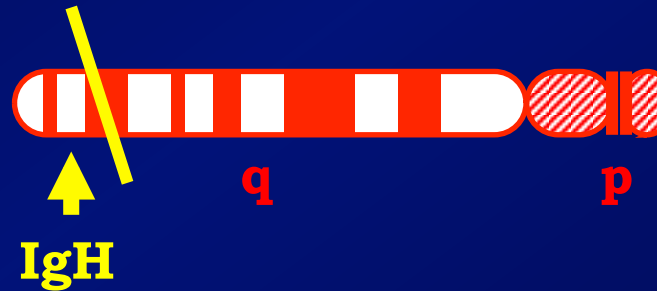
Sopravvivenza mediana 3-5 anni

# T (11;14)

**Cromosoma 11**

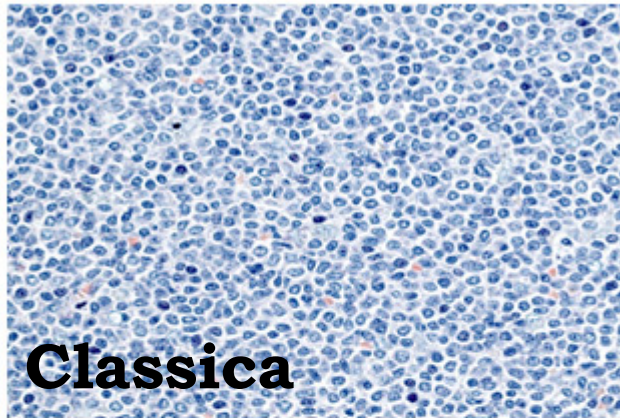


**Cromosoma 14**

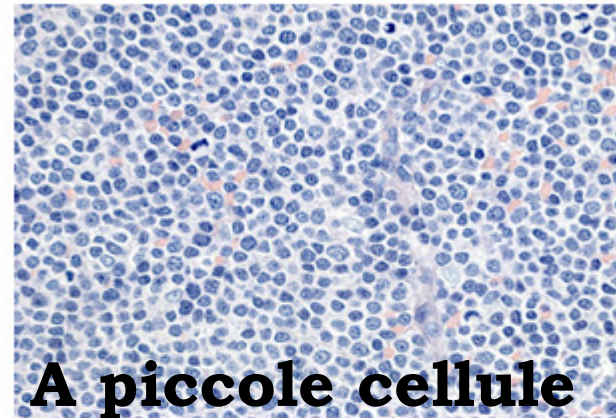


# Sottotipi citomorfologici

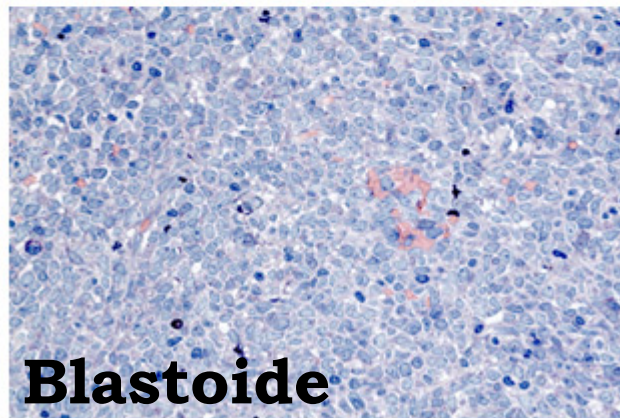
A



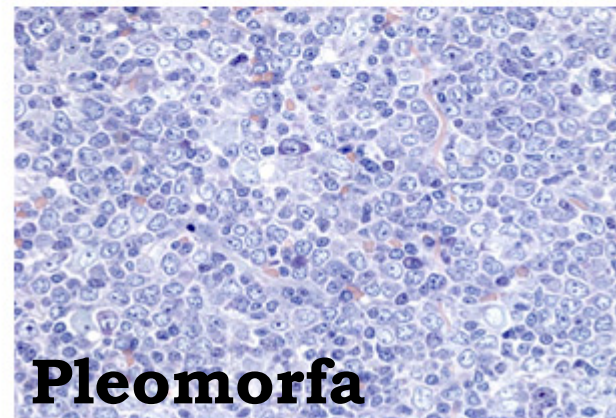
B



C



D



# Stadiazione

Emocromo – Biochimica Virologia

Fenotipo da SP e BM

FISH

TAC

PET

EGDS e Colonscopia

Rachicentesi se coinvolgimento SNC o  
varietà blastoide o relapse

# Fattori prognostici

## MIPI index

Points	Age	Performance status (ECOG)*	LDH <sup>†</sup> (ratio of ULN <sup>‡</sup> )	WBC (10 <sup>9</sup> /L)
0	<50	0-1	<0.67	<6.700
1	50-59	NA <sup>§</sup>	0.67-0.99	6.70-9.99
2	60-69	2-4	1.00-1.49	10.000-14.999
3	≥70	NA <sup>§</sup>	≥1.50	≥15.000

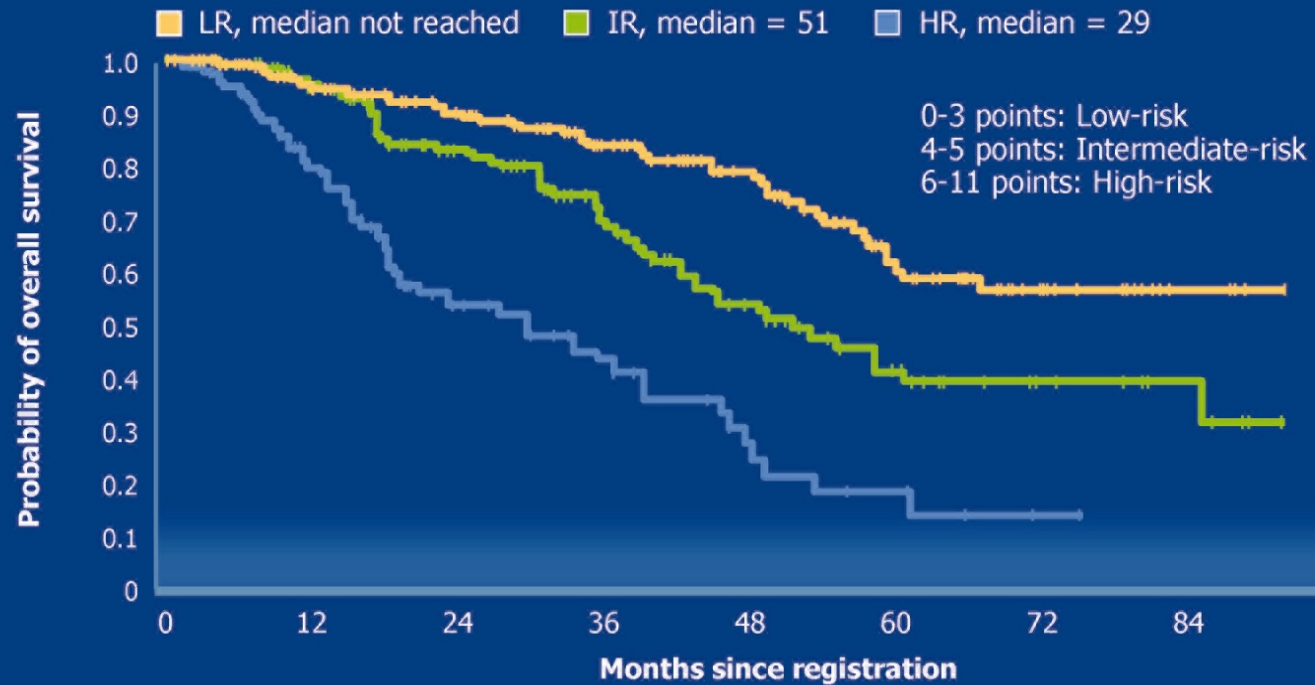
\*0 = asymptomatic; 1 = symptomatic but ambulatory and able to carry out light work; 2-4 = unable to work or bedridden  
<sup>†</sup>Lactate dehydrogenase; <sup>‡</sup>ULN, upper limit of normal; <sup>§</sup>NA, not applicable

**The 4 prognostic factors receive a score of 0-3 points. Combined points used to assign patients to 1 of 3 risk groups:**

- Low (0-3)
- Intermediate (4-5)
- High (6-11)



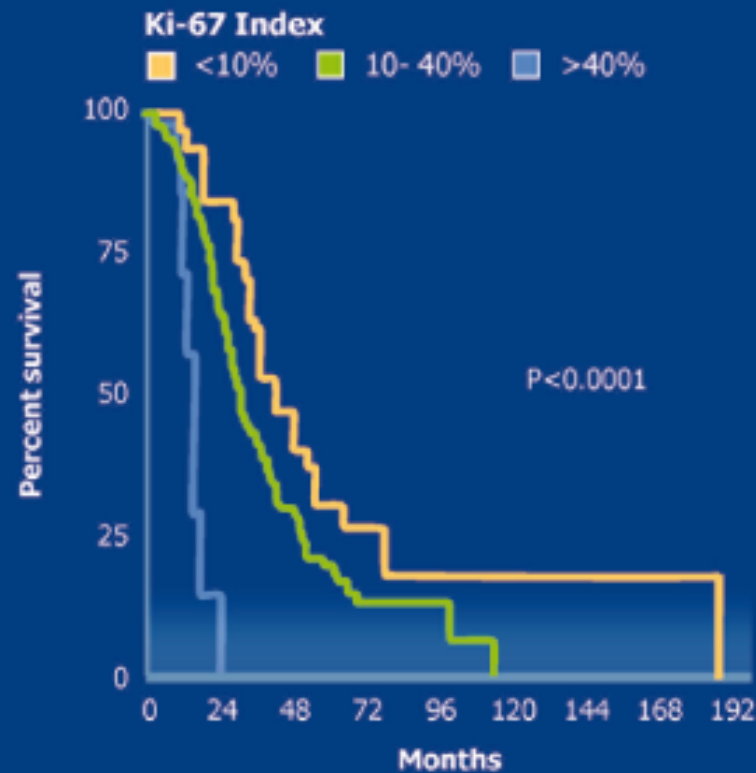
# MIPI e OS



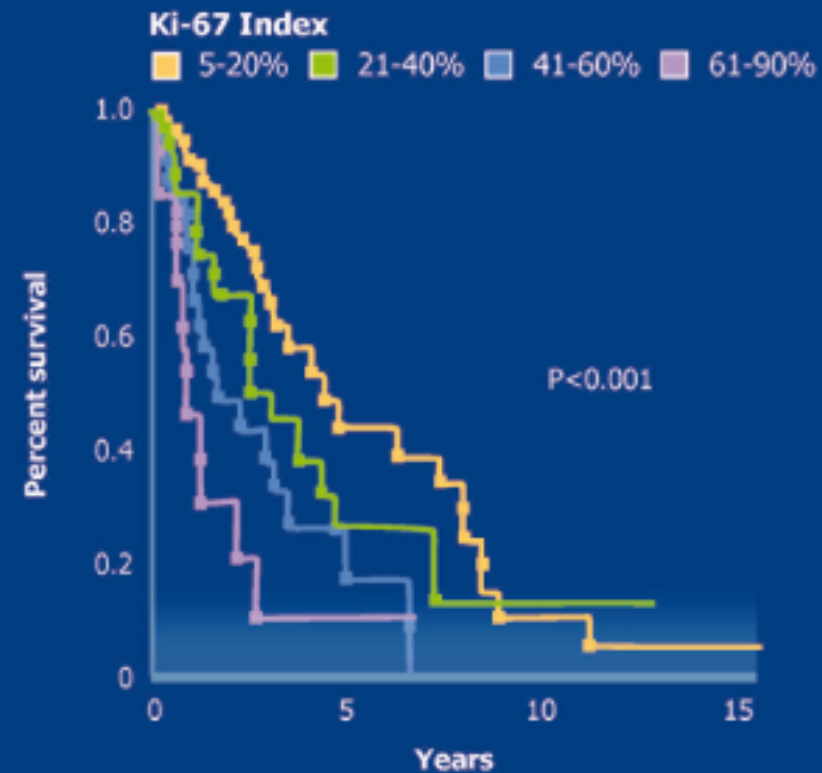
No. of patients at risk								
	0	12	24	36	48	60	72	84
LR	180	153	131	99	69	39	15	4
IR	145	116	83	57	37	19	9	5
HR	84	58	29	19	8	5	1	0

# Ki67 e OS

- Overall Survival time of patients with various Ki-67 indices

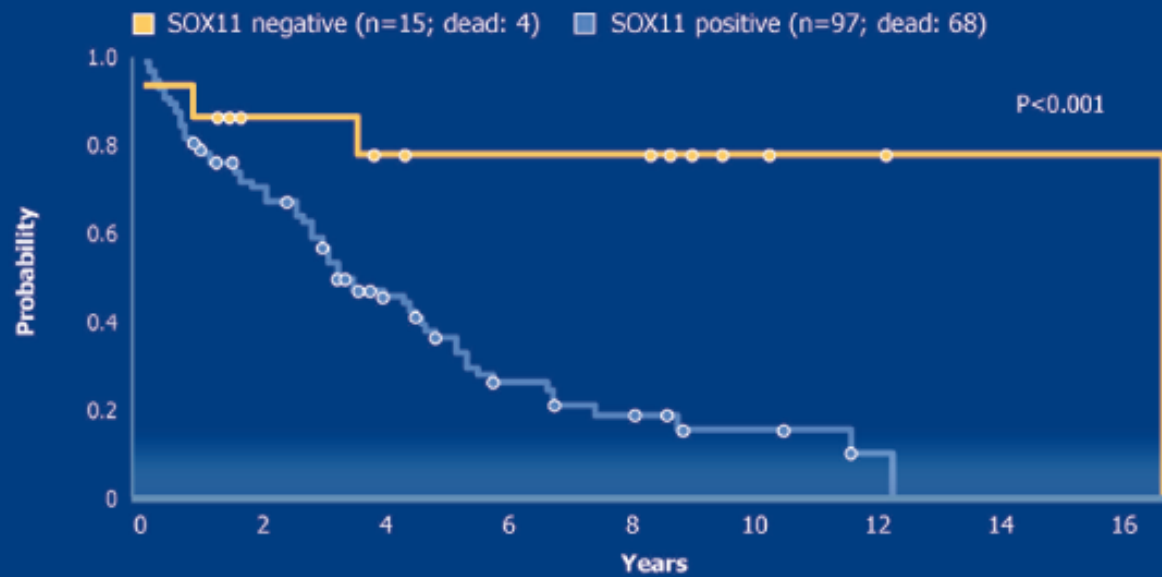


- Overall Survival in 134 patients with MCL stratified according to the proliferation index (Ki-67)



Tiemann M et al. Br J Haematol 2005;131:29-38.  
Katzenberger T et al. Blood 2006;107:3407.

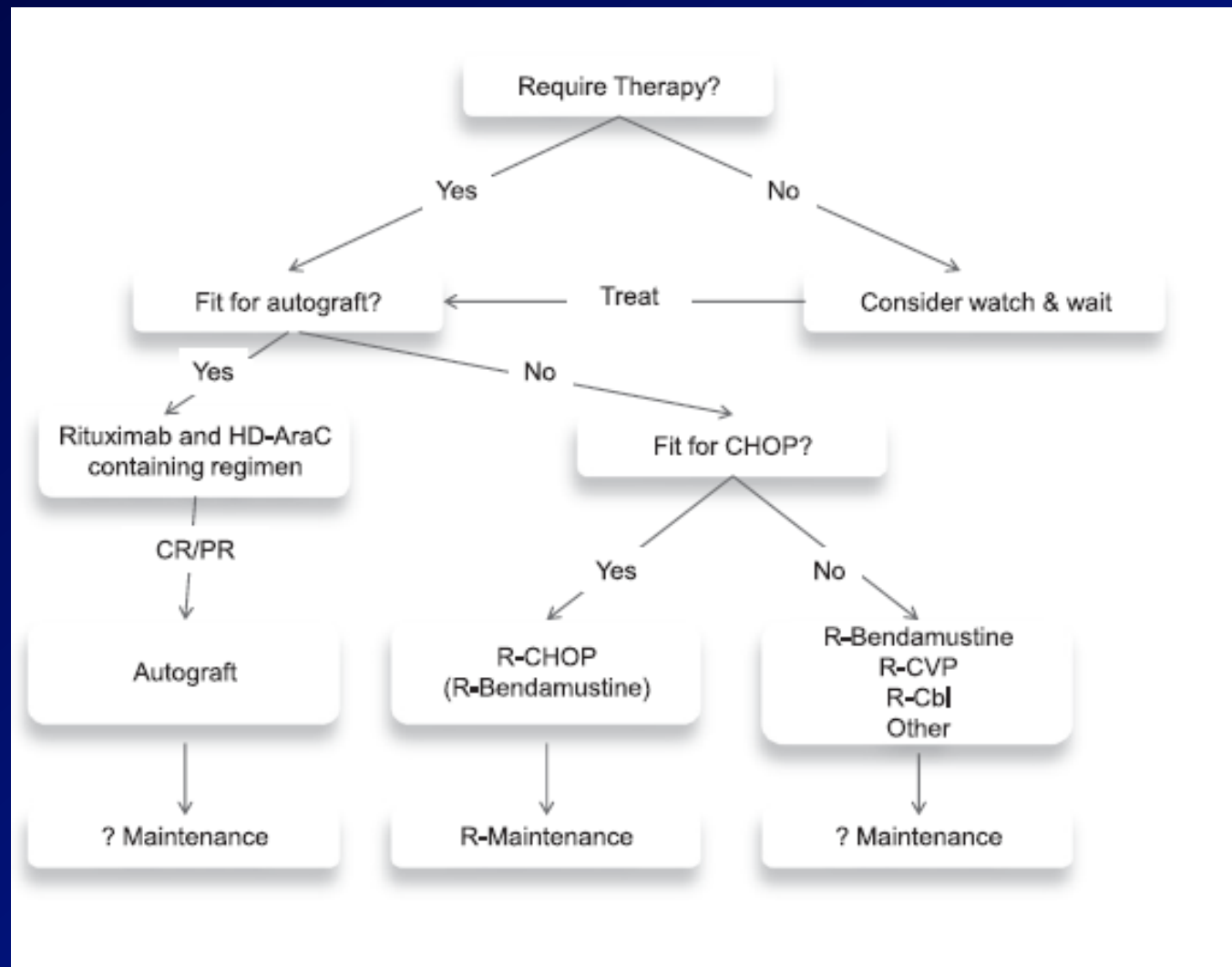
# SOX11 e OS



Fernandez V et al. Cancer Res 2010;70(4):1408-18.

**Alte dosi di Ara-C  
Rituximab  
Autologo**





Campo et al, Blood 2015

**Bortezomib**  
**Lenalidomide**  
**Temsirolimus**  
**Ibrutinib**

