19th Conference of the International Society of Geriatric Oncology

Integrative oncology – Leaving no one behind

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An older patient with limited stage DLBCL: roles of chemotherapy and radiation therapy

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Presentation

80-year old female with worsening right arm pain since six months, weight loss of six kg in the past eight weeks and general weakness.

CT revealed a tumor of the right humerus head with an ipsilateral axillary lymph node

**Histology: diffuse large B-cell lymphoma, non-GCB-type.**
PET-CT

No further manifestations

DLBCL, non-GCB-type
Stage II E
IPI: 2 (LDH, age)
Bone lesion
Assessment

Comorbidities:
Insulin dependent type 2 diabetes, arterial hypertension

Medication:
Candesartan, Simvastatin, ASS, Pantoprazol, Insulin glulisin 0-4-0
Insulin glargin 30-0-0

ECOG: 1
CCI: 5
BMI: 27.3
No further geriatric assessment
Treatment plan

Option 1:
6 R-CHOP-14 + 2 R + RT of the bone lesion

Option 2:
4 R-CHOP-14 -> PET

mCR -> + 4 R
mCR -> + 2 R-CHOP-14 + 2 R + IS-RT

Excellent outcome of elderly patients with favourable-prognosis DLBCL treated with 4 cycles CHOP/Chlip-14 plus 8 applications of Rituximab and a PET-based intensification strategy that includes involved-site radiotherapy (IS-RT): results of the first 120 patients of the OPTIMAL> 60 trial of the Dshnhl M Pfurndschuh, N Murawski, K Christofyllakis, B Altmann, M Ziepert, … Viola Poeschel, Blood 130 (Suppl 1), 1549-1549
Clinical course

First 3 cycles fairly gut tolerated, fatigue and nausea

Interim staging with CT: **Partial response**

After 2 more cycles worsening nausea, fatigue and oral mucositis

-> treatment discontinuation and hospital admission
Clinical course

Prolonged hospitalisation due to deterioration of general status of the patient, withdrawal from all activities and social contacts, reduced oral uptake with need for parenteral nutrition.

-> Multifactorial hypoactive delirium

Echo: new dilatative cardiomyopathy, LV-EF: 40%

PET-CT: mCR

Succumbed to nosocomial pneumonia 2 months after admission and treatment discontinuation

Autopsy: pathological complete remission of the DLBCL
Conclusions

- Death from treatment related toxicity while in complete pathological remission after 5 cycles of R-CHOP-14
  - Overtreatment!

- Comprehensive geriatric assessment including cognitive assessment is necessary to screen for vulnerability

- Frail elderly patients could be candidates for multimodality treatment

- Treatment deescalation strategies like interim PET-CT or ct-DNA are needed, results from trials like the OPTIMAL trial are pending