GERIATRIC FOLLOW-UP AND ITS ASSOCIATION WITH TREATMENT OUTCOMES IN PATIENTS ≥65 YEARS WITH DIFFUSE LARGE B-CELL LYMPHOMA: REAL-WORLD DATA FROM A TERTIARY CENTER IN MEXICO CITY

C. Medrano[1], J. Cardenas[2], M. Rivas[2] and L. Gonzalez[2]

1. IMSS, Mexico | 2. Instituto Nacional de Cancerologia, México

INTRODUCTION

Older adults with diffuse large B-cell lymphoma (DLBCL) benefit from multidisciplinary care, and geriatric assessment can help to individualize treatment intensity and supportive interventions.[1,2] However, implementation and clinical impact in routine practice in Latin America are poorly described.

OBJECTIVE

To evaluate the association between geriatric follow-up and treatment outcomes in patients aged ≥65 years with diffuse large B-cell lymphoma treated at a tertiary care center in Mexico City.

METHOD

We conducted a retrospective observational cohort study of patients ≥65 years with DLBCL treated at a tertiary national cancer center between January 2018 and December 2023. Baseline clinical features, comorbidity (CIRS-G), treatment regimens, and supportive-care pathways were collected. Exposure of interest was geriatric follow-up/assessment documented during the diagnostic–treatment period. Primary outcomes were complete response at end of first-line therapy (CR) and overall survival (OS). Associations with CR were explored using logistic regression and with OS using Cox proportional hazards models.

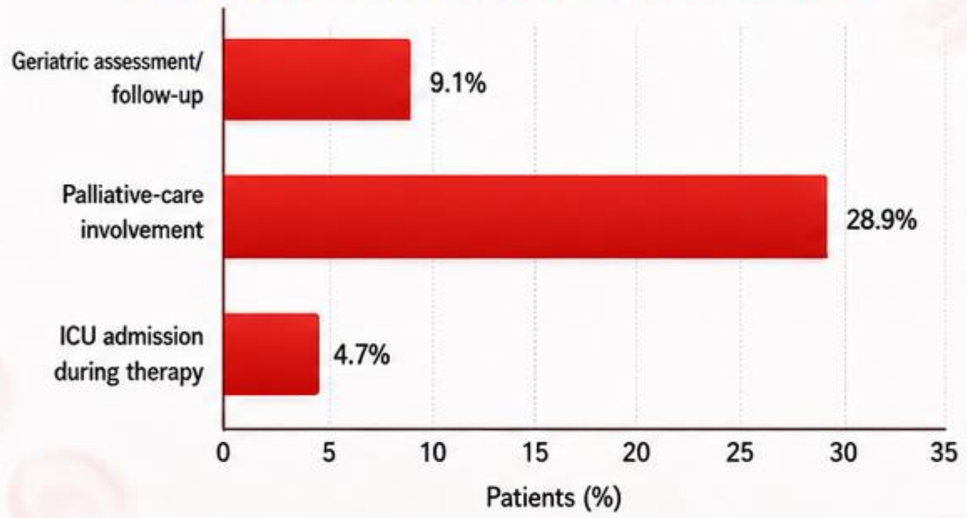
CONCLUSIONS

In this real-world cohort of older patients with DLBCL, formal geriatric follow-up was infrequent and was not independently associated with response or survival, likely reflecting limited implementation and selection by clinical complexity. These findings highlight an opportunity to standardize geriatric assessment and longitudinal follow up as part of routine lymphoma care to support treatment tolerance and patient-centered outcomes.

RESULTS

253 patients were include (58% women; median age 73 years), stage IV disease predominated (55.7%). Frontline regimens were R-CHOP (59.1%) and R-miniCHOP (16.9%). Only 9.1% had documented geriatric assessment/follow-up, compared with 28.9% receiving palliative-care involvement and 4.7% requiring ICU admission during therapy. Overall, 59.9% achieved CR. Geriatric follow-up was not associated with CR (OR 0.338; p=0.687). In Cox models, geriatric follow-up was not significantly associated with OS (HR 0.60; p=0.25).

Multidisciplinary and supportive-care utilization



CONTACT INFORMATION

Email: medracar73@gmail.com

REFERENCES

1 Merli F, Pozzi S, Catellani H, Barbieri E, S. L. The Role of Geriatric Assessment in the Management of Diffuse Large B-Cell Lymphoma. *Cancers (Basel)*. 2023;24:1415.

2 Odeate OO. Strategies for introducing palliative care in the management of relapsed or refractory aggressive lymphomas. *Hematology Am Soc Hematol Educ Program*. 2020 Dec 4;2020(1):148-153.

Abbreviations ECOG: Eastern Cooperative Oncology Group; CIRS-G: Cumulative Illness Rating Scale–Geriatric; GCB: germinal center B-cell; IPI: International Prognostic Index; R-IPI: Revised International Prognostic Index.