Non-IgM Secreting Lymphoplasmacytic Lymphoma
Experience of a Reference Center for Waldenström's Macroglobulinemia

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**Background**
- Lymphoplasmacytic lymphoma (LPL) secreting immunoglobulins other than IgM is rare
- There are very few case series on non-IgM LPL and little is known about the clinical features and outcomes of patients with this disease.

**Aim**
To describe disease characteristics and clinical outcomes of patients with non-IgM LPL

**Methods**
- We identified cases of non-IgM LPL in the records of the Waldenström’s Macroglobulinemia (WM) clinic at our institute, between the years of 2000-2018.
- All patients were part of the clinic registry.
- We extracted data from their electronic records and included only cases with centrally-confirmed diagnosis.
- Response assessment was based on 6th IWWM criteria.
- Time to events was estimated using the Kaplan-Meier method.

**Results - Patient Characteristics**
- We found 31 patients who met diagnostic criteria, with prevalence of ~1.3% of the Bing Center patient population.
- Their clinical characteristics are depicted in Table 1.
- We included 5 cases with concurrent IgM paraproteinemia, when it was clearly secreted to a lesser extent than dominant IgG and had similar LC restriction.
- Albvit small numbers, there was no apparent difference between patients with IgG and non-IgG secretion.

**Results - Disease Course and Therapy**
- Median follow up was 4.6 years (95% CI 2.5-7.6 years).
- 68% of the patients had been treated (n=21), 90% of whom within the first year from diagnosis.
- Median time to first treatment was 2.3 months.
- Median time to second therapy was significantly longer @ 4.7 years.
- Patients received a median of 3 lines of therapy (range, 1-8) including:
  - Purine analogues (33%), alkylating agents (48%), bendamustine (38%), anti-CD20 monoclonal antibodies (90%), proteasome inhibitor (24%), immunomodulating drugs (14%), and ibrutinib (n=2).
  - 1 pt on ibrutinib achieved VGPR, after 7 prior therapies, with over 3 years remission duration. The other had a brief response, and was found to carry the CXCR4 mutation.
- Interestingly, both patients with a CXCR4 mutation needed therapy immediately at diagnosis and subsequently had 4 or more lines of therapy.
- 4 pts died (13%): 1 from Bing-Neel syndrome; 1 with treatment complications; and 2 of unknown cause.

**Conclusion**
To our knowledge, this is the largest reported series of non-IgM LPL and the first to demonstrate excellent long-term outcomes in these patients.

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There are no relevant relationships to disclose.

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<td><strong>Table</strong>: As retinal vein occlusion, IgA 4,000 mg/dl, ^ Del6q (n=1), otherwise none commonly known aberrations in heme malignancies. BM, bone marrow; LCDD, LC deposition disease.</td>
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