

# EPOCH and CHOP in T cell lymphoma. DO WE NEED SOMETHING ELSE?

## Descriptive Analysis of 105 patients with PTCL treated in a single center in Colombia.

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### Introduction

It has been suggested that the prevalence of T-cell lymphoma is higher in Colombia especially in the Southwest region than elsewhere (Carrascal E.CM 2004), and this clinical behavior differs from countries like Japan (Blank A.Leu & Lym 1993). This situation has been attributed to the concomitant high prevalence of HTLV-1 and EBV infection (Proietti FA.Oncog 2005). T cell lymphomas are different immunologically from B cell lymphomas (Vockerodt M.Pathol 2014); however, current treatments for T cell lymphomas were originally derived from treatment protocols devised for B cell lymphoma

### Objective

To describe a serie of Colombian patients diagnosed and treated for T cell lymphoma at the Fundación Valle del Lili, Cali, Colombia from 2007 to 2012, and to calculate survival rates and response to treatment.

### Methods

From information retrieved from clinical charts we developed an electronic registry of the T cell Lymphoma cases. Demographic variables, clinical diagnosis, pathological and serological assessment and therapeutic management were included.

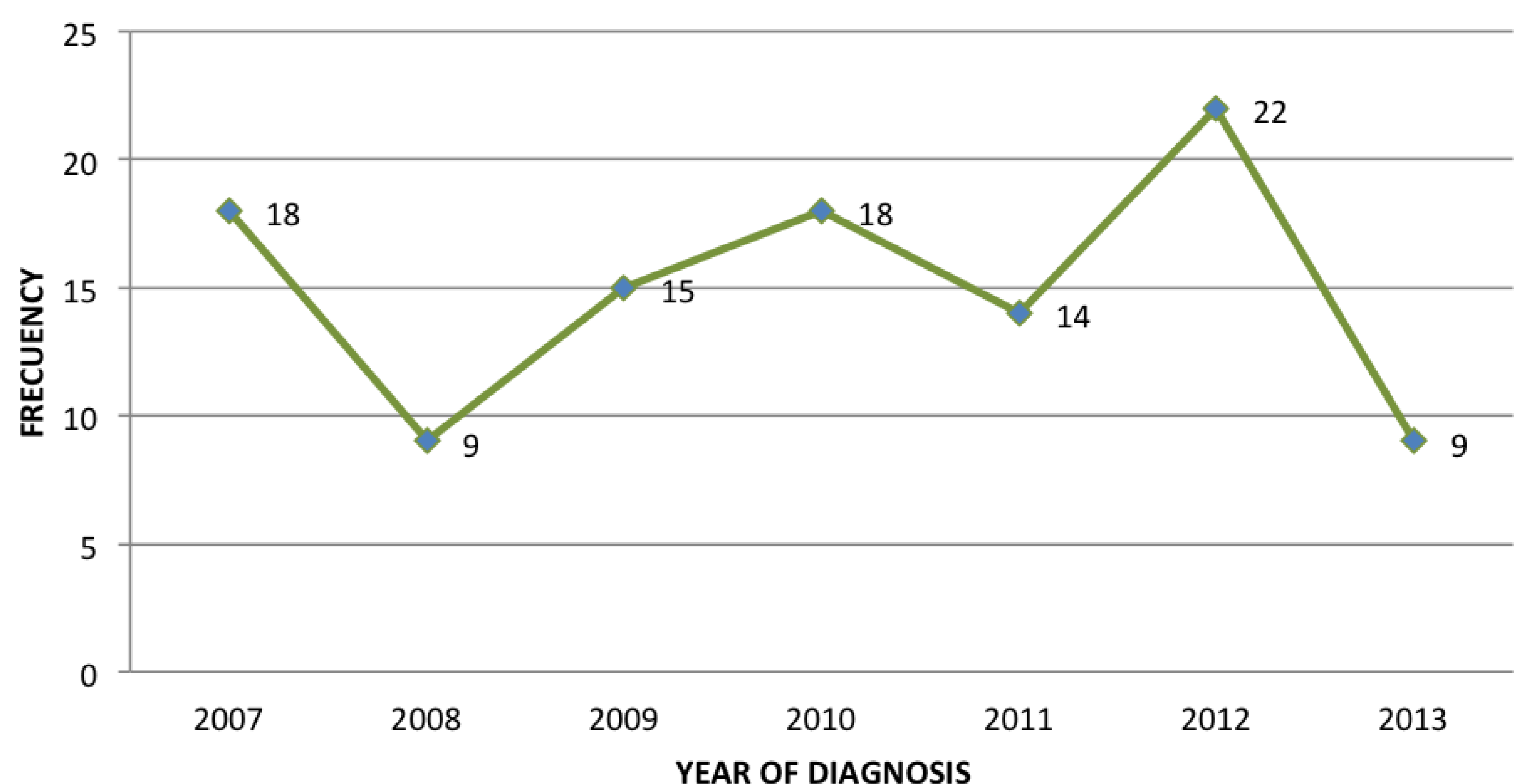
### References

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### Results

105 patients were diagnosed with T cell lymphoma (52% T cell lymphoma NOS, 21% Anaplastic ALK negative T cell lymphoma, 15% T adult cell lymphoma HTLV-1(+) and 12% T micosis fungoides Type). Median age of presentation was 53.6 years (Range:10-88). 34.4% of the cases were male, 41% were residents of Cali, the rest were residents of the Southwestern Colombian Pacific region. Stage at diagnosis was I in 10,4%, II in 35,2%, III in 24,8% and IV in 10,4%. The IPI score was low: 0 %, intermediate - low: 18 %, intermediate - high 56% and high risk: 26%. 54% were positive EBER 1 or EBER 2 for EBV in the biopsy samples. 17% of the cases tested positive for HTLV-1. 97% were treated with chemotherapy; CHOP in 65% and EPOCH in 32% as first line treatments. Median cycles indicated were 6 (Range 1-8). The complete response at end of treatment was 42% and early relapse (before 12 months) was 57%. Overall Survival was 26%. After 2012, only 17 (16.9%) of our patients remained alive, 11 of which are late relapse cases.

**NUMBER OF CASES PER YEAR**



### Conclusions

Our data suggest that current treatments of T cell lymphomas with CHOP and EPOCH are not the best option in our country. Since this is a pathology that we have become familiar with, we want to propose new approaches that could improve the survival to our patients.