Palliative chemotherapy is not the best choice

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Estimates of cancer incidence and mortality in Europe in 2010

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

(continued)

Cancer Facts & Figures 2011


The Frequency of Various Lymphoma Subtypes in Adults

Mantle cell (6%)

Diffuse large B cell (31%)

 Peripheral T cell (6%)

Other subtypes with a frequency 2% (9%)

Composite lymphomas (13%)

Small lymphocytic (6%)

Marginal zone, B cell, MALT type (6%)

Marginal zone, B cell, nodal type (1%)

Lymphoplasmacytic (1%)


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

Overall Survival

OS of elderly patients treated according to clinical judgement

R-CHOP

CHOP

58%

P = 0.0007

P = 0.00014

P = 0.0014

P = 0.0014

P = 0.0014

Feugier et al. JCO 2005

Tucci et al. Cancer 2009

DLBCL : 2003-2006

84 patients 
65 years

Clinical judgement

Intensive treatment with curative intent

Palliative treatment

84 patients

65 years

64

20
Comprehensive geriatric assessment

<table>
<thead>
<tr>
<th>INSTRUMENTS</th>
<th>FIT</th>
<th>UNFIT</th>
<th>FRAIL</th>
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<tbody>
<tr>
<td>ADL</td>
<td>6</td>
<td>≤ 5</td>
<td>≥ 5</td>
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<tr>
<td>Geriatric syndrome</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>CIRS-G</td>
<td>No score 3 – 4</td>
<td>≥ 3 score 2</td>
<td></td>
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<tr>
<td>ADL</td>
<td>&lt; 80</td>
<td>≥ 80</td>
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</table>


84 patients ≥ 65 years

Intensive treatment with curative intent
Palliative treatment

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

How to improve the outcome of non fit patients?

NON FIT
FIT

lymphoma
toxicity

Comprehensive geriatric assessment

<table>
<thead>
<tr>
<th>INSTRUMENTS</th>
<th>FIT</th>
<th>UNFIT</th>
<th>FRAIL</th>
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<tr>
<td>ADL</td>
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<td>6*</td>
<td>≥ 6*</td>
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<tr>
<td>IADL</td>
<td>8</td>
<td>8</td>
<td>≥ 8</td>
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<tr>
<td>CIRS-G</td>
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<td>0 score ≥ 4</td>
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<tr>
<td>AGE</td>
<td>&lt; 80</td>
<td>≥ 80</td>
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* Number of residual functions
Clinical characteristics of elderly patients with DLBCL divided according to CGA

<table>
<thead>
<tr>
<th></th>
<th>Median age</th>
<th>Sex</th>
<th>Stage I-II</th>
<th>B Symptoms</th>
<th>IPI 1-2</th>
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<tbody>
<tr>
<td>ALL</td>
<td>77</td>
<td>88/74</td>
<td>43%</td>
<td>32%</td>
<td>57%</td>
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<tr>
<td>FIT</td>
<td>73</td>
<td>50/24</td>
<td>42%</td>
<td>25%</td>
<td>59%</td>
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<tr>
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<td>79</td>
<td>13/14</td>
<td>44%</td>
<td>24%</td>
<td>56%</td>
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<tr>
<td>FRAIL</td>
<td>81</td>
<td>25/36</td>
<td>43%</td>
<td>35%</td>
<td>46%</td>
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P < .0001

OS of elderly patients with DLBCL according to CGA

P 0.11

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

- 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!
OS of FIT patients (update of the follow up to 2011) Monocentric case study