

THE "ELDERLY PROJECT" BY THE FONDAZIONE ITALIANA LINFOMI (FIL): A PROSPECTIVE MULTIDIMENSIONAL ASSESSMENT OF ELDERLY PATIENTS WITH DIFFUSE LARGE B-CELL LYMPHOMA



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OBJECTIVES

The initial approach to elderly patients with Diffuse Large B Cell Lymphoma (DLBCL) is mostly based on a subjective judgment of the physician. Geriatric Assessment (CGA) is based on the use of the **ADL** (Activity of Daily Living), **IADL** (Instrumental ADL) and **CIRS-G** (Comorbidity Index Rating Scale for Geriatrics) scales and represents a tool to standardize initial patients fitness status and for planning systemic therapy. FIL designed a prospective study with the aim of providing clinicians with a standardized tool to assess CGA in elderly patients with DLBCL before treatment start and to validate CGA results on a large series of patients.

METHODS

This study was conducted using a *web based tool* to perform CGA evaluation of all patients ≥ 65 years with DLBCL at time of diagnosis (Figure 1). The criteria used by the FIL for the definition of patient's fitness status are highlighted in Figure 2. The planned sample size was 600 patients.

Figure 2: FIL criteria

MISURA	FIT	UNFIT	FRAIL
ADL	6	5*	$\leq 4^*$
IADL	8	7- 6*	$\leq 5^*$
CIRS	0 score = 3-4 < 5 score = 2	0 score = 3-4 5-8 score = 2	1 score = 3-4 > 8 score = 2
ETÀ		≥ 80 fit	≥ 80 unfit

* Number of residual functions



Figure 1: FIL web site

RESULTS

The study started in December 2013. At time of current analysis 337 patients have been registered by 33 Italian centres. Six patients were ineligible due to inclusion criteria violation and 43%, 23% and 34% were classified as FIT, UNFIT and FRAIL, respectively (Figure 3). The clinical characteristics of the patients are summarized in Table 1.

Figure 3: Rate of FIT, UNFIT and FRAIL patients

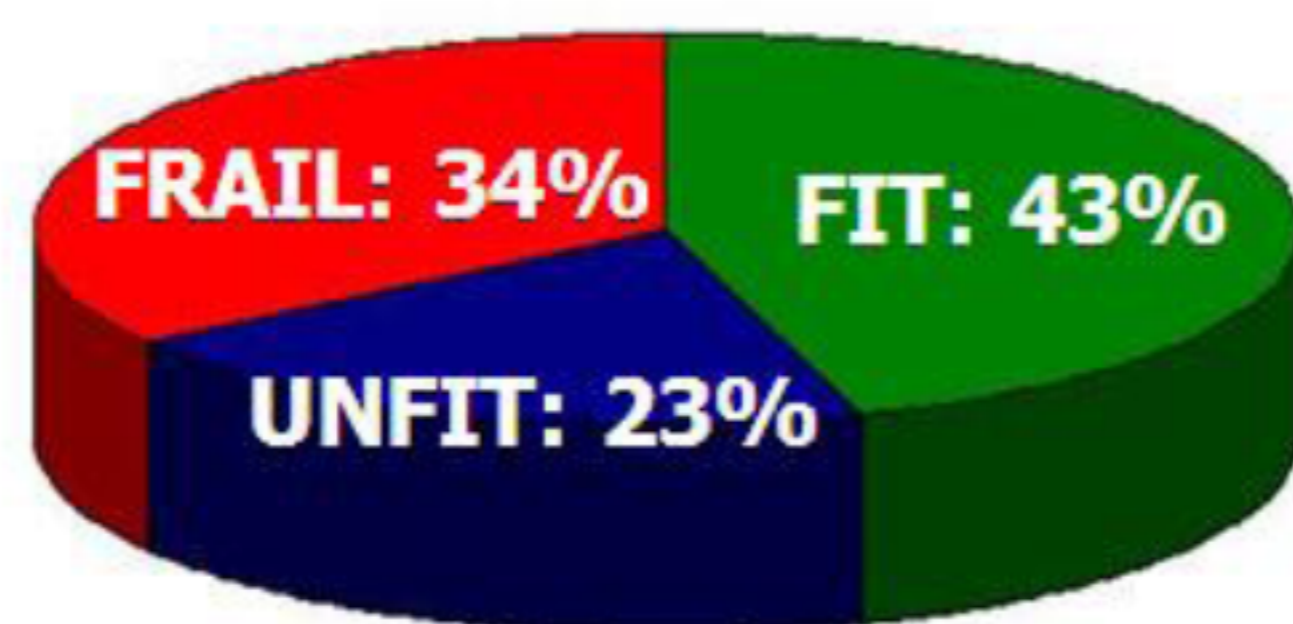


Table 1: Clinical characteristics by fitness status

	FIT N (%)	UNFIT N (%)	FRAIL N (%)	Total N (%)	P
	143 (43%)	76 (23%)	112 (34%)	331 (100)	
Median Age	72 (65-79)	78 (65-91)	79 (67-94)	76 (65-94)	<0.001
Gender M	73 (51%)	35 (46%)	57 (51%)	165 (50%)	0.752
Stage III-IV	87 (62%)	49 (67%)	79 (71%)	215 (66%)	0.283
B-Symptoms	31 (22%)	19 (25%)	41 (37%)	91 (28%)	0.027
PS>1	14 (10%)	11 (15%)	45 (40%)	70 (21%)	<0.001
BM+	16 (13%)	11 (20%)	16 (20%)	43 (17%)	0.339
LDH>UNL	57 (46%)	33 (52%)	57 (59%)	147 (52%)	0.142
ENS>1	38 (32%)	16 (31%)	19 (25%)	73 (29%)	0.556
IPI 3-5* (interm-high/high)	53 (46%)	24 (47%)	43 (59%)	120 (50%)	0.246

Regarding CGA items, 76% and 65% of the patients didn't have any impairment of ADL (score 6) or IADL (score 8). Eighty-four (25%) didn't have any comorbidity at CIRS scale and 17% had at least one of grade 3; the most frequent grade 3 events were those referred to heart (24%), vascular system (23%), and eyes, ears, nose, throat and larynx and genitourinary (14%). Data on planned treatment were available in 270 patients (82%) (Table 2).

Table 2: Planned treatment of FIT, UNFIT and FRAIL patients

Planned Treatment	FIT N=118	UNFIT N=59	FRAIL N=93
Curative Intent	118 (100%)	57 (97%)	67 (72%)
R-CHOP	50%	20%	12%
R-COMP	38%	54%	33%
R-VNCOP-B	2%	7%	3%
R-CEOP	1%	-	-
R-DA EPOCH	2%	-	-
R-CHOP like with dose reduction	5%	11%	16%
CHOP like without R	2%	3%	3%
R-Myocet	-	2%	5%
Palliation Intent	None (0%)	2 (3%)	26 (28%)
R-CVP	-	3%	10%
R-BENDA	-	-	5%
Rituximab only / R-Cyclophosf.	-	-	8%
PEP-C / Etoposide oral	-	-	2%
RT only / None	-	-	3%

CONCLUSIONS

- CGA represents an objective assessment of elderly subjects with DLBCL
- CGA can be used to assist physicians in the initial approach to the patient
- Many Italian centres currently treat elderly DLBCL patients with CHOP-like regimens independently from fitness status
- This project has the aim of extending and simplifying the use of CGA, to further validate it and to identify possible new criteria to improve our ability to select patients

