Where do we expect progress?

- Decrease toxicity
- Improve efficacy without increasing risks
- Improve knowledge about the disease in the elderly

What's new?

Decrease toxicity?

Predictive factors for cardiac toxicity

- 9438 patients with DLBCL age ≥ 65
- SEER Medicare database
- Factors associated with CHF risk
  - Doxorubicin use (HR 1.29)
  - Increasing age (HR 1 to 2.55)
  - Prior heart disease (HR 1.53)
  - Comorbidities (HR 1 to 1.7)
  - Diabetes (HR 1.27)
  - Hypertension (HR 1.58)
- Only hypertension intensified DXR risk
- Obesity and cigarette smoking not tested
- Still doxorubicin is a major drug


Decrease toxicity?

Less toxic anthracyclins

4 CHOP + IF RT (299) vs 4 CHOP (277)

- Characteristics of the patients
  - >60 y (med: 68 – range: 60 – 85)
  - All IPI = 0
  - Aggressive lymphoma (mainly DLBCL)

Decrease toxicity?

**Radiotherapy**

![Graph showing survival rates](image)


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Reduce treatment duration?

**RICOVER trial**

- Phase III trial
  - CHOP14 vs RCHOP14
  - 6 vs 8 cycles
- 1222 patients
  - Aggressive lymphoma (80% DLBCL)
  - 61 to 80 y (med.: 68)
  - 40 to 43% IPI ≥ 3

M. Pfreundschuh. Lancet Oncol 2008

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Reduce treatment duration?

**Value of early FDG-PET**

- Development of response-adapted therapy
- May allow for early stop of treatment

**BUT**

- Method to be standardized
- Early response = good prognosis
- BUT with standard treatment
- Can we stop treatment early in case of early response?
- Topic which is not studied in the elderly
  - Area of clinical research

M. MacManus. Cancer Imaging 2007

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Improve efficacy?

**Radio-immunotherapy**

- 20 patients with untreated DLBCL
  - 6 CHOP + RIT Zevalin
  - 100% CR
  - 60% grade 3-4 hematological toxicity
  - Transfusion: one patient

- 211 patients from 4 pooled trials
  - No difference between age groups (<60, 60-70, 70+)
    - Hematological toxicity
    - Non-hematological toxicity
    - Response

Anything new in biology of lymphomas?

What new in biology?

How does progress get to the elderly?

Less benefit from research
Trends in population-based cancer survival in Germany

Design
- >100 000 patients with 15 common cancer
- 1979 to 2003
- 5 time periods
- 4 age groups: 15-54, 55-64, 65-74, 75+

Non-Hodgkin’s lymphomas
- 2837 patients
- About 25% in each age group

Less benefit from research
Trends in population-based cancer survival in Germany

Increase in relative survival from 1979 to 2003

- All cancer
  - 15-54 y: +14.5% increase
  - 55-64 y: +12.1% increase
  - 65-74 y: +12.5% increase
  - 75+ y: +8.4% increase

- Non-Hodgkin’s lymphoma
  - 15-54 y: +40.2% increase
  - 55-64 y: +15.7% increase
  - 65-74 y: +12.4% increase
  - 75+ y: +8.2% increase
Conclusions

- Perform clinical research in the elderly
  - Trials in unfit patients
- Better understand disease in the elderly
  - Ancillary studies on biological specificity of lymphoma in the elderly
- Talk to physicians around you about what can be done
  - Develop networks