

## Incidence and risk factors for relapses in HIV-associated non-Hodgkin lymphoma as observed in the German HIV-related lymphoma cohort study

Philipp Schommers,<sup>1,2,\*</sup> Daniel Gillor,<sup>1,\*</sup> Marcus Hentrich,<sup>3</sup> Christoph Wyen,<sup>1,4</sup> Timo Wolf,<sup>5</sup> Mark Oette,<sup>6</sup> Alexander Zoufaly,<sup>7</sup> Jan-Christian Wasmuth,<sup>8</sup> Johannes R. Bogner,<sup>9</sup> Markus Müller,<sup>10</sup> Stefan Esser,<sup>11</sup> Alisa Schleicher,<sup>12</sup> Björn Jensen,<sup>13</sup> Albrecht Stoehr,<sup>14</sup> Georg Behrens,<sup>15,16</sup> Alexander Schultze,<sup>17</sup> Jan Siehl,<sup>18</sup> Jan Thoden,<sup>19</sup> Ninon Taylor<sup>20</sup> and Christian Hoffmann<sup>12,21</sup>

<sup>1</sup>Department I of Internal Medicine, University Hospital Cologne, Germany; <sup>2</sup>German Center for Infection Research (DZIF), Partner Site Bonn-Cologne, Germany; <sup>3</sup>Department of Medicine III, Red Cross Hospital Munich, Germany; <sup>4</sup>Praxis am Ebertplatz, Cologne, Germany; <sup>5</sup>Department of Medicine II, University of Frankfurt, Germany; <sup>6</sup>Department of General Medicine, Gastroenterology and Infectious Diseases, Augustinerinnen Hospital, Cologne, Germany; <sup>7</sup>Department of Medicine IV, Kaiser Franz Josef Hospital, Vienna, Austria; <sup>8</sup>Department of Internal Medicine I, University of Bonn, Germany; <sup>9</sup>Department of Medicine IV, University of Munich, Munich, Germany; <sup>10</sup>Department of Infectious Diseases, Vivantes Auguste-Viktoria-Hospital, Berlin, Germany; <sup>11</sup>Department of Dermatology, University Hospital Essen, Germany; <sup>12</sup>University of Schleswig Holstein, Campus Kiel, Kiel, Germany; <sup>13</sup>Department of Gastroenterology, Hepatology and Infectious Diseases, Düsseldorf University Hospital, Germany; <sup>14</sup>Ifi-Institute for Interdisciplinary Medicine, Hamburg, Germany; <sup>15</sup>Department of Clinical Immunology and Rheumatology, Hannover Medical School, Germany; <sup>16</sup>German Center for Infection Research (DZIF), Hannover, Germany; <sup>17</sup>Department of Emergency Medicine, University Medical Center Hamburg-Eppendorf, Hamburg, Germany; <sup>18</sup>Ärzteforum Seestraße, Berlin, Germany; <sup>19</sup>Medical Group Practice for Internal Medicine and Rheumatology, Freiburg, Germany; <sup>20</sup>Department of Internal Medicine III with Hematology, Medical Oncology, Hemostaseology, Infectious Diseases, Rheumatology, Oncologic Center, Laboratory of Immunological and Molecular Cancer Research, Paracelsus Medical University Salzburg, Austria and <sup>21</sup>IPM Study Center, Hamburg, Germany

*\*PS and DG contributed equally to this work.*

©2018 Ferrata Storti Foundation. This is an open-access paper. doi:10.3324/haematol.2017.180893

Received: September 17, 2017.

Accepted: February 2, 2018.

Pre-published: February 8, 2018.

Correspondence: philipp.schommers@uk-koeln.de

Cycle day(s)	Drug	Dose	Route
<b>Pre-phase</b>			
1–5	Cyclophosphamide	200 mg/m <sup>2</sup>	iv over 1 h
1–5	Prednisone	60 mg/ m <sup>2</sup>	iv bolus
<b>Cycle A</b>			
7	Rituximab	375 mg/ m <sup>2</sup>	iv progressive infusion (4 h)
8	Vincristine	2 mg (absolute)	iv bolus day 1
8	Methotrexate	1500 mg/ m <sup>2</sup>	iv over 24 h†‡
8–12	Ifosfamide	800 mg/ m <sup>2</sup>	iv over 1 h
8–12	Dexamethasone	10 mg/ m <sup>2</sup>	iv bolus
11–12	Teniposide (VM26)	100 mg/ m <sup>2</sup>	iv over 1 h
11–12	Cytarabine	150 mg/ m <sup>2</sup>	iv over 1 h every 12 h
<b>Cycle B</b>			
28	Rituximab	375 mg/ m <sup>2</sup>	iv progressive infusion (4 h)
29	Vincristine	2 mg (absolute)	iv bolus day 1
29	Methotrexate	1500 mg/ m <sup>2</sup>	iv over 24 h
29–33	Cyclophosphamide	200 mg/ m <sup>2</sup>	iv over 1 h
29–33	Dexamethasone	10 mg/ m <sup>2</sup>	iv bolus
32–33	Doxorubicin	25 mg/ m <sup>2</sup>	iv over 15 min
<b>Cycle C</b>			
49	Rituximab	375 mg/ m <sup>2</sup>	iv progressive infusion (4 h)
50	Vindesine	3 mg/m <sup>2</sup> (max. 5 mg)	iv bolus
50	Methotrexate	1500 mg/ m <sup>2</sup>	iv over 24 h†
50–54	Dexamethasone	10 mg/ m <sup>2</sup>	iv bolus
53–54	Etoposide (VP16)	250 mg/ m <sup>2</sup>	iv over 1 h
54	Cytarabine	2000 mg/ m <sup>2</sup>	iv over 3 h every 12 h
<b>Central nervous system prophylaxis</b>			
1–8–12–29–33	Methotrexate	15 mg	Intrathecal
	Cytarabine	40 mg	
	Dexametasone	20 mg	

iv, intravenous; G-CSF, granulocyte-colony stimulating factor.

†Folinic acid rescue from 12 h after the end of infusion.

‡Half to one-third in patients over 55 years.

### Supplementary Table 1

B-ALL (GMALL) Protocol Treatment (adapted from B-ALL/NHL2002, ClinicalTrials.gov identifiers NCT00199082 and NCT00388193)

Cycles A–C were repeated from days 77 to 124 for a total of six treatment cycles after the pre-phase. Patients received eight intrathecal doses as a central nervous system prophylaxis. Two additional doses of rituximab were given at the end of the regular treatment cycles (weeks 21 and 24 at standard dose) making a total of eight doses of rituximab for the complete treatment. Growth factors (G-CSF) were allowed for use from neutrophils  $< 0.5 \times 10^9/L$  until recovery for each cycle.

Cycle day(s)	Drug	Dose	Route
1	Rituximab	375 mg/ m <sup>2</sup>	Iv over 2 hours
2	Cyclophosphamide	750 mg/m <sup>2</sup>	iv over 1 h
2	Doxorubicin	50 mg/m <sup>2</sup>	iv over 1 h
2	Vincristine	1,4 mg/ m <sup>2</sup>	iv bolus
2-6	Prednisone	100 mg (absolute)	taken orally

**Supplementary Table 2**

R-CHOP Protocol Treatment

Cycles are repeated at day 22 (R-CHOP 21).

	Treat-ment delay (N=85)	No Treat-ment delay (N=134)	P-value	Reduced Therapy Intensity (N=37)	Regular Therapy Intensity (N=197)	P-value	Reduced # of Cycles (N=42)	Regular # of Cycles (N=204)	P-value	No Full Therapy (≥1 criteria applies, N=118)	Full Therapy (in all 3 criteria, N=96)	P-value
Male	78 (94%)	115 (88%)	0.162 <sup>c</sup>	20 (94%)	175 (90%)	0.542 <sup>c</sup>	36 (86%)	183 (92%)	0.235 <sup>c</sup>	106 (91%)	83 (88%)	0.495 <sup>c</sup>
Median Age (years)	44	44	0.568 <sup>b</sup>	48	43	<0.001 <sup>b</sup>	40	44	0.549 <sup>b</sup>	45	42	0.042 <sup>b</sup>
Prior AIDS-defining illness	22 (27%)	25 (19%)	0.236 <sup>c</sup>	11 (31%)	39 (20%)	0.181 <sup>c</sup>	13 (33%)	40 (20%)	0.099 <sup>c</sup>	30 (26%)	15 (16%)	0.092 <sup>c</sup>
HIV-RNA below limit of detection	20 (26%)	44 (34%)	0.385 <sup>c</sup>	11(31%)	57 (30%)	0.946 <sup>c</sup>	11 (28%)	59 (30%)	0.902 <sup>c</sup>	34 (30%)	30 (33%)	0.743 <sup>c</sup>
Median CD4+ T cells (x10 <sup>9</sup> /L)	268	238	0.470 <sup>b</sup>	273	248	0.819 <sup>b</sup>	288	245	0.419 <sup>b</sup>	265	242	0.660 <sup>b</sup>
CD20+ lymphoma	74 (93%)	109 (89%)	0.623 <sup>c</sup>	26 (84%)	173 (92%)	0.189 <sup>c</sup>	41 (98%)	165 (89%)	0.088 <sup>c</sup>	100 (91%)	81 (90%)	1.000 <sup>c</sup>
BM Involvement	24 (31%)	18 (14%)	0.004 <sup>c</sup>	6 (19%)	36 (19%)	1.000 <sup>c</sup>	11 (28%)	35 (19%)	0.190 <sup>c</sup>	26 (24%)	15 (16%)	0.220 <sup>c</sup>
CNS Involvement	8 (11%)	6 (6%)	0.260 <sup>c</sup>	1 (3%)	13 (8%)	0.699 <sup>c</sup>	3 (8%)	12 (7%)	0.733 <sup>c</sup>	8 (8%)	6 (8%)	1.000 <sup>c</sup>
IPI score												
Low	25 (30%)	61 (49%)		8 (24%)	83 (44%)		19 (46%)	75 (41%)		41 (37%)	44 (49%)	
Intermediate	42 (51%)	47 (38%)		16 (49%)	80 (43%)		14 (34%)	86 (46%)		50 (44%)	50 (44%)	
High	16 (19%)	16 (13%)	0.023 <sup>a</sup>	9 (27%)	24 (13%)	0.032 <sup>a</sup>	8 (20%)	25 (14%)	0.339 <sup>a</sup>	23 (20%)	9 (10%)	0.066 <sup>a</sup>
Chemotherapy												
CHOP	36 (43%)	102 (79%)		25 (74%)	123 (63%)		17 (42%)	140 (71%)		59 (51%)	76 (82%)	
GMALL	47 (57%)	28 (22%)	<0.001 <sup>c</sup>	9 (27%)	71 (37%)	0.253 <sup>c</sup>	24 (59%)	58 (29%)	0.001 <sup>c</sup>	57 (49%)	17 (18%)	<0.001 <sup>c</sup>

<sup>a</sup> Pearson's  $\chi^2$ , two-sided.

<sup>b</sup> Kruskal-Wallis test.

<sup>c</sup> Fisher's exact test

### Supplementary Table 3

Dose intensity of first line chemotherapy in patients with CR.

IPI, International Prognostic Index; VL bd, viral load below limit of detection; BM, bone marrow; CNS, central nervous system

	R-CHOP-treated DLBCL (N=121)				GMALL-treated BL (N=76)			
		5-year Relapse-free Survival (5yRFS)	P-value (uni-variate)	P-value (multi-variate)		5-year Relapse-free Survival (5yRFS)	P-value (uni-variate)	P-value (multi-variate)
Sex	Male (N=106)	87%	0.523		Male (N=74)	94%	0.726	
	Female (N=15)	93%			Female (N=2)	100%		
Age	>60Y (N=15)	85%	0.803		>60Y (N=5)	95%	0.121	
	<60Y (N=106)	88%			<60y (N=71)	80%		
CNS involvement	Yes (N=3)	100%	0.587		Yes (N=7)	71%	<b>0.005</b>	0.895
	No (N=89)	91%			No (N=67)	97%		
BM involvement	Yes (N=16)	74%	<b>0.049</b>	0.870	Yes (N=22)	90%	0.377	
	No (N=96)	91%			No (N=51)	96%		
Bulky Disease	Yes (N=21)	85%	0.564		Yes (N=13)	90%	0.365	
	No (N=52)	89%			No (N=34)	96%		
CD4+ T cells <50x10 <sup>9</sup> /l	Yes (N=16)	88%	0.938		Yes (N=6)	83%	0.155	
	No (N=97)	87%			No (N=67)	95%		
Prior AIDS-defining illness	Yes (N=28)	89%	0.813		Yes (N=14)	85%	<b>0.033</b>	0.934
	No (N=90)	87%			No (N=60)	98%		
IPI score	Low (N=49)	100%	<b>0.005</b>	Indicator	Low (N=30)	96%	0.803	
	Intermediate (N=53)	80%			Intermediate (N=28)	96%		
	High (N=9)	78%			High (N=13)	91%		
Ann Arbor stage	I/II (N=47)	100%	<b>0.002</b>	0.936	I/II (N=26)	96%	0.698	
	III/IV (N=71)	79%			III/IV (N=49)	93%		
Extranodal involvement	Yes (N=28)	93%	0.422		Yes (N=26)	98%	0.062	0.924
	No (N=92)	86%			No (N=48)	8%		
ECOG score	0-1 (N=83)	90%	0.226		0-1 (N=46)	98%	0.293	
	2-5 (N=28)	81%			2-5 (N=26)	92%		
Elevated LDH	Yes (N=47)	82%	<b>0.015</b>	0.333	Yes (N=26)	92%	0.276	
	No (N=65)	98%			No (N=48)	97%		
Antiretroviral Treatment	Viral load b.d. (N=32)	87%	0.375		Viral load b.d. (N=25)	96%	Indicator	0.909
	Naive (N=61)	85%			Naive (N=42)	97%		
	Therapy failure (N=24)	95%			Therapy failure (N=8)	75%		
cART during Chemotherapy	Yes (N=106)	86%	0.358		Yes (N=72)	97%	<b>&lt;0.001</b>	0.915
	No (N=6)	100%			No (N=1)	0%		
CD20 positive lymphoma	Positive (N=108)	88%	0.564		Positive (N=76)	94%	-	-
	Negative (n=2)	100%			Negative (N=0)	-		
Chemotherapy reduced doses	Yes (N=16)	87%	0.969		Yes (N=8)	100%	0.572	
	No (N=94)	88%			No (N=62)	95%		
Chemotherapy treatment delay	Yes (N=27)	88%	0.848		Yes (N=41)	95%	0.855	
	No (N=77)	88%			No (N=25)	96%		
Chemotherapy reduced # of cycles	Yes (N=15)	87%	0.934		Yes (N=21)	84%	<b>0.046</b>	0.934
	No (N=102)	88%			No (N=51)	98%		
Full Therapy	Full		0.412		Full		0.330	
	Chemotherapy (N=59)	85%			Chemotherapy (N=15)	100%		
	≥ 1 Reduction (N=43)	91%			≥ 1 Reduction (N=50)	93%		

#### Supplementary Table 4

Evaluation of risk factors for five-year relapse-free survival (5yRFS) in R-CHOP-treated DLBCL GMALL-treated BL.

Includes all DLBCL and BL with a R-CHOPs- and GMALL-treatment, respectively that reached a CR with their first-line chemotherapy (n=121 and n=76, respectively). Univariate statistics: Log rank test Multivariate statistics: Cox regression. Viral load b.d., Viral load below limit of detection; cART, combination antiretroviral therapy; BL,

Burkitt lymphoma; DLBCL, diffuse large B-cell lymphoma; IPI, International Prognostic Index; BM, bone marrow; CNS, central nervous system