Frontline Treatment Options in WM: German Experience

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Despite recent progress in the treatment of indolent Non-Hodgkin's lymphomas (NHL), Waldenström's macroglobulinemia (WM) stays a major clinical challenge. Even with rituximab/chemotherapy combinations it is nearly impossible to achieve complete remissions in these patients and duration of response is shorter compared to other indolent lymphomas such as follicular lymphoma. In addition, WM is a disease of the elderly with a median age of up to 68 years. Thus many patients present with co-morbidities preventing application of dose intense regimens. Finally, WM is a rare disease just counting for only 1 % of all NHL, hampering the initiation of larger phase III trials. Indeed, only very few phase III trials in WM are existing and the vast majority of data is based on phase II clinical trials. As this disease is rare there is actually not one drug approved by the FDA or EMEA for the treatment of WM so far. We have performed a randomized clinical trial comparing R-CHOP vs CHOP in previously treated patients with lymphoplasmocytic lymphoma and WM, clearly demonstrating the superiority of rituximab/chemotherapy regimens compared to chemotherapy alone. However, many physicians hesitate to offer R-CHOP to elderly WM patients because of its hematotoxicity. New regimens have emerged such as rituximab in combination with bendamustine or the CDR regimen, combining rituximab with oral cyclophosphamide and dexamethasone. It will be one of the challenges in the future to initiate prospective large international Phase III trials, which select the most promising regimens to compare.