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627.AGGRESSIVE LYMPHOMAS: CLINICAL AND EPIDEMIOLOGICAL

Autologous Hematopoietic Stem Cell Transplantation Combined with High-Dose Chemotherapy As First-Line Treatment for HIV-Associated Lymphoma: A Retrospective Analysis

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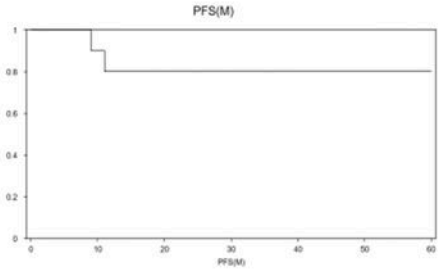
BACKRGOUND
At present, lymphoma is one of the three most common malignant tumors in AIDS patients. With the popularization of cART treatment, the incidence of AIDS-associated lymphoma has decreased, but it is still higher than that in the general population with poor prognosis. The Central and Western China AIDS Lymphoma League (CALL) is committed to investigate the efficacy and related factors of autologous hematopoietic stem cell transplantation (auto-HSCT) as consolidation therapy for newly diagnosed HIV-associated lymphoma.
METHODS
From 2018 to 2023, 11 newly diagnosed patients with AIDS-associated lymphoma in our center were collected, including 10 males and 1 female, 2 of whom received double ASCT, with a median age of 38 years (range 25-64 years). One case (11.1%) had bone marrow involvement, 3 cases (27.3%) had low/low-intermediate risk according to IPI, and 2 cases (63.6%) had high/intermediate risk according to IPI. Ten patients (90.9%) achieved complete remission (CR) and 1 patient (9.1%) achieved partial remission (PR) before transplantation.
RESULTS
Among the 11 patients, 2 patients (1 with high-risk diffuse large B cell lymphoma and 1 with plasmablastic lymphoma) received double transplantation within 6 months, and the remaining patients received single transplantation. The median CD34 collection before transplantation was 4.67 (2.5-12.52) *10^6/kg. 3 patients received BeEAC regimen, 7 patients received BeEAM regimen, and 1 patient received IAC regimen for the second transplantation. Five patients (45%) developed various degrees of infection during transplantation, which was improved after anti-infection treatment. All patients achieved hematopoietic reconstitution. The median time of neutrophil and platelet engraftment was 11.9 ± 2.23 days and 12.1 ± 2.96 days, respectively.
At a median follow-up of 12 (3-14) months after transplantation, 1 patient died within 100 days after transplantation, 1 patient died of Covid-19 virus infection, 1patient achieved PR, other 8 patients remained CR.. Patient no. 1 died from bacteremia 1 months after ASCT. Patient no. 8 relapsed 6 months after ASCT and died from Covid-19 virus infection when 5 months after ASCT. Patient no. 9 relapsed 6 months after ASCT, but is still alive in second CR and is receiving lenalidomide maintenance therapy. Other 8 patients in CR post-ASCT are receiving lenalidomide/Interferon/rituximab maintenance therapies. Therefore, overall survival for the 11 transplanted patients is 81% at 12 months, with a median follow-up of 12 months (range 5-60 months). Furthermore, eight patients remained in CR, for an progression-free survival of 72% at 12 months, with a median follow-up of 19 months (range 9-60 months).It is worth mentioning that active HIV replication was not monitored with the continuous use of cART agents during lymphoma chemotherapy and ASCT; cART administration did not affect the number of harvested stem cells or the time to engraftment after transplantation.

Disclosures No relevant conflicts of interest to declare.

Clinical Characteristics of Patients

Patient Characeristics	n=11	
sex		
Female	1	9.1%
Male	10	90.9%
Age,yr		
Median (range)	38	(25-64)
Diagnosis		
NHL	10	90.9%
HL	1	9.1%
Histology		
Indolent B cell lymphoma	3	27.3%
Aggressive B cell	8	72.7%
Stage at diagnosis		
I-II	3	27.3%
III-IV	8	72.7%
Time from diagnosis to ASCT		
≥1year	3	27.3%
< 1year	8	72.7%
Number of prior regimens		
>3	0	0.0%
≤3	11	100.0%
Disease status at mobilization		
CR	7	63.6%
PR	3	27.3%
SD	1	9.1%
Disease status at ASCT		
CR	10	90.9%
PR	1	9.1%
SD	0	
Use of Rituximab		
Yes	7	63.6%
No	4	36.4%
Peformance status		
0-1	4	63.6%
2-4	7	36.4%
IPI		
Low/low to inermediate	3	27.3%
High to intermediate/high	7	63.6%
Missing	1	9.1%
conditioning regimen		
BEAM/variants	7	63.6%
BEAC/variants	3	27.3%
IAC/variants	1	9.1%
adverse events		
febrile neutropenia	6	54.5%
Stomatitis	2	18.2%
diarrhea	1	9.1%

Patient no.	Sex	Age	Diagnosis/ Staging	Treatment pre-ASCT	HAART	status pre-ASCT	CD34+cell collected	Day of engraftment neutrophils	platelets
1	M	56	HGBL/Ⅳ-B	R-DAEPOCH*6	Tenofovir/Lamivudine/Efavirenz	CR	2.2	11	14
2	M	38	DLBCL/Ⅲ-B	CDOP*1，R-CDOP*3，R-EPOCH*4	uncertain	CR	9.3	8	10
3	M	33	HD/Ⅲ-B	ABVD*6,GDP*5	uncertain	CR	1.5	10	10
4	M	43	DLBCL/ Ⅱ-B	R-CHOP*4	Tenofovir/Lamivudine/Efavirenz	CR	4.67	13	11
5	M	31	PBL/Ⅳ-B	EPOCH*4	Tenofovir/Lamivudine/Efavirenz	CR	2.72	14	13
6	M	25	PBL/Ⅰ-B	CHOP+LEN*4	Tenofovir/Pictevene/Tricitabine	CR	12.52	9	11
7	M	38	DLBCL/Ⅲ-B	CDOP*1，R-CDOP*3，R-EPOCH*4	uncertain	CR	9.3	16	16
8	M	64	DLBCL/Ⅳ-B	R-EPOCH*2，OR-MA*1	Tenofovir/Lamivudine/Efavirenz	PR	10.34	14	16
9	M	41	DLBCL/Ⅳ-A	R-EPOCH-PD1*3	Bicutegravir,Emtricitabine,Tenofovir	CR	4.7	11	14
10	F	64	BL/Ⅲ-B	R-SCEPOVH+PD1*4	Dolutegravir,Lamivudine	CR	2.6	10	6
11	M	26	PBL/Ⅰ-B	CHOP+LEN*4	Tenofovir/Pictevene/Tricitabine	CR	12.52	11	13



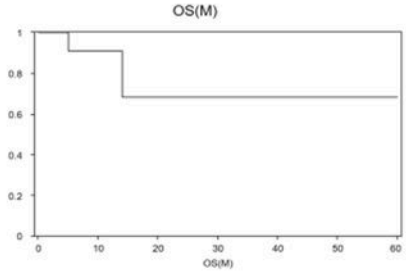


Figure 1

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