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Remarkable Response to First line Therapy with Obinutuzumab and Venetoclax in a Patient with a Large Pretreatment Lymph Node Conglomerate secondary to CLL/SLL

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Case description

The patient is a 58-year-old female with no significant past medical history who presented with left neck swelling to her primary care physician. Physical examination was significant for left neck cervical adenopathy. Initial imaging showed bilateral cervical adenopathy and the patient was referred to Medical Oncology. She underwent excisional biopsy of a left sided cervical lymph node that showed the nodal architecture was effaced by a small lymphocytic proliferation. Flow cytometry was obtained and pertinent for a monoclonal B cell population that expressed CD5, CD19, CD20, CD22, CD11c, CD23, and CD-38. IGvH was unmutated. The differential at this time included Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL) as well as Mantle Cell Lymphoma (MCL). Fluorescence in Situ Hybridization (FISH) showed a partial loss of Immunoglobulin Heavy Chain (IGH), del 14q32.3. FISH was negative for IGH-CCND1 (11;14) and IGH-BCL2 (14;18) fusions as well as TP53 and 17p. The patient was diagnosed with CLL/SLL. She did not have a lymphocytic predominant leukocytosis on peripheral blood counts.

She underwent Computed Tomography (CT) of the chest, abdomen, and pelvis showing diffuse lymphadenopathy above and below the diaphragm with bulky abdominal disease. The patient remained asymptomatic, with no B symptoms or organ dysfunction from lymphadenopathy. She was placed on active surveillance with a watch and wait approach. She remained on surveillance for about 7 months from the time of diagnosis.

Follow up imaging was obtained with a Magnetic Resonance Imaging (MRI) of the abdomen and pelvis which showed disease progression with left sided hydronephrosis secondary to a large bulky lymph node conglomerate measuring 17.2 cm encasing the inferior vena cava. The patient preferred MRI over CT given lower radiation exposure. Given progressive disease on imaging with impending organ dysfunction, we had a discussion on systemic therapy options. After a thorough discussion of her options and shared decision making between the patient and provider. The patient was started on Obinutuzumab and Venetoclax based on data published by Fischer and colleagues in the NEJM in June of 2019 (CLL14 Trial). She completed 6 months of Obinutuzumab and 1 year of oral Venetoclax. No dose reductions or significant complications were experienced. After completion of therapy, end of treatment MRI was obtained and showed no evidence of disease. This case highlights a remarkable response with this regimen. Figures A and B represent her pre-treatment (A) and post-treatment (B) imaging.

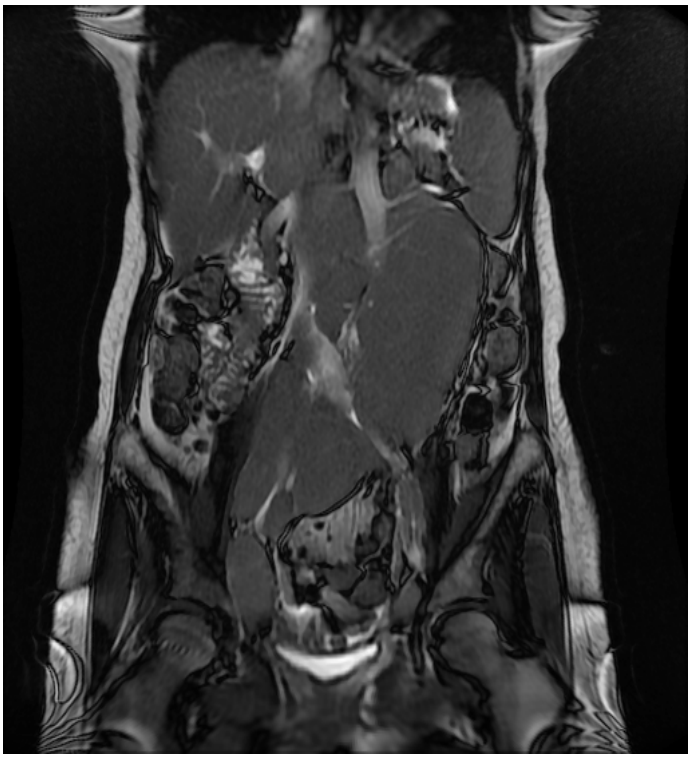

Figure 1: Anatomoscanographic section of pulmonary arteriovenous malformations.

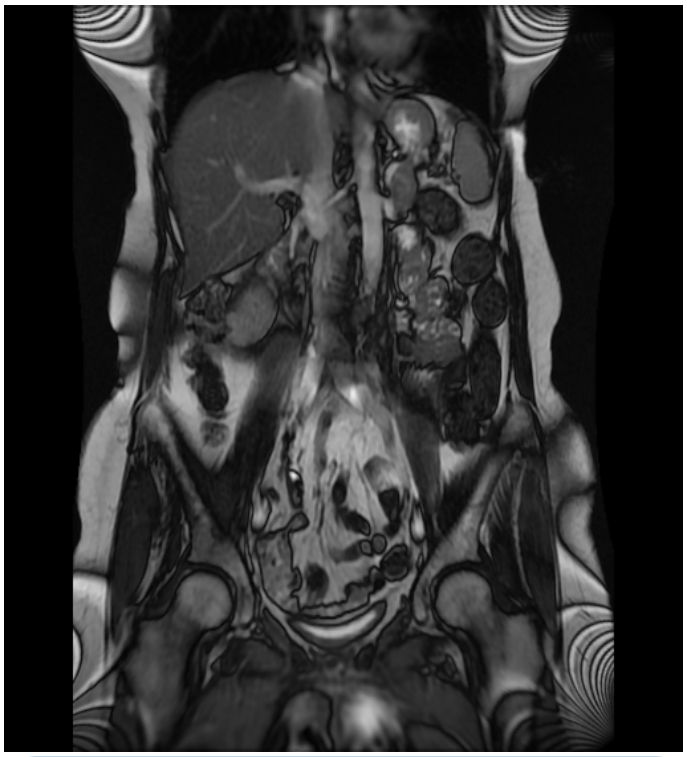

Figure 2: Post-treatment MRI after completion of therapy with Obinutuzumab and Venetoclax. The patient has had complete resolution of disease. MRI was chosen as the imaging modality of choice due to patient concerns of radiation with traditional CT imaging.

References

1. Fischer K, Al-Sawaf O, Bahlo J, Fink AM, Tandon M, et al. Venetoclax and obinutuzumab in patients with CLL and coexisting conditions. New England Journal of Medicine. 2019; 380: 2225-2236.