

Abstract: PB2301

Title: OPTIMAL DOSE INTENSITY OF R-CHOP FOR PATIENTS WITH DLBCL AGED 80 YEARS OR OLDER: IS THE R-MINICHOP A GOLD STANDARD?

Abstract Type: Publication Only

Session Title: Aggressive Non-Hodgkin lymphoma - Clinical

Background:

The rituximab plus attenuated dose (approximately 50%) of cyclophosphamide, doxorubicin, vincristine, and prednisone (R-miniCHOP) is generally used for the treatment of diffuse large B-cell lymphoma (DLBCL) for elderly patients aged 80 years or older. However, owing to the lack of data from well-evaluated randomized studies, the standard of care for DLBCL in this population has yet to be truly established. Thus, for deciding the dose intensity of CHOP, we have adopted the host-dependent risk factors we previously developed.

Aims:

This study aimed to evaluate how tailored R-CHOP intensity impacts the clinical outcomes in patients with DLBCL aged ≥ 80 years.

Methods:

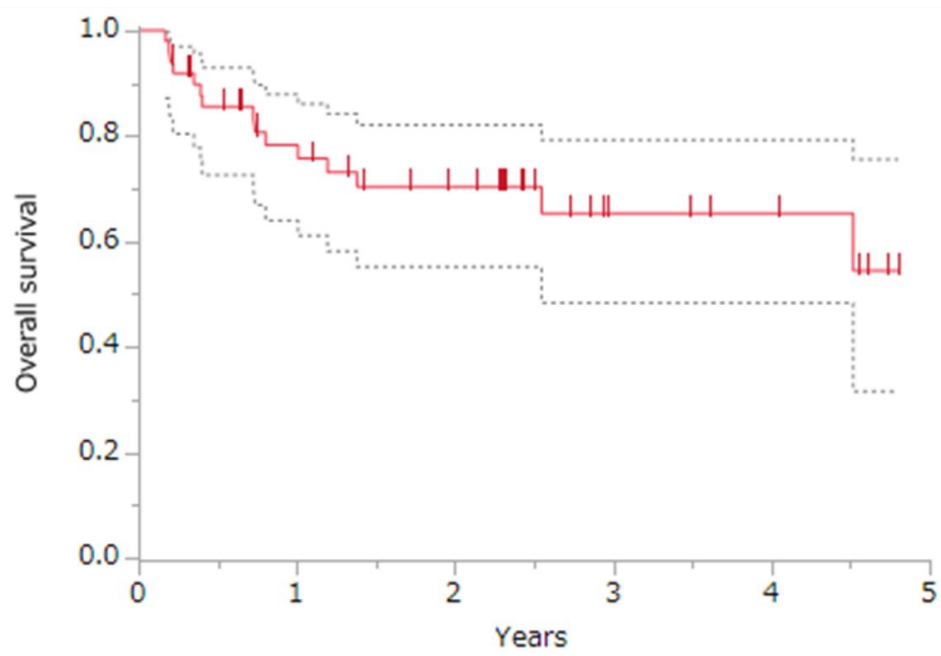
We retrospectively evaluated 50 patients with DLBCL who were 80 years or older at the first date of the R-CHOP chemotherapy between March 2017 and November 2022 in our institutions. R-CHOP was consecutively provided with curative intent for all patients upon the written informed consent. The initial dose intensity of CHOP was determined in reference to the ACA Index (age > 75 , Charlson Comorbidity Index score ≥ 3 , and albumin < 3.7), categorizing patients into Good (1 point), Moderate (2 points), or Poor (3 points). Major clinical outcomes were 2-year overall survival (OS), and relative dose intensity (RDI) of CHOP, defined as the averaged percentage of the delivered doses of cyclophosphamide and doxorubicin per unit time per those of the 6 cycles of the standard 3-weekly CHOP.

Results:

The median age of the patients was 84 years (range 80–91 years). The International Prognostic Index score was ≥ 3 points in 29 patients (58%). The ACA Index was Good in 14 (28%), Moderate in 27 (54%), and Poor in 9 patients (18%). The median initial dose intensity of CHOP was 60% (range 40–82%) in all patients; and 69%, 60%, and 56% in the Good, Moderate, and Poor groups, respectively. During a median of 1.6 years of the observation period, the estimated 2-year OS was 70% for all patients (95% confidence interval [CI] 55–82%, Figure); and 93%, 69%, and 44% for the Good, Moderate, and Poor groups, respectively. The median RDI was 54% (range 8–85%) in all patients; and 62%, 55%, and 44% in the Good, Moderate, and Poor groups, respectively. The 2-year progression-free survival was 64% for all patients (95% CI 48–77%); and 72%, 66%, and 44% for the Good, Moderate, and Poor groups, respectively. Of all 15 deaths, 11 were due to the disease progression, but treatment-related mortality was observed in 0, 1 (4%), and 1 (11%) patients in the Good, Moderate, and Poor groups, respectively.

Summary/Conclusion:

Our study results demonstrate that physically fit patients can be effectively treated with R-CHOP with $> 50\%$ of dose intensity, even if they are 80 years or older. In contrast, R-CHOP intensity should be reduced for less vigorous individuals to avoid life-threatening toxicities.



Keywords: Diffuse large cell lymphoma, CHOP, Dose intensity, Elderly