Comprehensive Geriatric Assessment in Older Adult Patients Treated with R-mini-CHOP for Non-Hodgkin Lymphoma

Roland Eid MD, MSc, MPH, Julien Lazarovici MD, Hélène Vincent MD, Céline Lazarovici Nagera MD, Maxime Frelaut MD, Fouad Kerbage MD, MPH

Gustave Roussy Cancer Campus, Villejuif, France

Background

Non-Hodgkin lymphoma (NHL) is more common in older adult patients, and R-mini-CHOP chemotherapy is often the standard treatment protocol. The Comprehensive Geriatric Assessment (CGA) is a key element for better management of these patients.

Objective

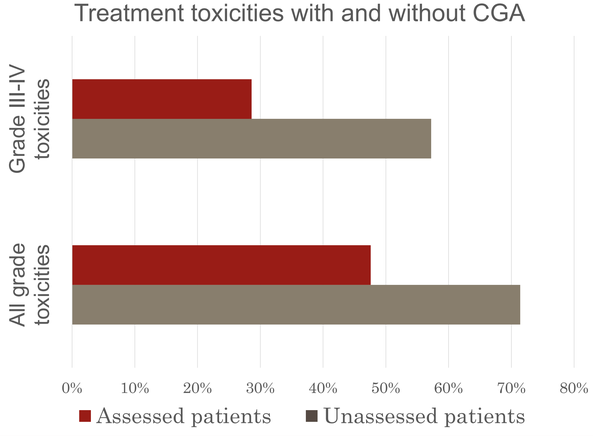
To evaluate the impact of Comprehensive Geriatric Assessment on treatment decisions and toxicities in older adult patients treated with R-mini-CHOP protocol for Non-Hodgkin Lymphoma.

Materials & Methods

We retrospectively reviewed the records of 35 patients over the age of 70 who received R-mini-CHOP protocol for their NHL between 2018 and 2022 at Gustave Roussy Cancer Campus in France. Patient demographics and disease characteristics were collected. Other data, such as the CGA, were also recorded.

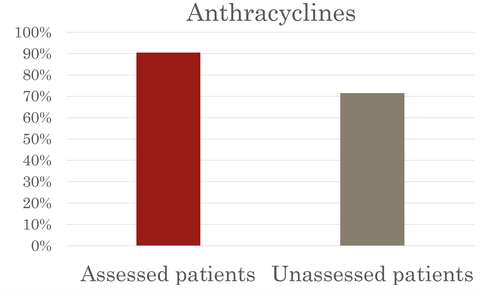
Results

The median age of the patients was 83 years [70–102], and 60.0% were men. Diffuse large B-cell lymphoma (68.6%) was the most common type, followed by follicular lymphoma (8.6%), marginal zone lymphoma (8.6%), and others. Twenty-one patients had a CGA before starting chemotherapy. CGA was done in 20% of the patients with a performance status (PS) equal to 0, compared with two-thirds of patients with a PS of 1. One-third of the unassessed patients and half of the assessed patients had a PS of 2.



Results (cont.)

Of the assessed patients, 61.9% had at least one grade III or IV comorbidity; 61.9% were classified as frail, 28.6% as vulnerable, and 9.5% as robust. A total of 82.9% received anthracyclines, of which 90.5% had a CGA and 71.4% did not. Of all patients, 82.9% and two-thirds received the first 3 cycles and completed all protocol cycles, respectively, similarly in both assessed and unassessed patients. One-third of patients had a dose reduction in both groups. All-grade and grade III–IV toxicities occurred in 71.4% and 57.2% of unassessed patients, respectively, versus 47.6% and 28.6% of patients assessed with a CGA. Cardiac toxicities were most frequent (14.3%), along with fatigue.



Conclusion

CGA in treatment decisions of older adult patients diagnosed with NHL can reduce toxicities despite patient frailty and without compromising the chemotherapy protocol.

Keywords

ABCL, comprehensive geriatric assessment, elderly patients, non-Hodgkin lymphoma

Contact

Roland Eid MD, MSc, MPH
rolandgeid@gmail.com
Gustave Roussy Cancer Campus,
Villejuif, France