GERIATRIC ASSESSMENT FOR THE ELDERLY PATIENTS WITH DIFFUSE LARGE B CELL LYMPHOMA (DLBCL) AND TREATMENT OUTCOMES

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Background: Older patients of the same chronologic age differ widely in physical and psychological functioning. Treatment strategy should be altered according to a functional assessment of each patient. However, there is no standard comprehensive geriatric assessment (CGA) established.

Methods: Patients with newly diagnosed DLBCL were prospectively registered and undergone a brief screening of CGA before starting chemotherapy. In a case of any functional impairment observed, a further assessment in each impaired item was examined. Treatment outcome and adverse event was investigated.

Results: A total of 17 patients were registered. There were 7 patients aged >75, 5 aged between 65 and 74, and 5 aged < 64. Functional impairments of depression, activities of daily living (ADL), instrumental activities of daily living (IADL), nutrition, comorbidity and cognition were observed in 5, 0, 1, 5, 6 and 2 of 7 patients aged >75, respectively, 3, 0, 0, 3, 0 and 0 of 5 patients aged 65-74, respectively, and 1, 0, 0, 2, 1 and 0 of 5 patients aged < 64, respectively. All patients except one received CHOP-like chemotherapy with rituximab. Dose of chemotherapeutic agents was reduced in 4 patients aged >75, while full dose therapy was given to remaining patients including 3 aged >75. Complete response was achieved in 3 of 7 patients aged >75, all of 5 aged 65-74, and 3 of 5 aged < 64. All patients aged < 74 completed the scheduled chemotherapy, while 4 of 7 patients aged >75 discontinued the treatment. Non-hematological toxicity >grade 3 except febrile neutropenia and peripheral neuropathy developed in 4 patients aged >75.

Conclusion: There appears to be a significant difference in prevalence of comorbidity and incidence of developing non-hematological toxicity >grade 3 between patients with >75 years of age and those of < 74. Regardless of age, patients with little functional impairment could tolerate a full dose of chemotherapy with an acceptable toxicity.