

CHAPTER 6

CONCLUSION

By conducting a randomized controlled trial comparing the therapeutic outcomes in 54 patients newly diagnosed as poor prognosis (high- and high-intermediate risk groups by the age-adjusted prognostic international index) aggressive NHL (category F,G,H by the Working Formulation) who were treated with the high-dose therapy and peripheral blood progenitor cell transplantation (n = 22) versus those who received the standard CHOP chemotherapy (n = 22), we found that, base on the basis of the intention-to-treat analysis, the rate of complete remission were comparable in the two groups (39%, 95% CI, 31% - 89%, in patients receiving the high-dose therapy with peripheral blood stem cell transplantation vs. 38%, 95% CI, 19% - 64%, in the CHOP treatment). The rate of disease progression however was much higher in patients who recieved CHOP chemotherapy (0%, 95% CI, 0 - 37% in the high-dose group vs. 40%, 95% CI, 19 - 64%, in the CHOP arm, P = 0.063). The rate of febrile neutropenia and death were not significantly different in the two groups. Among the various important clinical features, the degree of tumor response obtained after the third course of CHOP therapy was the most significant variable determining the therapeutic outcome. It is concluded that high-dose therapy fared superiorly to CHOP treatment in term of reducing the rate of disease progression. As a number of patients in the current study died during the first three courses of CHOP therapy, it is highly recommended that future study should directed at this early phase of treatment and to employ the novel therapy to the patients as early as possible.