

中文題目：對於 mantle cell lymphoma 治療經驗的分享

英文題目：The experience of mantle cell lymphoma in a medical center

作者：杜政勳<sup>1</sup> 蕭惠樺<sup>1,2</sup>

服務單位：高雄醫學大學附設中和紀念醫院 <sup>1</sup>內科部 <sup>2</sup>血液腫瘤內科

### **Abstract**

Mantle cell lymphoma (MCL) is one of non-Hodgkin lymphomas (NHL) and comprises about 5-7 percent of non-Hodgkin lymphomas. The incidence of MCL is 4 to 8 cases per million persons per year in the United States and Europe and increases with age with male predominant. The behavior of MCL varies with some cases showing virulent character and aggressive diseases. The prognosis is not good with median survival about 4 to 5 years. Treatment strategy based upon age, disease risk, expected treatment tolerance. Therefore, we reported 11 cases from 2011 to 2016 in our hospital to analysis outcomes.

The median age at diagnosis is 63 years of age with a male to female ratio of 1.2:1 and 3 of them had involvement of extranodal sites. Eight of the patients received regimens of R-CHOP(rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisolone) or CHOP initially and 2 of them, diagnosed in 2016, received modified VR-CAP(R-CHOP regimen. The outcome was poor with few completion remission, even more, two of our cases received peripheral blood stem cell transplantation (PBSCT) after induction therapy but relapse later. One patient suffered from subdural hematoma due to disease progression. Six of our cases underwent persistent disease of relapse to now.

From our study, MCL had poor outcome with aggressive behavior and poor response to therapy. As prior reports, MCL is a rare type of B cell non-Hodgkin lymphoma with a variable outcome. There is a diversity of clinical practice and ambiguity surrounding the preferred treatment approach for patients with MCL. Chemotherapy remains the main treatment modality with or without high-dose therapy and autologous hematopoietic cell transplantation. However, progression-free survival is still not promising (median, 16.6 months). Recently, Tadeusz Robak, et. concluded VR-CAP was more effective than R-CHOP in patients with newly diagnosed mantle cell lymphoma. Here we reported our experience of MCL showing poor prognosis in these patients. Novel treatment strategy is warranted for MCL in the future.