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Efficacy and safety of liposomal cytarabine in lymphoma patients with central nervous system involvement from lymphoma.

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BACKGROUND:: Standard intrathecal chemotherapy for lymphomatous meningitis (LM) is limited by the short cerebrospinal half-lives of the agents used, necessitating frequent administration. Liposomal cytarabine (DepoCyte) has an extended half-life that permits administration at 2- to 4-weekly intervals. **METHODS::** Patients with LM who underwent treatment with liposomal cytarabine at treatment centers in Spain between 2004 and 2007 were identified. Data on demographics, treatment, and outcomes were extracted from medical notes and entered, retrospectively, into a database for analysis. **RESULTS::** Data on 55 patients with lymphoma (mainly stage IV) and LM were entered into the database. Most patients (n = 36) had diffuse large B-cell lymphoma. The median number of cycles of liposomal cytarabine received was 4 (range, 1-10), and the median follow-up period was 124 days. Complete and partial neurologic responses were achieved in 27 and 12 patients, respectively (overall response rate, 72%), all of whom also showed a cytological response, except for 5 with initially negative cytology. Median time to neurologic progression among responders was 105.5 days. Liposomal cytarabine was generally well tolerated; headache was the most commonly reported adverse effect (n = 17). **CONCLUSIONS::** Liposomal cytarabine is effective and well tolerated in the treatment of LM, and should be considered as an agent of choice for the treatment of this complication. *Cancer* 2009. (c) 2009 American Cancer Society.

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