

## The challenge of primary gastric lymphoma treatment

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**Statement of the Problem:** Primary gastric lymphomas (PGL) are heterogeneous. PGL include high grade diffuse large B-cell lymphomas (DLBCL) and the more indolent marginal zone lymphomas (MZL). Gastric MZL are MALT (mucosa associated lymphoid tissue) lymphomas, which may be *Helicobacter pylori* (Hp) infection-related. Thus, many controversies remain surrounding the optimal PGL treatment: primary surgery (S), chemotherapy (CT), radiotherapy (RT), or their combinations, and simple Hp-eradication for the MALTs.

**Methodology & Theoretical Orientation:** Review of our experience over a 25 yr-period, and a discussion on the various PGL treatment strategies.

**Findings:** From 1979-2008, 61 records of PGL patients with a median follow-up time of 67.5 mo included high (77%) or low (23%) grades, stages Ie (45.9%), IIe1 (14.8%), IIe2 (8.2%), IIIe (18%), IVe (13.1%) (Muschhoff). Rx were S (20%), S+C (34%), C (37%), C+S (8%) (after 2004 mostly chemo). Rx-failures, and a 8.9% mortality were all under chemo, and before 2004; there was no 30-day surgical mortality. This pattern changed after 2008 when most PGL were treated by primary chemo; mortality was below 3%. Most world centers also shifted to primary chemo (Rituximab-CHOP) after 2004, with surgery becoming salvage therapy (or of chemo-induced


complications). Hp(+)-MALTs were treated by Hp eradication; resistant or Hp(-) MALTs were treated by surgery or radiation. Recently a prospective randomized multicentric phase III study with 401 patients having Hp eradication-resistant or recurrent gastric MALTs, and other non-gastric MZL, showed better results by chlorambucil+rituximab compared to each drug alone, suggesting other avenues for these tumors. An international MALT prognostic index (MALT-IPI) was also generated.

**Conclusion & Significance:** PGL survival remains associated with stage, grade, and Rx. Organ conservation is key however optimal chemo regimens with adequate dose-intensity as well as Hp-control are paramount for this endeavor.

### Speaker Biography

Marcelo Mester is a Research-Fellow in Surgical Oncology at the Massachusetts General Hospital, Harvard Medical School. He is an Assistant-Professor of Gastrointestinal Surgery, Hospital das Clínicas, University of São Paulo Medical School. He is a founding Member of the International Gastric Cancer Association (IGCA, 1995) and the Brazilian Association of Gastric Cancer (ABCG) where he is currently a Board Member. He has studied gastrointestinal lymphomas for many years and has presented Brazilian data on the issue. He was three times awarded best paper in international congresses, all of them with gastric lymphoma data.

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