Aim: It is believed that API2-MLT1 positive gastric MALT lymphoma exhibit a good prognosis because they do not exhibit multiple genomic abnormalities. However, there is no data on the long-term natural history and clinical outcome of API2-MLT1 positive gastric MALT lymphoma. The aim of this study was to clarify the management and long-term outcome of this lymphoma.

Methods: From November 1993 to December 2013, 155 consecutive patients with gastric MALT lymphoma were enrolled in this study. 137 of 155 patients were examined for API2-MLT1 chimeric transcript by means of RT-PCR and/or FISH. Second-line treatments were radiation therapy (RTx), chemotherapy (CTx), and total gastrectomy. All patients were followed up by endoscopy and abdominal CT regularly.

Results: The number of API2-MLT1 positive patients was 36. The mean follow-up period of these patients was 69.3 months (range: 12-175 months). Thirteen patients were H. pylori positive. Seven patients had ≥ stage II-I disease. Of the 36 patients, H. pylori eradication therapy was given to 25, RTx to 7, and CTx to 2 as 1st line treatment, while 2 patients selected watchful waiting strategy. Only one patient out of 25 responded to H. pylori eradication therapy alone. Of the 24 non-responders, 9 patients selected watchful waiting, and 15 received 2nd line treatment. The clinical outcome of these latter 15 patients was complete response (CR) or stable disease (SD) over a mean follow-up period of 74.7 months (12-175 months). The clinical outcomes of 11 patients treated without H. pylori eradication as 1st line strategy were CR in 9 and SD in 2, over a mean follow up time of 57.5 months (18-106 months). No patient died from disease progression of MALT. However, 4 patients died of gastric carcinoma, DLBCL without API2-MLT1, myelodysplastic syndrome, and laryngeal cancer. The 12 patients with watchful waiting strategy had SD for 75.6 months of mean follow-up time (12-175 months).

Conclusions: The long-term prognosis of API2-MLT1 positive gastric MALT lymphoma was good, and second-line treatments usually resulted in CR. Although a ‘watchful waiting strategy’ may be acceptable, careful observation for development of 2nd malignancies and disease progression is essential during follow-up of API2-MLT1-positive MALT lymphoma.

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