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Clinical review of 30 cases of enteropathy-associated T-cell lymphoma

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Enteropathy-associated T-cell lymphoma (EATL), which is an intestinal tumor of intraepithelial T lymphocytes, forms a mass in the gastrointestinal tract. EATL has been associated with a poor prognosis after CHOP therapy with the lack of standard treatment. EATL rarely occurs in Japan and reports are scarce. Therefore, we conducted a retrospective study to identify the clinical features of the disease and determine its prognosis after treatment. This study involved 30 patients diagnosed with EATL by diagnosis among patients treated in 13 institutions between 1990 and 2012. Median age was 61 years (range: 35-79), and the median observation period was 46.0 months. IPI risk was deemed to be L in 12 patients, LI in 7, HI in 6, and H in 5. Initial treatment was CHOP in 15 patients, THP-COP in 4, DeVIC in 4 other therapies in 6, and BSC in 1. Five patients underwent ASCT as the initial treatment. The 3-year OS was 31.8% and the 3-year PFS was 21.1%. By IPI risk (L and LI (N=19) vs HI and H (N=11)), the 3-year OS was 45.6% vs 9.0% (P<0.001) and the 3-year PFS was 30.1% vs 0.0% (P=0.002), indicating poor prognosis in patients with high IPI. By initial treatment (chemotherapy (N=24) vs ASCT (N=5)), the 3-year OS was 23.3% vs 75.0% (P=0.019) and the 3-year PFS was 12.5% vs.75.0% (P=0.019), with good treatment

outcomes in the ASCT group. As shown in previous reports, prognosis after chemotherapy such as CHOP was poor and ASCT as the initial treatment had good treatment outcomes. However, an analysis of case series is needed because of the small number of subjects in this study.