Comparative Outcomes Following CP-R, CVP-R and CHOP-R in Waldenstrom's macroglobulinemia.

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Since the adoption of rituximab, the importance of doxorubicin and vincristine as treatment components remains to be clarified in Waldenstrom's macroglobulinemia (WM). We therefore examined the outcomes of symptomatic WM patients who received CHOP-R (N=23), CVP-R (n=16), or CP-R (n=19) at our Institution. Baseline characteristics for all 3 cohorts were similar for age, prior therapies, bone marrow involvement, hematocrit, platelet count and serum beta 2 microglobulin, though serum IgM levels were higher in patients treated with CHOP-R ($p<0.02$). The overall (ORR) and complete response (CR) rates to therapy were as follows: CHOP-R (ORR 96%, CR 17%); CVP-R (ORR 88%; CR 12%); CP-R (ORR 95%; CR 0%); p=NS. Adverse events attributed to therapy showed a higher incidence for neutropenic fever and treatment related neuropathy for CHOP-R and CVP-R versus CPR ($p<0.03$). The results of this study demonstrate comparable responses among WM patients receiving CHOP-R, CVP-R, or CP-R, though a significantly higher incidence of treatment related neuropathy and febrile neutropenia was observed among patients treated with CVP-R and CHOP-R versus CP-R. The results of this study suggest that in WM, the use of CP-R may provide analogous treatment responses to more intense cyclophosphamide based regimens, while minimizing treatment related complications.