HEMATOLOGY

NEW HOPE FOR
LYMPHOMA PATIENTS

Follicular lymphoma is a common form of non-Hodgkin lymphoma that is associated with a very poor prognosis. Although first-line treatments prolong progression-free survival, all patients eventually relapse following treatment; thus, new regimens are desperately needed. A phase II clinical trial has now shown that the combination of bortezomib, bendamustine and rituximab (VBR) is highly active in patients with follicular lymphoma who are refractory to previous therapy.

This dose-escalation study conducted at 18 centers in the USA enrolled 73 patients. The maximum tolerated dose for bendamustine was not reached, but the 90 mg/m² dose tested was shown to be well tolerated. The overall response rate was 88%, and 53% of these patients achieved a complete response. This outcome is particularly impressive because many patients were heavily pretreated, with some receiving up to 14 lines of previous therapy. Almost all patients who responded did so after the first treatment assessment. The most common grade 3 hematologic toxic effects were myelosuppression, thrombocytopenia and neutropenia; in total, 11% of patients experienced grade 3 or 4 peripheral neuropathy, but all adverse effects were manageable.

The researchers identified “a safe and effective dose of the combination of VBR in patients with relapsed or refractory follicular lymphoma”. The optimal dose and schedule of bortezomib in combination with bendamustine is not known so future studies will compare VBR with regimens lacking bortezomib. The researchers comment that, “randomized comparisons of bendamustine and rituximab versus VBR may define a new and effective treatment regimen, not only for relapsed and refractory patients, but also as initial treatment for patients with follicular lymphoma”.

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Original article Fowler, N. *et al.* Bortezomib, bendamustine, and rituximab in patients with relapsed or refractory follicular lymphoma: The phase II VERTICAL study. *J. Clin. Oncol.* doi:10.1200/JCO.2010.32.1844