

Long-term clinical outcome of gastric MALT lymphoma and factors associated with prognosis

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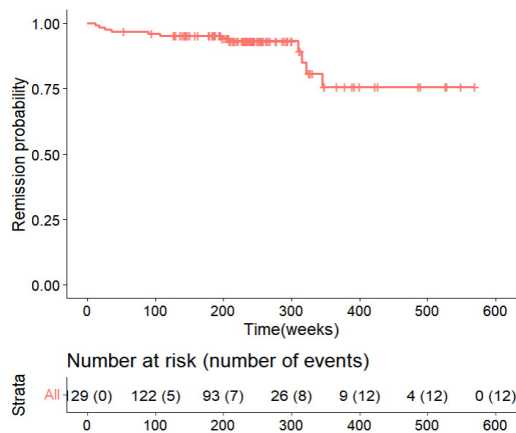
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Background/Aims: Gastric MALT(mucosa-associated lymphoid tissue) lymphoma is related with H. pylori infection and shows a favorable prognosis when treated with H. pylori eradication or radiotherapy. This study aimed to evaluate the long-term clinical outcome of gastric MALT lymphoma and identify factors associated with a positive prognosis.

Methods: We examined 135 patients who were diagnosed with gastric MALT lymphoma at tertiary hospital in Korea from 2010 to 2019 and followed up at least 150 weeks. Patient information including age, sex, H. pylori infection and eradication success rate, endoscopic location and feature, clinical stage, response at 1st endoscopy were collected. Remission was defined as patients' follow up endoscopy after initial treatment showed response to treatment and biopsy showed ChR(complete histologic response) or pMRD(partial minimal residual disease) by GELA classification. Relapse was defined as recurrence of gastric MALT lymphoma in patient's biopsy who formerly acquired remission. Patients who experienced relapse or transformation into DLBCL were categorized as the "aggressive group" while those without such occurrences were categorized as the "indolent group".

Results: The baseline characteristics of all patients were as follows: mean age(57.7years±11), sex(44.4%- male), H.pylori infection rate(82.2%-positive), eradication success rate(96.5% in total, 74.6% after 1st eradication therapy), endoscopic location(91.1%, distal), endoscopic feature(88.9%, superficial), clinical stage (96.3%, stage IE) and response at 1st endoscopy(71.1%, responsive). Median follow up period of patients who acquired remission(n=129) was 60months and 5 year-remission maintenance rate was 93.2%(95% CI 88.7%-97.9%)(Figure 1). The aggressive group was significantly associated with clinical stage greater than II(Table 1).

Conclusions: Most patients with gastric MALT lymphoma patients experienced an indolent disease course once they achieved remission. Clinical stage greater than II at the initial diagnosis was associated with a higher risk of relapse and transformation into DLBCL.



Factor		Indolent (n=118)	Aggressive (n=17)	Rate	p-value
Age	<65	84	10	11%	0.3
	≥65	34	7	17%	
Sex	Male	52	8	13%	0.8165
	Female	66	9	12%	
H. pylori	Positive	96	15	14%	0.7365
	Negative	22	2	8%	
Eradication	Not done	20	1	4%	0.06536
	Success	96	14	13%	
	Failure	2	2	50%	
Endoscopic location	Distal	107	16	13%	0.1684
	Extensive	10	0	0%	
	Proximal	1	1	50%	
Endoscopic feature	Superficial	105	15	12.5%	1.00
	Ulcerative	13	2	13.3%	
Clinical stage	IE	116	14	11%	0.014
	Greater than II	2	3	60%	
Response at 1st endoscopy	Responsive	87	9	9%	0.07
	Nonresponsive	31	8	21%	