

BENDAMUSTINE TREATMENT IN LYMPHOMAS: A REVIEW OF ITS USE

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Objetives: To describe the use of Bendamustine, an alkylating agent recently approved in several European countries for non-Hodgkin lymphoma (NHL) refractory to rituximab (R). To assess safety data in our clinical practice.

Methods: Retrospective study. Collected data: sex, age, previous lines of treatment, bendamustine dose, treatment duration, % adverse reactions (AR), % colony stimulating factors required and bendamustine initial dose reduction.

Results: 7 patients in treatment: 71.4% male, median 53.9 years at the beginning of bendamustine treatment.

Figure 1. Pathology distribution

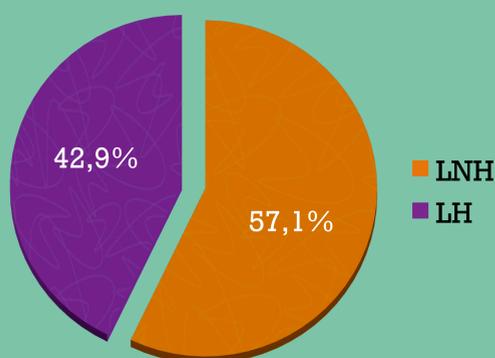


Table 1. Treatment characteristics

Pathology	Subtipo	Previous lines	Bendamustine dose/Q21 days	Concomitant Rituximab	Cycles administered
Non-Hodgkin Lymphoma	MALT	2	90 mg/m ²	375 mg/m ²	3
	MALT	2	100 mg/m ²	-	5
	Follicular	2	90 mg/m ²	375 mg/m ²	3
	Follicular	6	120 mg/m ²	-	5
Hodgkin Lymphoma		3	110 mg/m ²	-	5
		3	120 mg/m ²	-	4
		4	120 mg/m ²	-	5

NHL: Non Hodgkin Lymphoma HL: Hodgkin Lymphoma MALT: mucosa-associated lymphoma tissue

Figure 2. Bendamustine treatment duration

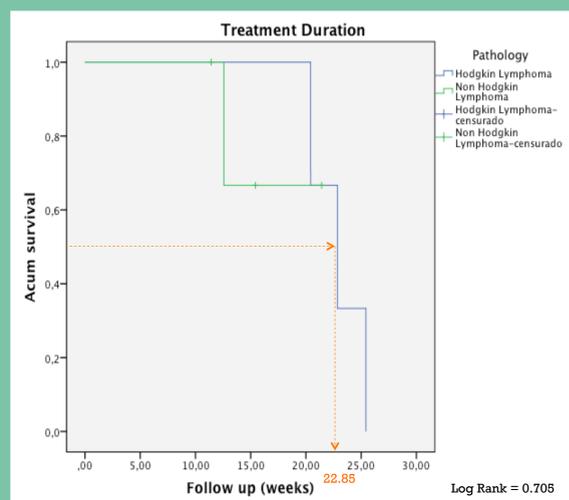


Figure 4. Colony stimulating factors used

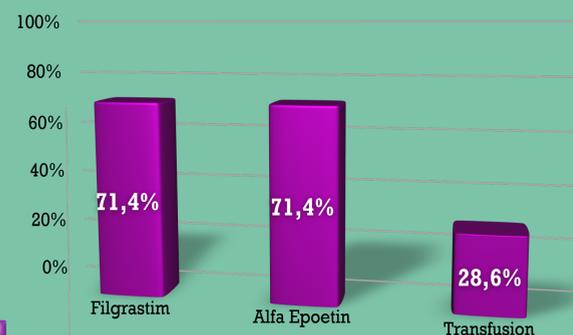
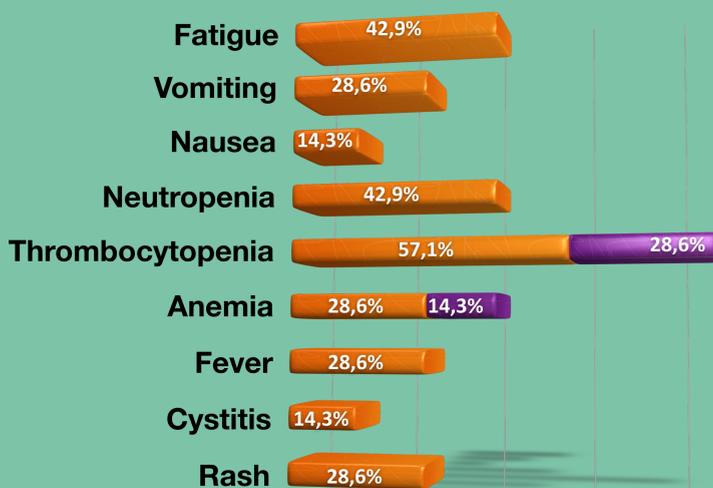


Figure 3. Adverse reactions reported



Median treatment duration was 22.85 weeks (95% CI 19.0 to 26.7) in Hodgkin Lymphoma patients. No bendamustine initial dose reduction were required.

Conclusions:

- Bendamustine experience in Hodgkin’s and Non Hodgkin lymphoma is limited in our institution.
- Hematologic toxicity is common and can be managed with colony-stimulating factors.