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Real World Outcomes for Treatment of Diffuse Large B Cell Lymphoma in Patients aged 80 and over

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INTRODUCTION

- Diffuse large grade B cell Non-Hodgkin lymphoma (DLBCL) is the most common type of non-Hodgkin lymphoma (1)
- Age has been described as a worse prognostic factor for survival of lymphoma patients
- DLBCL is an aggressive lymphoma and treatment of older patients is challenging due to an increased risk of treatment related adverse events
- There is emerging evidence that completion of standard therapy is vital (1) and once complete remission is reached disease-free survival is the same as younger patients (2)
- Studies looking at the oldest patients with this diagnosis are limited and have tended not to include patients with higher levels of comorbidity and poor performance status

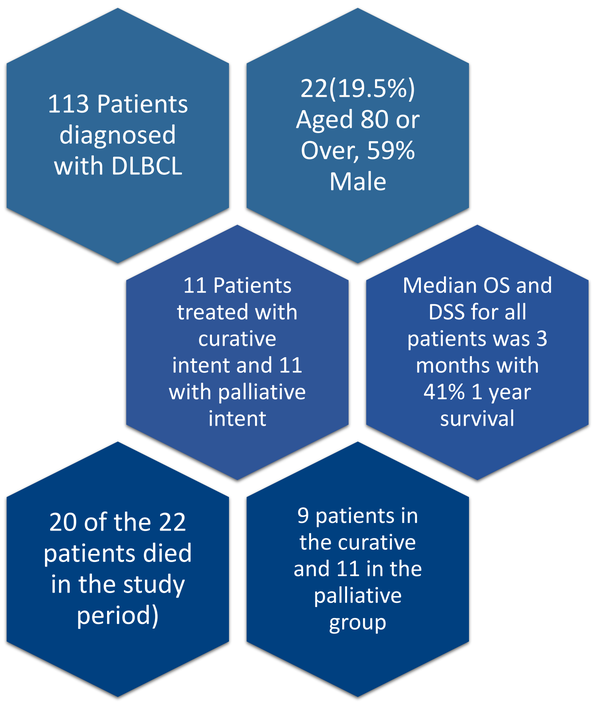
AIM

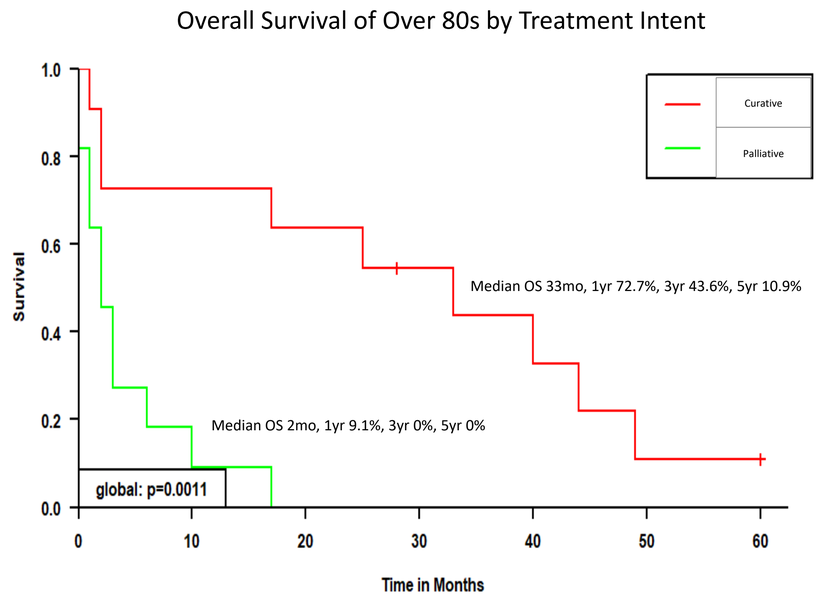
- We present real world outcomes for patients aged 80 and over diagnosed with DLBCL in a single NHS Trust

METHOD

- Electronic records were analysed for all patients in Northumbria Healthcare NHS Trust coded as new DLBCL between 01/01/2013 and 31/12/2017
- Demographics, staging, comorbidity and treatment received were collected and survival measured up to a data cut off of 18/03/2019
- Cause of death was collected to allow assessment of disease specific survival (DSS).
- Differences in overall and disease specific survival were analysed using Kaplan-Meier curves with log rank test

RESULTS





- The patients treated with curative intent had a better ECOG performance status (ECOG ≥2 in 2/11 vs 10/11) and less comorbidity (HCT-CI ≥3 2/11 vs 4/11)
- Of those treated with curative intent initial treatment was R-CHOP in 10 cases, given with attenuated doses in 9/10 cases. 1 patient was treated with R-GCVP
- Of those treated palliatively 8 received steroids, 1 R-DECC (Rituximab and oral lomustine, etoposide, chlorambucil and dexamethasone), 1 diagnosed with testicular and ocular lymphoma had radiotherapy to the orbits following orchidectomy and then R-DECC. One patient deteriorated and died following biopsy before a diagnosis was reached
- 5 deaths (2 due to dementia, and 1 each for cardiac failure, duodenal perforation and lung cancer) were thought to be unrelated to DLBCL, 4 in the curatively treated group and 1 in the palliative group
- The OS and DSS were significantly better for those treated with curative intent (33 months and not reached vs 2 and 2 months)
- Significantly more patients treated curatively were alive at 1 and 3 years (72.7 and 43.6% vs 9.1 and 0%)
- In the group treated curatively the 5 deaths from lymphoma occurred within the first 25 months whilst the 4 deaths from other causes occurred later (33-49 months)

CONCLUSIONS

- The decision surrounding treatment in patients over 80 is difficult, as many of these patients are frail and have multiple other comorbidities that influence treatment decision
- The median OS of 33 months for patients treated with curative intent is similar to 29 months reported previously by the GELA group (3) for R-miniCHOP in patients aged over 80
- Only 50% of this age group were felt to be fit enough to receive this treatment in our cohort and the survival for those treated palliatively was short indicating an unmet need for effective well tolerated treatment in this group

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