The management of mantle cell lymphoma and T-cell lymphoma remains a challenge for many oncologists. Unlike the more common follicular or diffuse-large B-cell lymphomas, there is a paucity of prospective controlled trials, and there are no standards for the management of these diseases. Practice patterns can vary considerably from center to center.

The rarity of these diseases makes development of consensus guidelines difficult. Most centers see only a handful of these patients. Retrospective analyses may provide insight into the effectiveness of current regimens compared to historical controls, but they are hampered by low patient numbers, and extended enrollment times and results must be interpreted cautiously. Registry analysis allows the aggregation of patients from multiple centers but suffers from lack of consistency in treatment. Prospective trials require the use of multiple centers or cooperative groups to obtain meaningful patient numbers.

This problem is, ironically, further compounded by our increased understanding of the biology of these lymphomas because as we learn more, we recognize subsets that behave very differently. Identification of histologic and molecular targets may allow us to define a subtype that is more sensitive or resistant to a particular treatment regimen and develop novel therapies. However, competition among newer agents for a limited pool of patients can increase the difficulty of developing newer therapies. New drugs and drug combinations that may be helpful have not been adequately tested.

Despite these difficulties, some lessons have been learned about management. These issues were addressed in a satellite symposium held in February 2011 at the BMT Tandem meeting in Honolulu, HI. The presenters review the available information on the management of mantle cell lymphoma and T-cell lymphoma and illustrate the challenges clinicians face when determining the optimal treatment for patients with these rare lymphoma subtypes.
Program Overview

Mantle cell lymphoma is a disease for which aggressive therapy has become the standard approach and has resulted in marked improvement in disease-free and overall survival over the past 10 years. Unfortunately, long-term follow-up of several trials suggests that patients may continue to relapse 5 years or more beyond initial treatment, even after therapy that includes autologous stem cell transplantation. The community of practicing transplantation physicians will benefit from a better understanding of the role of new approaches to non-transplantation therapies, as well as the inclusion of autologous and allogeneic transplantations, and maintenance therapies in the overall approach to these patients. T-cell lymphomas represent a heterogeneous spectrum of aggressive and indolent non-Hodgkin’s lymphomas. The World Health Organization (WHO) has recently completed a re-classification of these diseases that can be treated aggressively with transplantation or less intensive single agent chemotherapy or immunotherapy such as anti-T-cell receptor therapy. Speakers will review the new classification schema and describe new agents for these diseases as well as prognostic factors that will help attendees to determine the optimal treatment approaches for individual patients.

This program aims to provide a forum to discuss the current standard of care for patients with mantle cell and T-cell lymphomas, review the efficacy of conventional with emerging treatment options, and analyze the role of both transplantation and non-transplantation therapies for the treatment of MCL and T-cell non-Hodgkin’s lymphoma.

Target Audience

The program will be oriented to a targeted audience of physicians and medical care professionals specializing in oncology, hematology, immunology, and microbiology.

Learning Objectives

After completing this activity, participants should be able to:

- Analyze new data on non-transplantation therapies for mantle cell lymphoma.
- Compare the roles of transplantation as initial therapy for mantle cell lymphoma and transplantation as salvage therapy for mantle cell lymphoma.
- Describe the value of stem cell transplantation for T-cell lymphomas.

Accreditation Statement

The Medical College of Wisconsin is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Designation of Credit

The Medical College of Wisconsin designates this enduring material a maximum of 1.0 AMA PRA Category 1 Credit ™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclaimer

This material has been prepared based on a review of multiple sources of information, but it is not exhaustive of the subject matter. Participants are advised to critically appraise the information presented, and are encouraged to consult the above-mentioned resources as well as available literature on any product or device mentioned in this program.

Disclosure of Unlabeled Uses

This educational activity may contain discussion of published and/or investigational uses of agents that are not approved by the US Food and Drug Administration. For additional information about approved uses, including approved indications, contraindications, and warnings, please refer to the prescribing information for each product, or consult the Physician's Desk Reference.

CJP Medical Communications Disclosure

The employees of CJP Medical Communications have no financial relationships to disclose.

Faculty Disclosure

Consistent with the current Accreditation Council for Continuing Medical Education policy, the CME Provider must be able to show that everyone who is in a position to control the content of an individual educational activity has disclosed all relevant financial relationships. The CME Provider has a mechanism in place to identify and resolve any conflicts of interest discovered in the disclosure process. The presenting faculty members have all made the proper disclosures, and the following relationships are relevant:

Thomas C. Shea, MD, does not have any commercial interests.

Julie M. Vose, MD, discloses that she receives research grant support from Allos Therapeutics, AstraZeneca AB, Bristol-Myers Squibb, Celsgene, Exelixis, Genentech, Genzyme, GlaxoSmithKline, Millennium, Novartis, Pharmacyclics, and US Biotech, Inc.