RESEARCH HIGHLIGHTS

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Combination Rituxan/CHOP Chemotherapy for NHL Provides Prolonged Response Rates

Two separate studies have found promising results in combination Rituxan™ (Genentech, Inc., South San Francisco, CA)/CHOP (cyclophosphamide, doxirubicin, vincristine, and prednisone) chemotherapy for patient's with non-Hodgkin's lymphoma (NHL). Researchers from Roswell Park Memorial Institute (Buffalo, NY) reported three-year follow-up data in patients with low-grade or follicular NHL who received combination regimens. Patients received six infusions of Rituxan (each at 375 mg/m^2), with CHOP chemotherapy at standard doses. CHOP was given every three weeks for six cycles. Two doses of Rituxan were given at the beginning and at the end of therapy, with single doses given before the third and fifth CHOP cycles. Among the 38 patients treated, overall response rate was 100%, with 58% achieving a complete response and 42% receiving a partial response. In a second study reported by researchers at the University of Nebraska, 33 previously untreated patients with intermediate-grade or high-grade NHL were treated with combination Rituxan/CHOP chemotherapy. With a median follow-up of 24 months, overall response rate was 97%, with 20 complete responses, 12 partial responses, and 1 patient with progressive disease.

Rituxan Shows Improved Response in Chronic Lymphocytic Leukemia

Researchers at M.D. Anderson Cancer Center (Houston, TX) reported significant response rates in patients with chronic lymphocytic leukemia (CLL) in a Rituxan dose-escalation trial. Forty patients with CLL and 10 patients with B-cell leukemias who had failed prior therapies were given Rituxan at 375 mg/m^2 for one dose, then three subsequent escalated doses. The three subsequent doses were identical for each patient. The highest dose was 2,250 mg/m^2. All patients were premedicated. Response rates were as follows: 23% at the lowest dose level (375 mg/m^2); 44% at the intermediate dose level (1,000 mg–1,500 mg/m^2); and 80% at the highest dose level (2,250 mg/m^2). Median time to progression was eight months. At the lowest dose, 94% of the patients experienced grade 1 and 2 toxicities consisting of fever and chills. Among patients who received the intermediate dose level, only three had toxicities. At the highest dose level, most patients had moderate toxicities involving fever, chills, nausea, and malaise. Investigators concluded that further research is needed to identify optimal dose and schedule.

Rituxan Shows Activity Against Multiple Myeloma

In a phase II ongoing trial being conducted at the Dana Farber Cancer Institute (Boston, MA), preliminary results suggest that Rituxan has significant activity in patients with multiple myeloma. Eighteen patients have been enrolled, with a mean of 3.5 prior therapies. Patients received one cycle of Rituxan (375 mg/m^2 IV for four weekly infusions). Partial response was seen in one patient, and stable disease was seen in five patients. Mean time to progression was 5.7 months.

In a similar study, researchers at Cleveland Clinic (Cleveland, OH) are investigating the role of Rituxan in improving the response rate to melphalan and prednisone. Patients are given Rituxan (375mg/m^2 IV weekly for four weeks every six months) for six cycles or until disease progression. Thirty-five days after the Rituxan dose, patients received melphalan (0.25 mg/kg) and prednisone (100 mg PO) daily for four days every four to six weeks. Melphalan/prednisone treatment was repeated for a minimum of nine cycles. Following a median of five cycles, 52% had major responses, 12% had minor responses, 28% had stable disease, and 8% had progressive disease.

New Antibody Therapy Provides Remission in Some Patients With AML

In a phase II clinical trial, CMA-676, a monoclonal antibody, has led to some acute myelogenous leukemia (AML) remissions. CMA-676 binds to AML tumor cells, which express CD33. Subjects in their first relapse after a remission of at least six months were given CMA-676 (9 mg/m^2) IV over two hours and then repeated two weeks later. Twenty of the 59 subjects enrolled achieved a complete remission, defined as less than 5% blasts in the marrow. Twelve subjects then had a bone marrow transplant, and three had chemotherapy. As of March 1999, 12 of the 20 patients remained in remission. Toxicities of fever, chills, and grade 4 neutropenia were observed in most of the patients. Grade 4 increases in bilirubin were seen in eight patients. Other side effects included severe bone pain, seizures, diabetes insipidus, and intracerebral bleeding.

Rituxan Shown to Increase Responses in Non-Hodgkin's Lymphoma

Data reported by researchers at Stanford University Medical Center (Stanford, CA) showed that patients can be treated safely with multiple courses of Rituxan without the myelosuppression seen with standard chemotherapy. In a phase II trial, 60 patients who had previous Rituxan therapy for low-grade or follicular non-Hodgkin's lymphoma and had measurable relapsed disease were treated with Rituxan at 375 mg/m^2 for four weekly infusions. The overall response rate was 40%, with six patients achieving a complete response and 17 patients achieving a partial response. Estimated median duration of response was 15+ months compared to 9.8 months for initial Rituxan treatment. Estimated time to progression was 16.7+ months compared to 12.4 months for initial Rituxan therapy.

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