

International Society of Geriatric Oncology
 Manchester, UK
 October 25-27, 2012
 SIOG

12^o International Congress on Geriatric Oncology: cancer in senior adults

Palliative chemotherapy is not the best choice

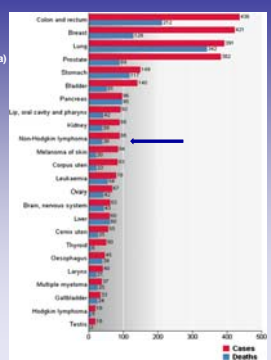
Manchester, 27 ottobre 2012



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American Cancer Society, 2012
 (except basal and squamous cell skin cancers and in situ carcinoma)

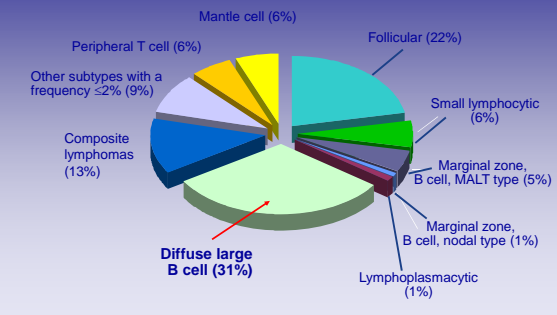
Estimates of cancer incidence and mortality in Europe in 2010



Male	Female
Prostate (29%)	Breast (30%)
Lung & bronchus (14%)	Lung & bronchus (14%)
Colon & rectum (9%)	Colon & rectum (9%)
Urinary bladder (6%)	Uterine corpus (6%)
Melanoma (5%)	Thyroid (5%)
Kidney & renal pelvis (5%)	N-H lymphoma (4%)
N-H lymphoma (4%)	Melanoma (4%)
Oral cavity (3%)	Kidney & renal pelvis (3%)
Leukemia (3%)	Ovary (3%)
Pancreas (3%)	Pancreas (3%)

Cancer Facts & Figures 2011
 J. Ferlay, Eur J Cancer 2010, 46: 765-781

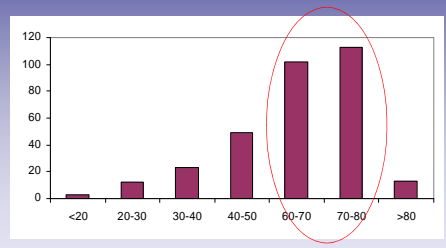
The Frequency of Various Lymphoma Subtypes in Adults



Subtype	Frequency (%)
Diffuse large B cell	31%
Composite lymphomas	13%
Follicular	22%
Mantle cell	6%
Peripheral T cell	6%
Other subtypes with a frequency ≤2%	9%
Small lymphocytic	6%
Marginal zone, B cell, MALT type	5%
Marginal zone, B cell, nodal type	1%
Lymphoplasmacytic	1%

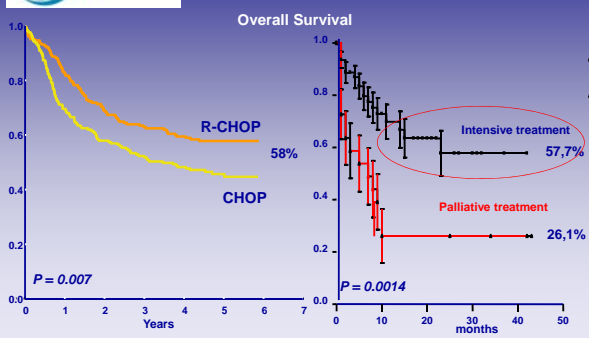
Armitage. J Clin Oncol. 1998;16:2780.

Diffuse large B cell lymphoma Age distribution (1995 - 2006)



N. patients

OS of elderly patients treated according to clinical judgement



Overall Survival

R-CHOP 58%
 CHOP

$P = 0.007$

Intensive treatment 57,7%
 Palliative treatment 26,1%

$P = 0.0014$

Feugier et al. JCO 2005
 Tucci et al. Cancer 2009

DLBCL : 2003-2006

84 patients > 65 years

Clinical judgement

64 Intensive treatment with curative intent
 20 Palliative treatment

Comprehensive geriatric assessment

INSTRUMENTS	FIT	FRAIL
ADL	6	≤ 5
Geriatric syndrome	NO	YES
CIRS-G	No score 3-4 < 3 score 2	≥ 1 score 3-4 ≥ 3 score 2
AGE	< 80	≥ 80

Balducci L, Extermann M. Management of the frail person with advanced cancer. Crit Rev Oncol Hematol 33: 143-148, 2000

DLBCL : 2003-2006

84 patients > 65 years

Clinical judgement

64 → Intensive treatment with curative intent

20 → Palliative treatment

UNFIT for CGA

42 → FIT for CGA

22 → UNFIT for CGA

OS of elderly patients with DLBCL according to CGA and treatment received

Tucci et al. Cancer 2009

Vitolo et al. Haematologica, 2009; 94(9):1250-8

OS of elderly patients with DLBCL according to CGA and treatment received

From September 2009 to september 2010: 162 patients

74 FIT

35 UNFIT curative

53 UNFIT palliative

Causes of death

Curative treatment

Palliative treatment

NON FIT

FIT

lymphoma

toxicity

How to improve the outcome of non fit patients?

Comprehensive geriatric assessment

INSTRUMENTS	FIT	UNFIT	FRAIL
ADL	6	5*	≤ 4*
IADL	8	7- 6*	≤ 5*
CIRS-G	0 score =3-4 <5 score =2	0 score = 3-4 5-8 score = 2	1 score =3-4 > 8 score =2
AGE	< 80	≥ 80 fit	≥ 80 unfit

* Number of residual functions

Clinical characteristics of elderly patients with DLBCL divided according to CGA

	Median age	Sex MF	Stage I-II	B Symptoms	IPI 1-2
ALL	77	88/74	43%	32%	57%
FIT	73	50/24	42%	25%	59%
UNFIT	79	13/14	44%	24%	56%
FRAIL	81	25/36	43%	35%	46%

P < .0001 P ns

OS of elderly patients with DLBCL according to CGA

R-Benda FRAIL

Rituximab plus Bendamustine as front line treatment in frail elderly (>70 years) patients with diffuse large B-cell non-Hodgkin's lymphoma: a phase II multicenter study of the Fondazione Italiana Linfomi (FIL)

Treatment plan

- Rituximab 375 mg/m² intravenously on day 1
- Bendamustine 90 mg/m² intravenously on days 2 and 3

Treatment will be administered on a 28-day cycle basis.

Liposomal anthracyclin for the treatment of UNFIT patients

Figure 1. A liposome consists of a lipid bilayer enclosing a central aqueous space that can be used to encapsulate an antineoplastic drug, such as doxorubicin.

- Same activity profile than conventional anthracyclines
- Decrease cardiotoxicity
- Decrease gastrointestinal adverse events

Conclusions

CGA is an efficient method to identify elderly DLBCL patients who can benefit from a curative approach with anthracycline-containing immuno-chemotherapy.

Further studies are needed to try to understand why non fit patients seem to have poor outcome because of lymphoma refractoriness to intensive therapy and not only because of poor tolerance

Many efforts should be made to improve the outcome of non fit groups by trying to tailor treatment according with the frailty degree of our patients

Thank you for the attention !

