

Survival in WM: Are We Making Progress? [YES]

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Background

Clinical management of lymphoplasmacytic lymphoma (LPL)/Waldenström macroglobulinemia (WM) has changed considerably over the last years, reflected in the use of new therapeutic agents (purine analogues, monoclonal antibodies, thalidomide- and bortezomib-based therapies). No population-based studies and few randomized clinical trials have been performed to assess survival in LPL/WM.

Patients and methods

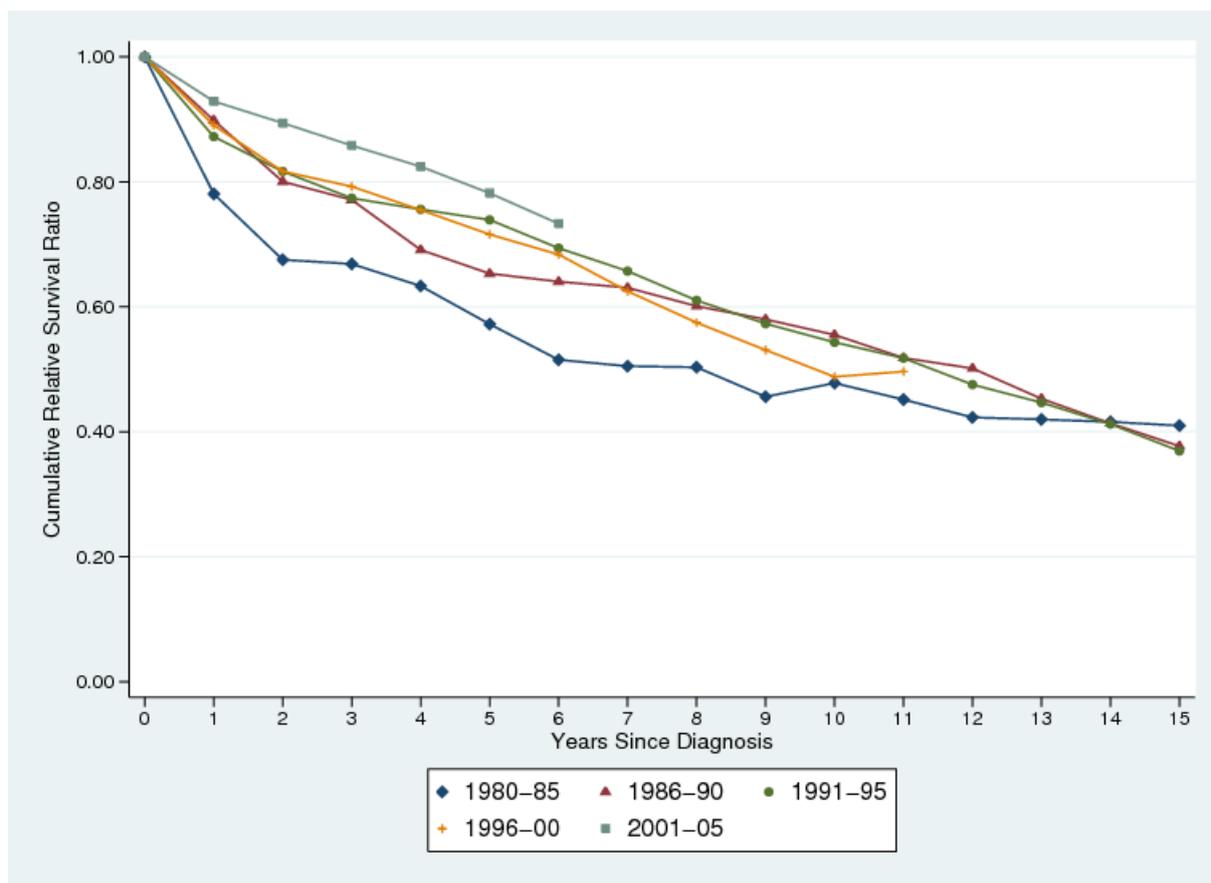
We performed a large population-based study in Sweden including 1,555 LPL/WM patients diagnosed 1980 to 2005. Relative survival ratios (RSR) and excess mortality rate ratios (EMRR) were computed as measures of survival.

Results

Survival of LPL/WM patients has improved significantly ($p=0.007$) over time with 5-year RSR being 0.57 (95% confidence interval 0.46-0.68), 0.65 (0.57-0.73), 0.74 (0.68-0.80), 0.72 (0.66-0.77), and 0.78 (0.71-0.85) for patients diagnosed during the calendar periods 1980-1985, 1986-1990, 1991-1995, 1996-2000, and 2001-2005, respectively (Figure). Improvement in 1- and 5-year relative survival was found in all age-groups and for LPL and WM separately. Patients with WM had lower excess mortality compared to LPL (EMRR=0.38; 95% CI 0.30-0.48). Older age at LPL/WM diagnosis was associated with a poorer survival ($p<0.001$).

Conclusion

We found a significant improvement in survival in LPL/WM over time. Despite this progress, new effective agents with a more favourable toxicity profile are needed to further improve survival in LPL/WM, especially in the elderly.



Calendar period	1-year RSR	5-year RSR	10-year RSR	15-year RSR
1980-1985	0.78 (0.69-0.85)	0.57 (0.46-0.68)	0.48 (0.36-0.60)	0.41 (0.28-0.56)
1986-1990	0.90 (0.84-0.94)	0.55 (0.57-0.73)	0.56 (0.45-0.66)	0.38 (0.28-0.49)
1991-1995	0.87 (0.83-0.91)	0.74 (0.68-0.80)	0.54 (0.47-0.62)	0.37 (0.28-0.47)
1996-2000	0.89 (0.85-0.92)	0.72 (0.66-0.77)	0.49 (0.41-0.56)	NA
2001-2005	0.93 (0.89-0.96)	0.78 (0.71-0.85)	NA	NA

Abbr.: RSR=relative survival ratio

Figure. Cumulative relative survival of LPL/WM patients, stratified by calendar period at diagnosis