Comprehensive Geriatric Assessment as an Important Tool in Older Adult Patients diagnosed with Diffuse Large B-Cell Lymphoma

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Background

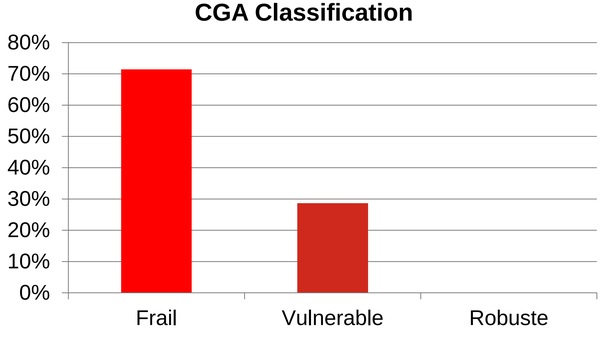
Diffuse large-B cell lymphoma (DLBCL) is the most common type of lymphoma and the most common aggressive B-cell lymphoma. It commonly presents in older adult patients often with comorbidities, not always evaluated with a Comprehensive Geriatric Assessment (CGA).

Objective

To assess the use of Comprehensive Geriatric Assessment in older adult patients treated with R-mini-CHOP protocol for Diffuse Large-B cell Lymphoma.

Materials & Methods

We retrospectively revised the registers of 24 patients above 70 years old diagnosed with DLBCL and treated with R-mini-CHOP protocol between 2018 and 2022 at Gustave Roussy Cancer Campus in France. Data collection was done after reviewing their medical records. Statistical analysis was done using IBM SPSS Statistics.



Results

One third of patients were women. The median age of all patients was 83 years. Two thirds of patients had a limited stage disease. According to IPI score, ten patients had a low risk, whereas five, six and three patients had a low intermediate, high intermediate and high risk, respectively. The 1-year progression free survival rate was 73.7%. Before treatment, 14 patients were assessed with a CGA, of which 71.4% were classified as frail, 28.6% as vulnerable and 0% as robust. 90% and 80% of unassessed patients had all-grade and grade III-IV toxicities, compared to 50% and 21.4% of assessed patients, respectively.

Conclusion

CGA remains an important tool for the management of older adult patients diagnosed with DLBCL.

Keywords

Comprehensive Geriatric Assessment, Older Adult Patients, Diffuse Large B-cell Lymphoma, Progression-Free Survival, Toxicity

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