Blood cancer is a typical disease of elderly

In many malignancies elderly represent the majority. The number of elderly cancer patients is increasing strongly.

<table>
<thead>
<tr>
<th>Median age at diagnosis (~yrs) / cancer type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary bladder 73</td>
</tr>
<tr>
<td>Pancreas 72</td>
</tr>
<tr>
<td>Lung &amp; bronchus 71</td>
</tr>
<tr>
<td>Colon &amp; rectum 70</td>
</tr>
<tr>
<td>Stomach 70</td>
</tr>
<tr>
<td>Breast 61</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Median age at diagnosis (~yrs) / cancer type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myelodysplastic syndromes 75</td>
</tr>
<tr>
<td>Acute myeloid leukemia 70</td>
</tr>
<tr>
<td>Multiple myeloma 70</td>
</tr>
<tr>
<td>Diffuse large B-cell lymphoma 70</td>
</tr>
<tr>
<td>Chronic lymphocytic leukemia 70</td>
</tr>
<tr>
<td>PMN (PMF 67; ET 60; CML 50)</td>
</tr>
</tbody>
</table>

**Hematological malignancies in elderly - Items**

- Demographic analyses & description of “real life” (in registries).
- Use appropriate statistical methods.
- Individualize treatment based on age-adjusted life expectancy, geriatric assessment & patients’ expectations (biological age).
- Develop recommendations & guidelines for elderly. Address renal, cardiac and cognitive impairment and neuropathy.
- Perform clinical studies in elderly & in non-fit.
- Propagate the fair treatment for all elderly cancer patients!

**Task force – Chronic lymphocytic leukemia (CLL)**

- **Members**
  - Trapp, Peter
  - Eichhorst, Barbara
  - Hillmen, Peter
  - Coiffier, Bertrand
  - Kimby, Eva
  - Ferrajoli, Alessandra
  - Wedding, Ulrich
- **Started >1yr ago**

**Task force – Diffuse large B-cell lymphoma (DLBCL)**

- **Members**
  - Vicki Morrison
  - Ulrich Wedding
  - Stu Lichtman
  - Pierre Soubeyran
  - Reinhard Stauder
- **Started ~2 mo ago**

**Task force – Diffuse large B-cell lymphoma (DLBCL)**

**Anticipated timetable**

- **July – October 2012**: drafting of the documents by individual working group members
- **October 25-27, 2012**: face-to-face meeting of the working group at the 2012 SIOG meeting in Manchester, England for discussion of the document draft
- **November 2012 – January, 2013**: preparation of the final draft document
- **February 2013**: review of the draft document by the Internal Review Committee
- **March 2013**: preparation of the final position / expert opinion paper, and submission for publication
- **October 2013**: potential symposium presentation at the 2013 SIOG meeting
**Task force – Diffuse large B-cell lymphoma (DLBCL)**

Proposed topics to be covered in this position paper:
- Demographics of DLBCL
- Lymphoma biology in relation to age
- Disease staging
- Prognostic factors for outcome
- Initial (first-line) therapy
- Maintenance / consolidation therapy
- Salvage therapy
- Role of new agents
- The impact of co-morbidities on treatment choices
- Concept of age-adjusted life expectancy / individualized treatment
- Stem cell transplantation in the older population
- Role of radiation therapy in limited stage disease, bulky disease
- Supportive care issues (cardiotoxicity, febrile neutropenia, etc)
- Geriatric assessment

**Potential task forces**

- Myelodysplastic Syndromes?
- AML?
- Anemia in elderly?

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**Hematological malignancies in elderly**

- Blood cancer in the elderly - European Expert Forum, March 2011, Rome, Italy
- European School of Hematology - International Conference on Haematological Disorders in the Elderly
- ASH, EHA
- ASCO, ESMO

- Book “Hematological malignancies in elderly”
  Editors: R. Audisio, U. Wedding
- Consider satellite symposium “Hematological malignancies”, SIOG 2013
- Your input and help is very welcome!