

Patterns of care for elderly patients with peripheral T-cell lymphoma: a report from the International T Cell Project 1.0

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CONTEXT

Scarce data on clinical features and treatment outcomes of elderly patients is presented in clinical practice. The outcome of elderly patients is worse, especially with aggressive lymphoma types. The conventional CHOP-based chemotherapy is standard frontline treatment for Peripheral T-cell lymphomas (PTCLs).

PATIENTS

We did a sub-analysis of 246 patients $\geq$ 70 years with PTCLs out of 1,553 cases enrolled between 2006 and 2018 in the TCP, involving 74 institutions in 13 countries in Europe, North/South America, and Asia. All patients received frontline therapy for Anaplastic large cell lymphoma (ALCL) ALK -, ALCL ALK +, angioimmunoblastic t cell lymphoma (AITL) and PTCL not otherwise specified (NOS). Baseline patient characteristics were summarized with descriptive statistics. Survival analyses were performed using Kaplan-Meier methods. The TCP is registered on ClinicalTrials.gov, NCT01142674.

OBJECTIVE

In this report we aimed to compare outcomes in elderly patients with PTCLs from the global prospective International T-Cell Project (TCP), treated with combination chemotherapy and reduced dose or palliative single agent approach. The primary and secondary endpoints were 5-year OS and PFS.

Table 1: Characteristics of patients treated with curative and palliative intent

		Curative intent (N, %)	Palliative Intent (N, %)	p value
Age	median (IQR)	76 (70.2-89.3)	77 (70-85)	
Ann Arbor	I	22 (11)	6 (22)	0.93
	II	22 (11)	1 (4)	
	III	52 (26)	5 (18)	
	IV	102 (51)	15 (56)	
Liver disease	Presence	1 (6.5)	2 (4)	0.46
B-symptoms	Presence	99 (49)	14 (61)	0.19
LDH	> UNL	89 (45)	10 (42)	0.36
ECOG-PS	0 -1	151 (70)	17 (59)	
	2	45 (21)	7 (24)	
	$\geq$ 3	19 (9)	5 (17)	
Prognostic Index for PTCL-NOS	Group 1	64 (32)	5 (19)	
	Group 2	73 (37)	8 (31)	
	Group 3	46 (23)	7 (27)	
	Group 4	14 (7)	6 (23)	
Histopathology	ALCL, ALK-	31 (14)	3 (10)	
	ALCL, ALK+	3 (2)	0	
	AITL	64 (29)	11 (38)	
	PTCL-NOS	19 (55)	15 (52)	
IPI	median (IQR)	2.9 (1.0-5.0)	3.0 (1.0-4.0)	0.08

Figure 1A: OS of patients by treatment intent, curative vs palliative

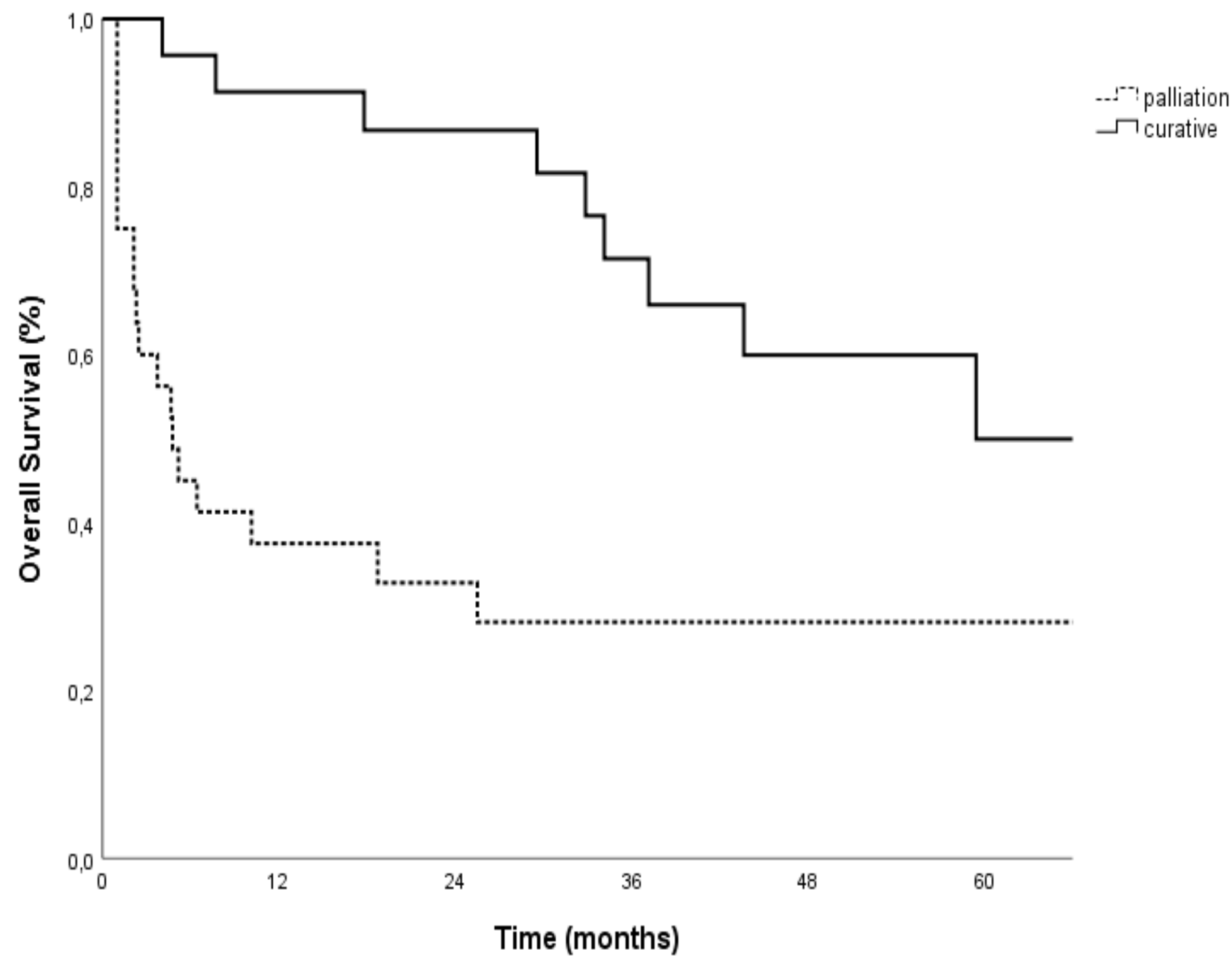
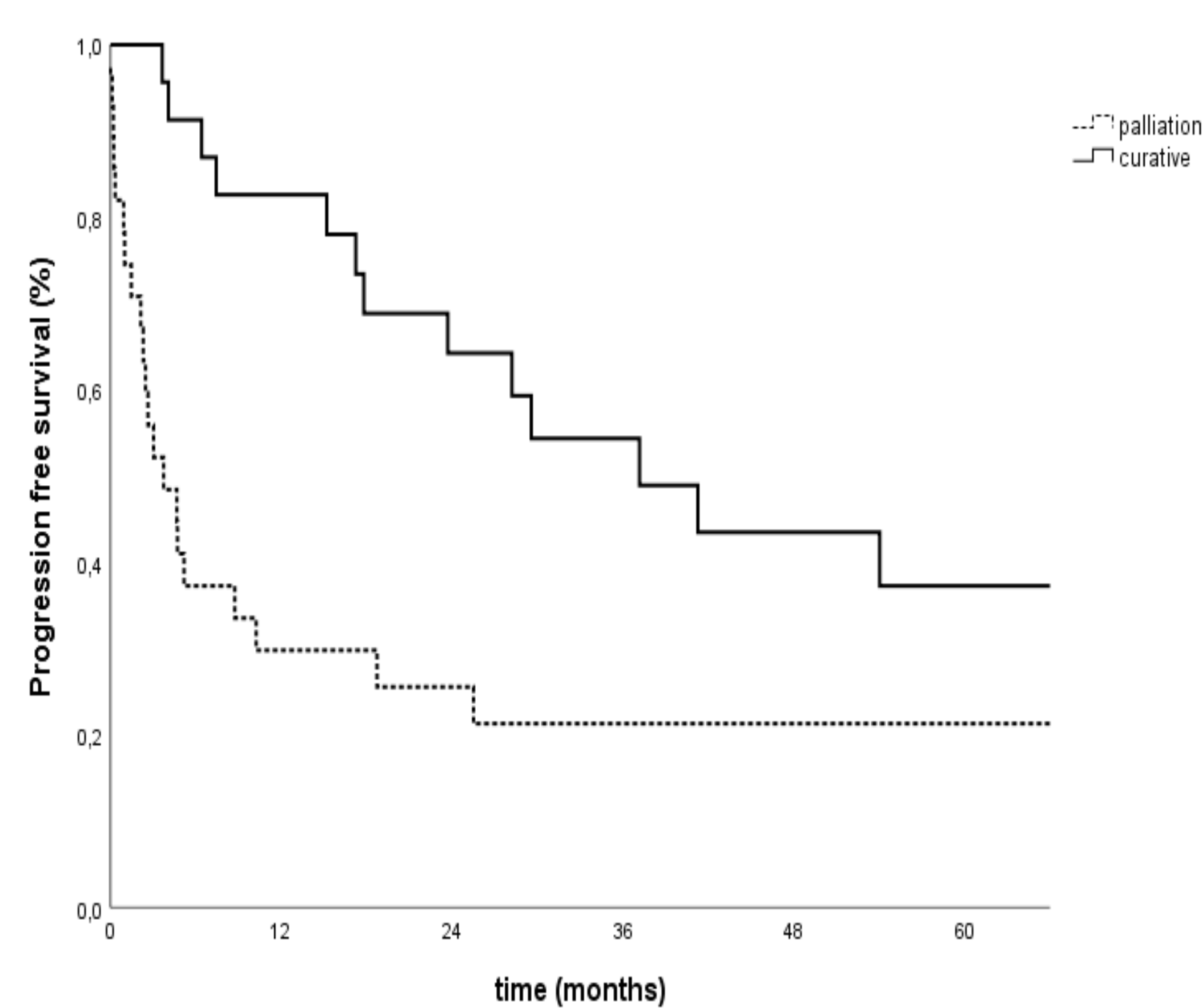


Figure 1B: PFS of patients by treatment intent, curative vs palliative



RESULTS

Of 246 patients $\geq$ 70 years old, 217 (88%) patients received frontline therapy with curative and 29 (12%) patients with palliative intent. The median age at diagnosis was 76 years (range 70-89) in curative intent arm and 77 years (range 70-85) palliative arm. Stage III-IV had 77.4% of patients and 54% were males. High IPI and PIT scores had 62% and 65% of patients, respectively (Table 1).

Median OS of curative vs palliative intent was 59 vs 4.7 months (p=0.001). The 3 and 5-year OS for patients with cure were 71% and 50%, while the 3 and 5-year OS rates in palliation arm was 28 and 22%, respectively. Median PFS of curative vs palliative intent patients was 37 vs 3.7 months (p=0.004). The 3 and 5-year PFS rates for patients with cure and palliation approach were 54% and 37% vs 21% and 16%, respectively.

CONCLUSIONS

In this prospective registry cohort of patients age 70 and older, we observed improved survival for patients treated with curative combination therapy compared to palliative single agents. Based on our findings, inclusion of otherwise fit older patients in ongoing clinical trials of front-line therapies incorporating targeted agents is warranted.

References

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