

UTILIZZO DELLE SCALE DI VALUTAZIONE GERIATRICA NEL PAZIENTE ANZIANO AFFETTO DA LINFOMA

FAD SINCRONA
16 dicembre 2022

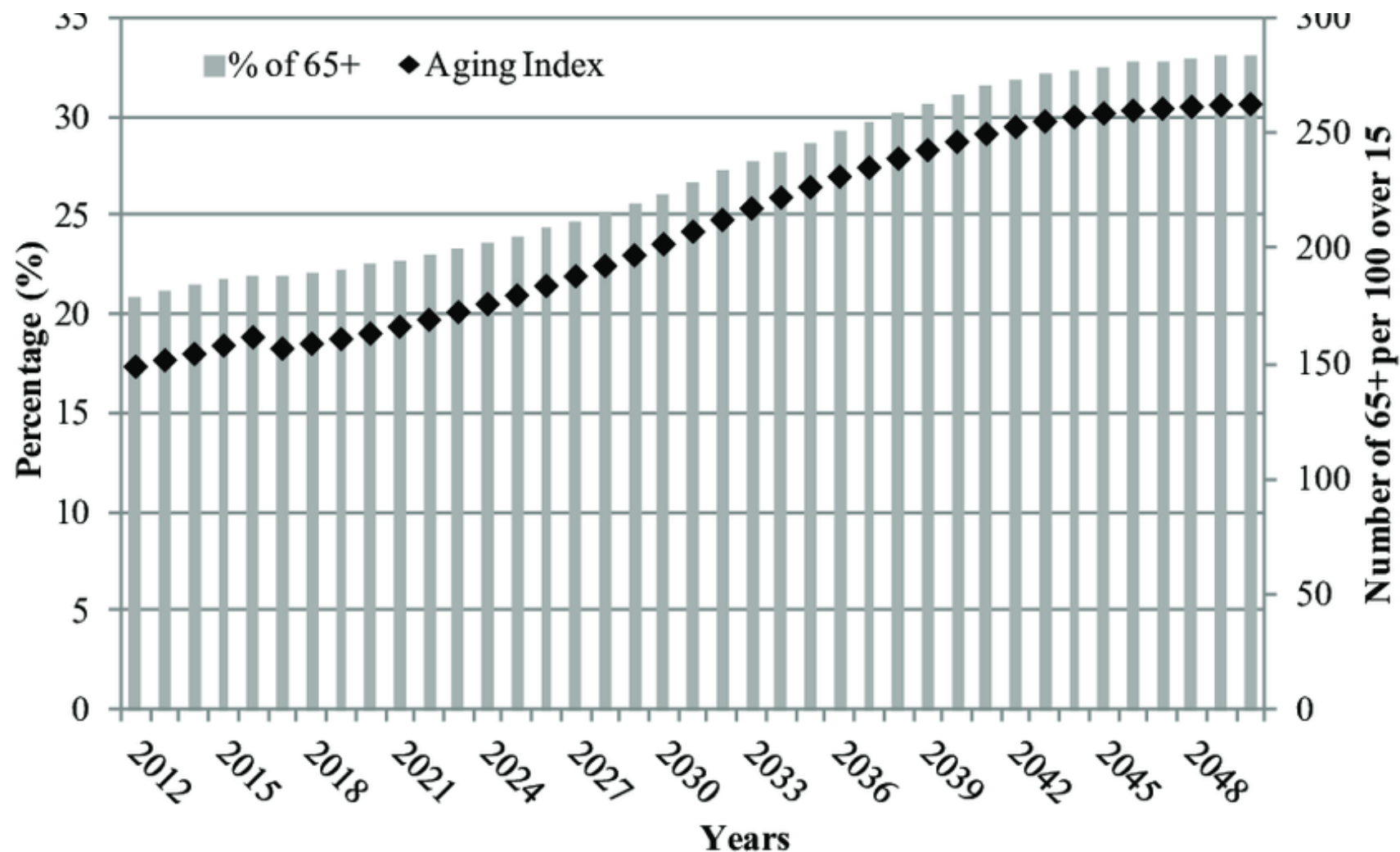
**I linfomi dell'anziano: epidemiologia, sistema
di classificazione e scelte terapeutiche**

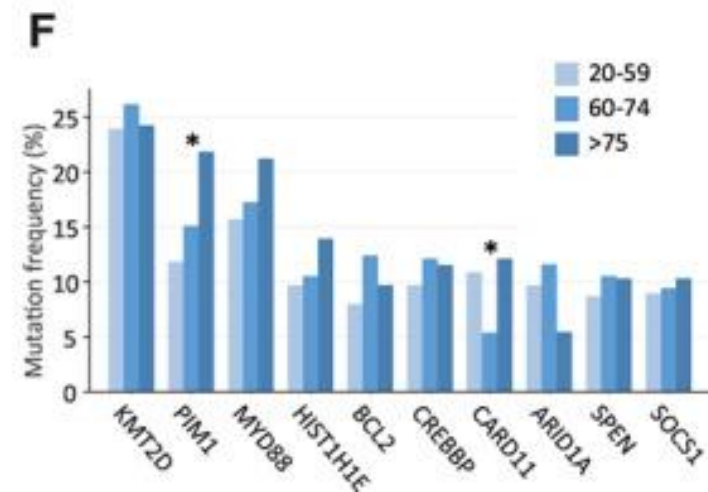
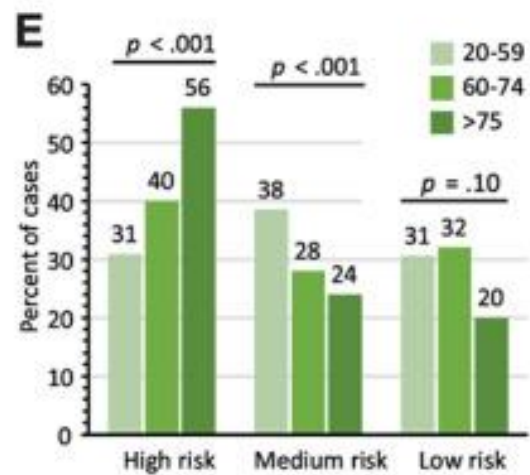
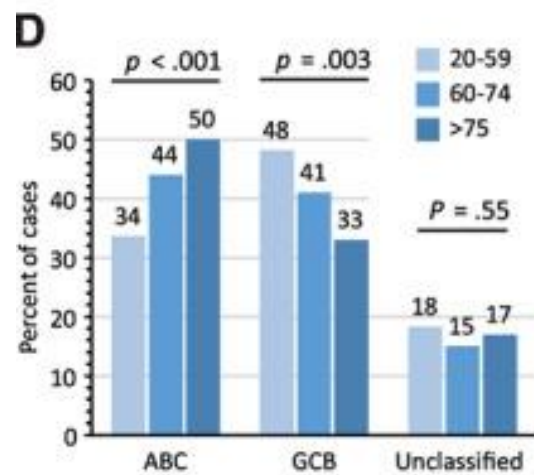
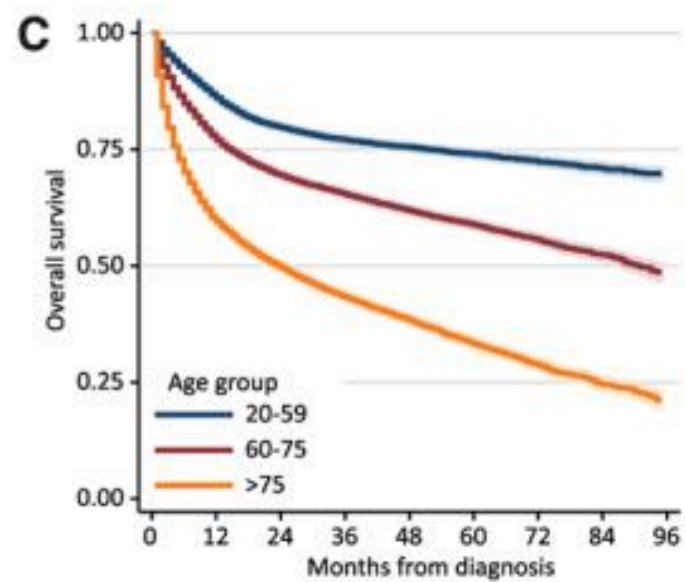
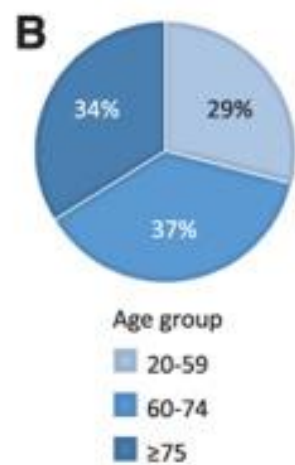
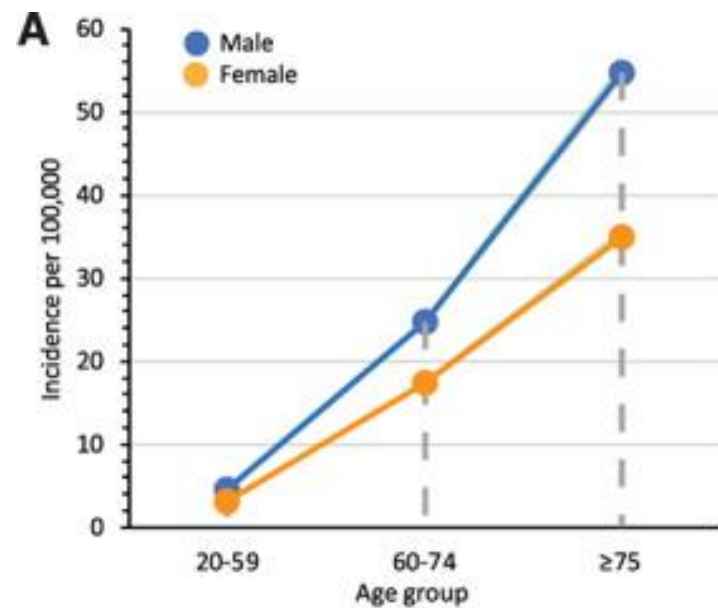
Annalisa Arcari
UO Ematologia, Piacenza

Disclosures

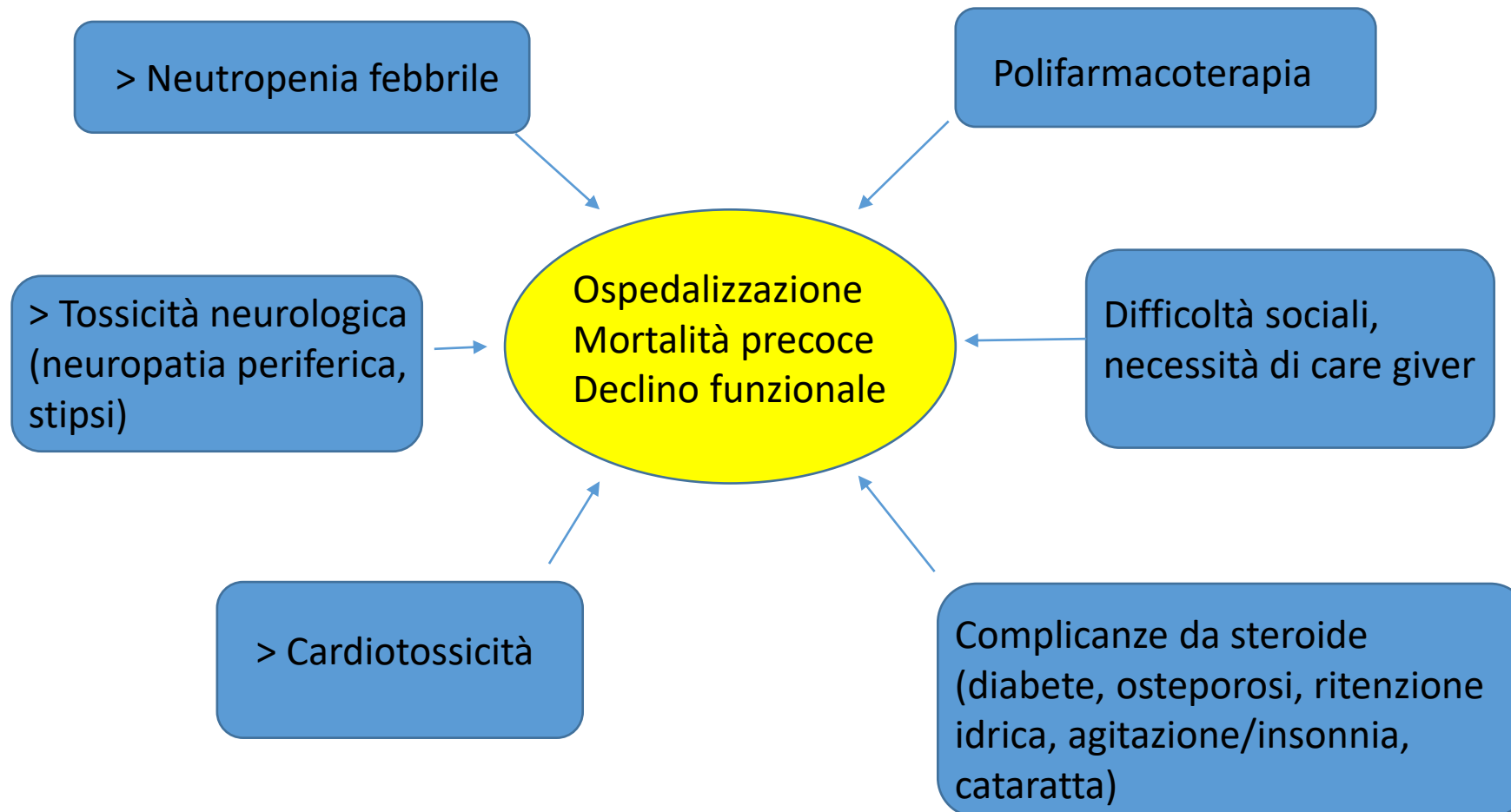
Disclosures of Annalisa Arcari

Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
Abbvie						X	
Janssen						X	
Takeda							X
Gentili						X	
Novartis						X	
Gilead							X





I linfomi dell'anziano: problematiche in corso di immunochemioterapia





«Treating unfit patients with aggressive lymphoma poses the DILEMMA of balancing potential cure while minimizing toxicity»

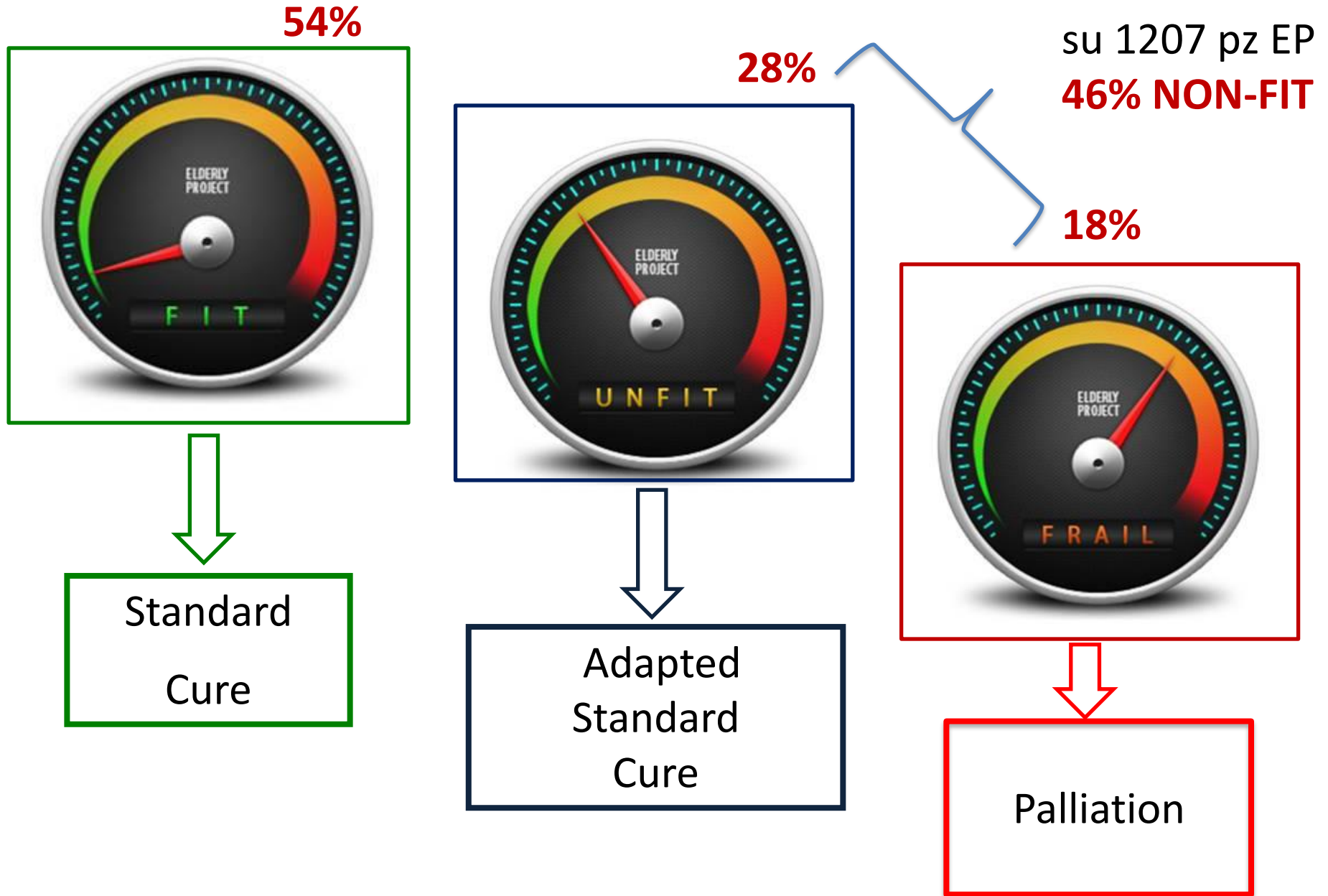
N. Bartlett ASH Education Program 2020

>>> valutazione dello stato di fitness

>>>immunochemioterapia con dosi adattate al livello di fitness e alla riserva d'organo del pz

>>>Pre-phase treatment (steroidi +/- vincristina 1 mg)

New sGA adapted approach in DLBCL



Different strategies to treat elderly non-FIT patients with DLBCL

- ✓ Schemi R CHOP-like a dosi ridotte (R mini-CHOP)
- ✓ Sostituzione di antraciclina convenzionale con antraciclina Liposomiale (R COMP)
- ✓ Sostituzione di antracicline con altri farmaci (etoposide, gemcitabina)
- ✓ Schemi non CHOP-like, senza antracicline (es R-Bendamustina, lenalidomide, altri farmaci biologici, metronomica)





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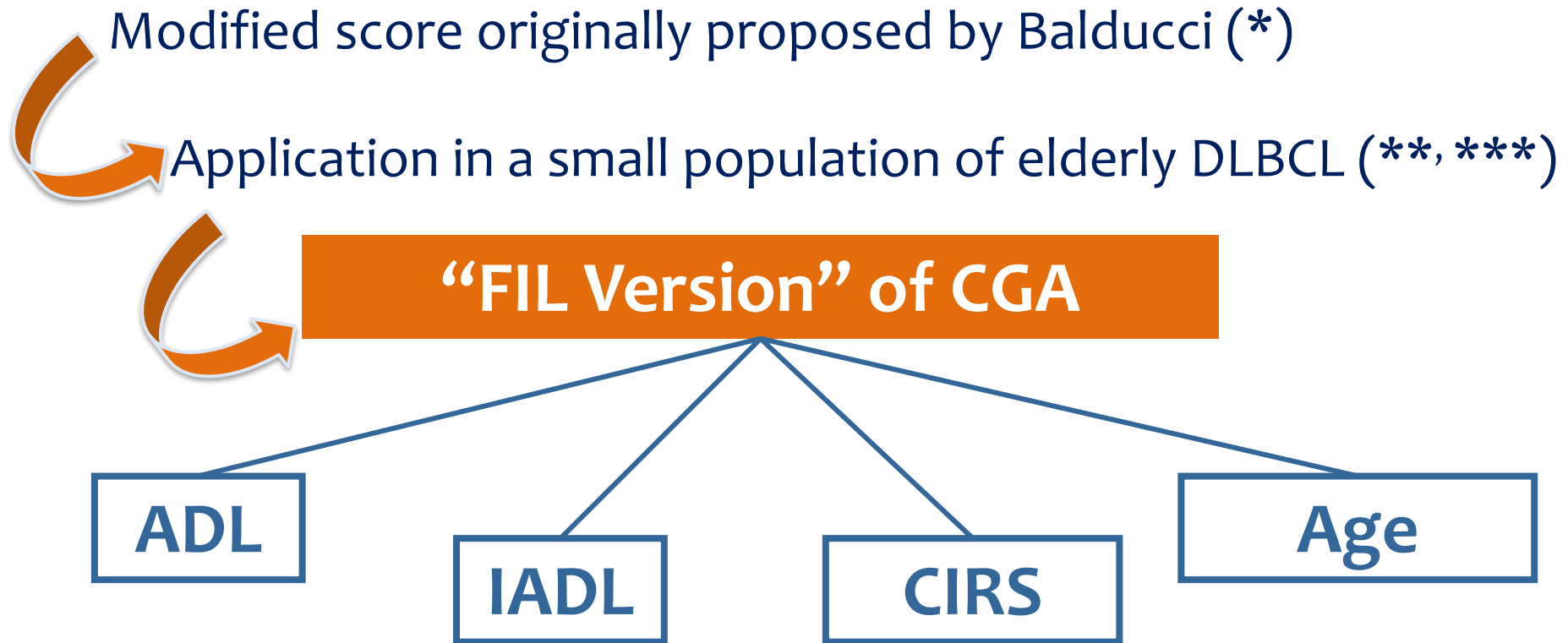
Simplified Geriatric Assessment in Older Patients With Diffuse Large B-Cell Lymphoma: The Prospective Elderly Project of the Fondazione Italiana Linfomi



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Comprehensive Geriatric Assessment in Elderly DLBCL (FIL Studies)



(*) Balducci L et al, The Oncologist, 2000; (**) Tucci A et al, Cancer, 2009; (***) Merli F et al, Leuk Lymph, 2013



Elderly Project

Clinical Protocol

Raccolta prospettica di dati di pazienti anziani (≥ 65 anni)
con Linfoma Diffuso a Grandi Cellule B (DLBCL)
sottoposti al momento della diagnosi
a Valutazione Geriatrica Multidimensionale (VGM)

ID Study: FIL_Elderly Project

AIMS:

- to provide clinicians with a **standardized tool** to assess CGA before start of treatment
- to **validate CGA** results on a large series of consecutive pts.

Primary Endpoint

- 2-yr OS of FIT, UNFIT, and FRAIL patients

Secondary Endpoints

- Type of treatment for each category; 2-yr EFS-PFS; Response to therapy

Sample Size:
1000 patients/3 years

ELDERLY PROJECT



STUDI CLINICI

ARCHIVIO PAZIENTI

Web Based Platform

...eguire la
valutazione
geriatrica
multidimensionale
dei pazienti
anziani con
linfoma diffuso
a grandi cellule
B. Maggiori
informazioni
sono disponibili
consultando la
[brochure](#).

+ ADD PATIENT



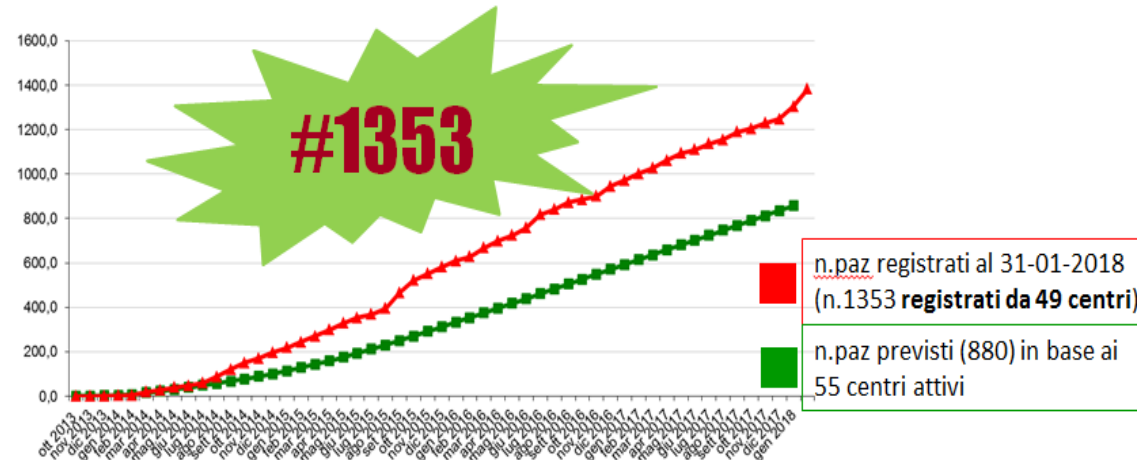
10 minutes

1. General Data
2. Disease Status
3. Activity of Daily Living (ADL)
4. Instrumental Activity of Daily Living (IADL)
5. CIRS-G

Elderly Project: Inclusion Criteria

- DLBCL
- $\geq 65y$
- Mandatory sGA at enrollment
- **Treatment choice independent from sGA results**
- prospective registrations from dec 2013 to dec 2017
- 49 centres

Elderly Project RegISTRAZIONI (31-01-2018)



- **eligible patients: N= 1207**

Elderly Project: Clinical Characteristics (N=1207)



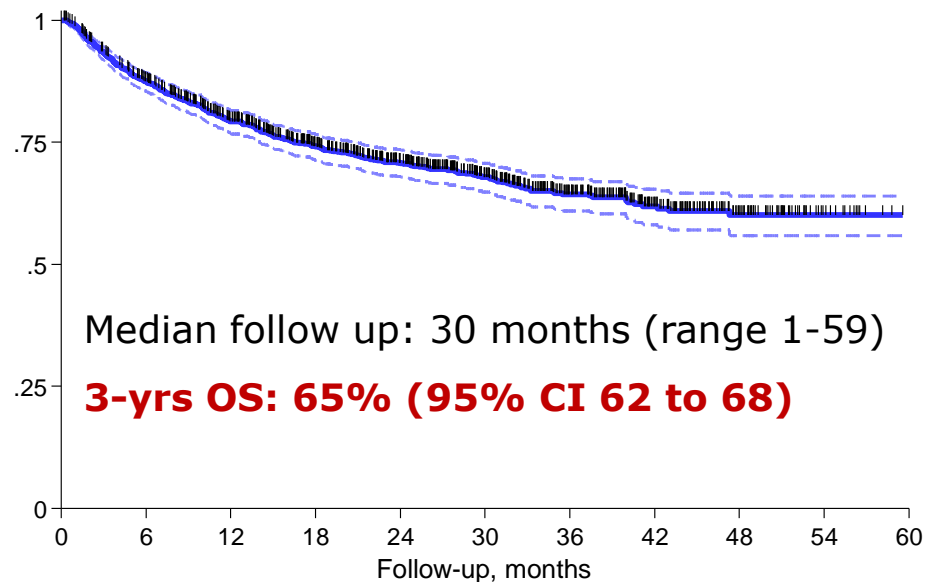
Variable	N (%)
Median age (range)	76 (65-94)
Age ≥ 80	389 (32%)
Gender M	609 (50%)
Stage III-IV	811 (67%)
BM +	163 (18%)
ENS>1	336 (29%)
PS >1	240 (20%)
LDH >UNL	632 (55%)
B-symptoms	315 (26%)
Bulky Disease	347 (30%)

IPI	N (%)
1	197 (18%)
2	291 (27%)
3-5	609 (55%)
missing	110 (9%)

Elderly Project: Overall Survival (N=1163)

Deaths: N= 354

- Lymphoma progression: 243 (68.6%)
- Treatment related toxicity: 74 (20.9%)
- unk: 27 (7.6%)



Criteria for sGA assessment

	FIT	UNFIT		FRAIL
ADL	≥5*	< 5*	6*	<6*
	<i>and</i>	<i>and/or</i>	<i>and</i>	<i>and/or</i>
IADL	≥6*	<6*	8*	<8*
	<i>and</i>	<i>and/or</i>	<i>and</i>	<i>and/or</i>
CIRS-G	0 score =3-4 <i>and</i> ≤8 score =2	≥1 score =3-4 <i>and/or</i> > 8 score =2	0 score =3-4 <i>and</i> <5 score =2	≥1 score =3-4 <i>and/or</i> ≥5 score =2
	<i>and</i>	<i>and</i>	<i>and</i>	<i>and</i>
Age	<80	<80	≥80	≥80

* Residual functions

Abbreviations: ADL, activities of daily living; CIRS-G, Cumulative Illness Rating Scale for Geriatrics; IADL, instrumental ADL; sGA, simplified geriatric assessment.

OS was significantly different in the 3 fitness status groups

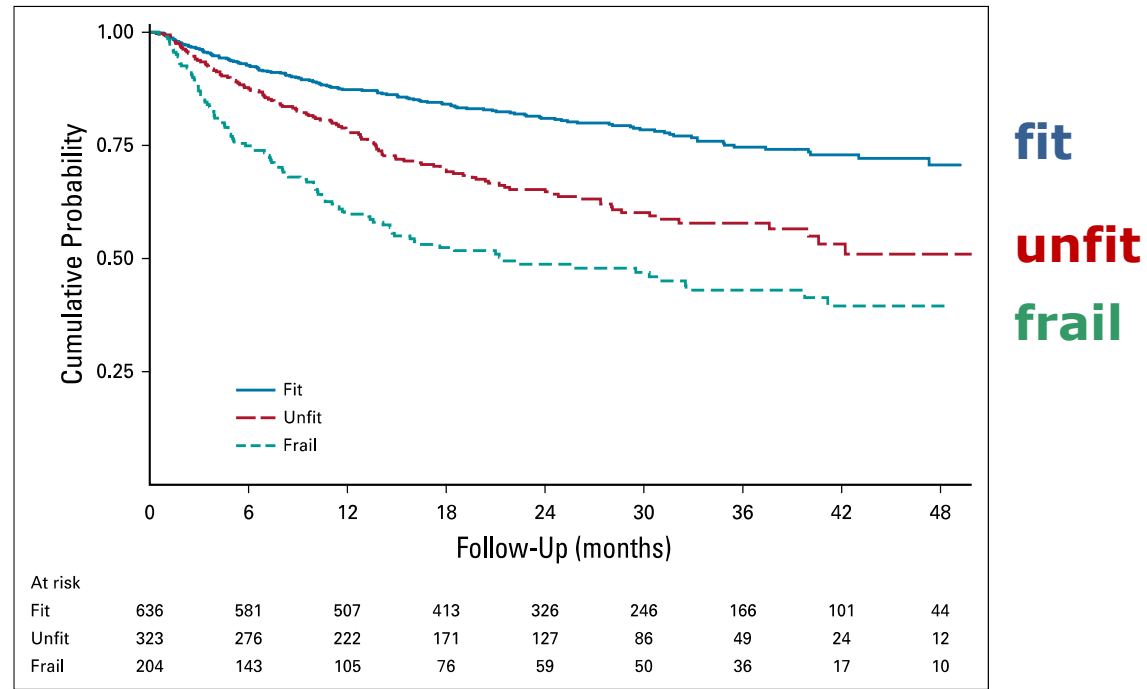


FIG 1. Overall survival by sGA in all patients with treatment details (N = 1,163). sGA, simplified geriatric assessment.

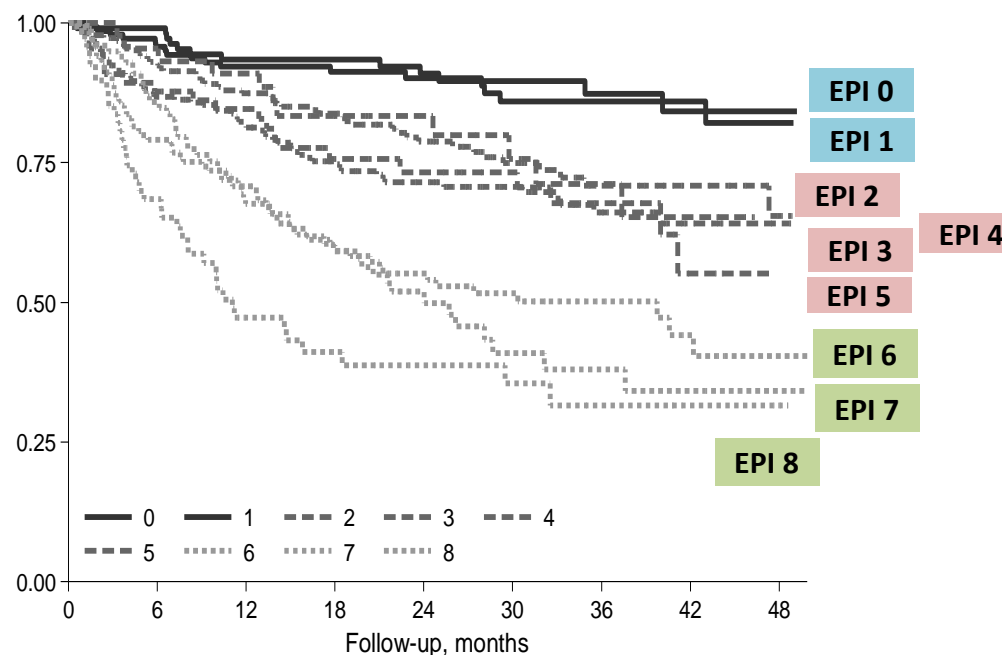
	HR	95% CI	P
UNFIT vs FIT	1.98	1.55 to 2.54	<.001
FRAIL vs FIT	3.27	2.52 to 4.22	<.001
FRAIL vs UNFIT	1.65	1.26 to 2.14	<.001



EPI model parameters

Factors	HR (95% CI)	z-score	Ratio*	Weight	P value
FIT	1.00	-	-	0	-
UNFIT	1.93 (1.49 to 2.50)	4.97	2.59	3	<0.001
FRAIL	2.74 (2.07 to 3.62)	7.09	3.69	4	<0.001
IPI 1	1.00			0	-
IPI 2	1.55 (0.99 to 2.44)	1.92	1.00	1	0.055
IPI 3-5	2.90 (1.93 to 4.35)	5.14	2.68	3	<0.001
Hb <12 g/dL	1.28 (1.02 to 1.60)	2.13	1.11	1	0.033

- The EPI was the sum of the weights
- EPI score ranging from 0 to 8**
- Good correlation with OS

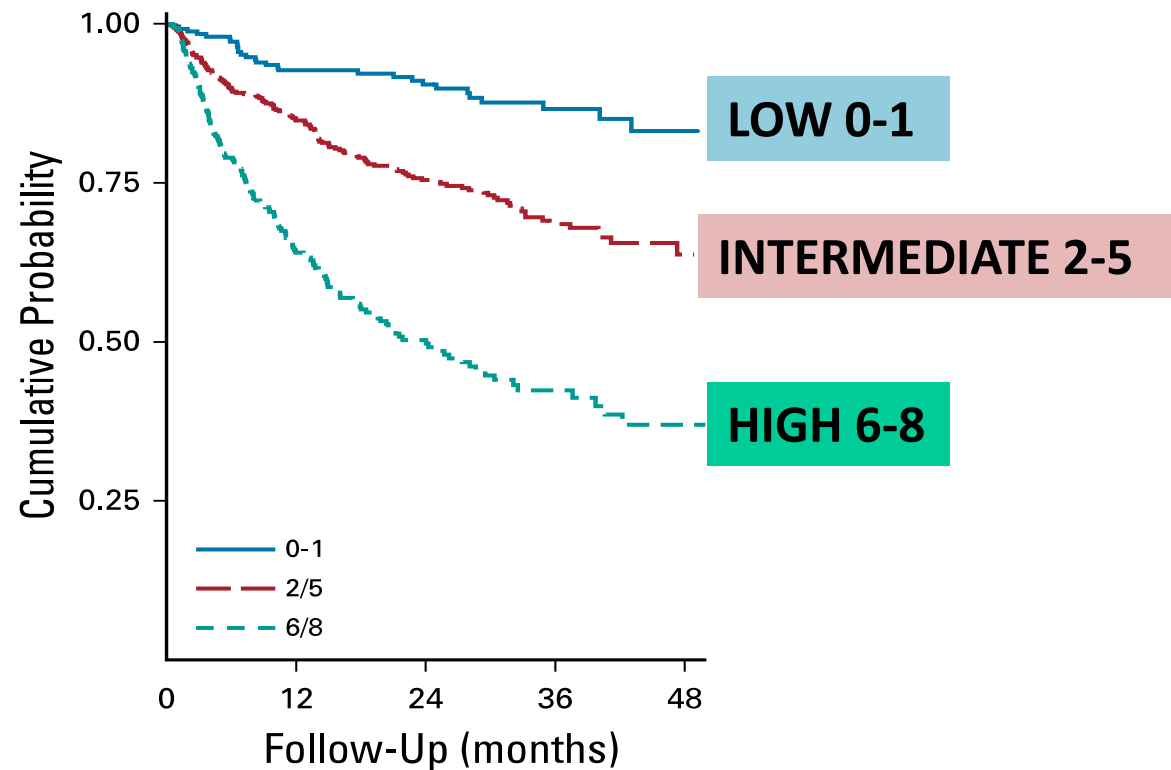


LOW 0-1

INTERMEDIATE 2-5

HIGH 6-8

Overall Survival by EPI (N=1065)



EPI model: Risk Groups Score

	N (%)	3-yr OS (95%CI)	HR (95%CI)	P value
<i>Risk groups (Score)</i>	1065	66 (62 to 69)	-	-
Low (0-1)	250 (23)	87 (81 to 91)	1.00	-
Intermediate (2-5)	510 (48)	69 (63 to 73)	2.57 (1.72 to 3.84)	<0001
High (6-8)	305 (29)	42 (36 to 49)	6.21 (4.17 to 9.25)	<0.001
High vs Intermediate	-		2.41 (1.91 to 3.05)	<0.001

Distribution of patients by sGA fitness group and by therapeutic approach (n=1163)

Treatment	sGA, n (%)			Total, n (%)
	FIT	UNFIT	FRAIL	
Full dose*	548 (86)	156 (48)	33 (16)	737 (63)
Reduced dose^	85 (13)	115 (36)	76 (37)	276 (24)
Palliative°	3 (<1)	52 (16)	95 (47)	150 (13)
Total	636	323	204	1163 (100)

***Full dose:** R-CHOP, R-COMP, R-VNCOPB, R-DAEPOCH, R-CNOP, R-CEOP.

^**Reduced dose:** R-miniCHOP and similar

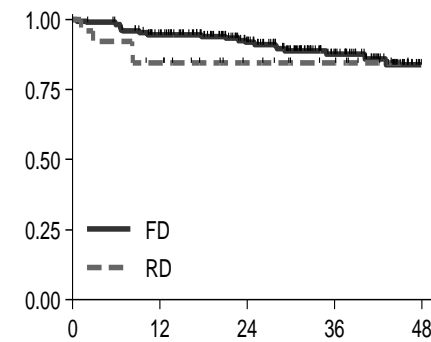
°**Palliative therapy:** R-Bendamustine, R-CVP, R-other (without anthracycline), rituximab only, RT, cyclophosphamide, surgery, etoposide, prednisone, metronomic chemotherapy

Liposomal anthracycline administered in 32% and 60% of patients treated with full and reduced dose, respectively.

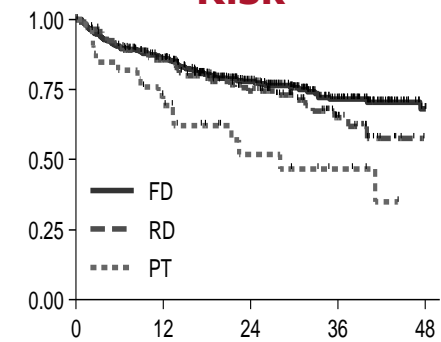


	EPI		
Treatment	Low	Int	High
Full	89%	70%	37%
Reduced	10%	24%	35%
Palliative	<1%	7%	35%

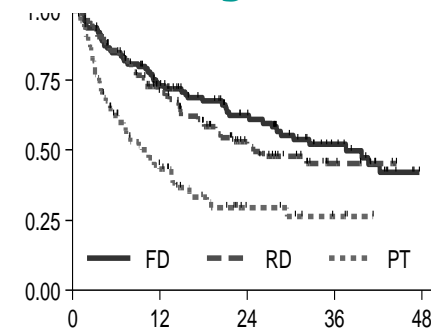
EPI Low Risk



EPI Intermediate Risk



EPI High Risk



Follow-up, months

Elderly Prognostic Index: Risk Groups

EPI Low Risk



- 23% of pts
- patients younger than age 80 with low-risk lymphoma with no or mild impairment in ADL, IADL, and CIRS
- patients suitable for curative approaches similar to those adopted for those <65 yrs

EPI Intermediate Risk



- ~ 50% of pts
- individual risk is the result of a more complex interaction between patient status and the disease
- curing lymphoma as the main goal of therapy
- 1/4 pts is treated with RD regimens, without any significant difference in OS compared to FD
- FD seems a reasonable option but RD therapies should be considered a good alternative.

EPI High Risk



- 29% of pts
- these patients combine both an impairment of fitness status and high-risk lymphoma features
- high heterogeneity of prescribed therapies
- lack of consensus about patient management and about treatment objectives

Elderly Project and EPI: Conclusions



- Elderly Project is the largest prospective observational study on elderly DLBCL
- sGA is an objective, reproducible tool that can be easily managed by physician (less than 10 minutes)
- Elderly Project confirms the importance of **performing a GA before starting treatment** in older patients with DLBCL, to better identify their treatment goals
- **Elderly Prognostic Index (EPI) is the first index that integrates geriatric assessment with clinical features**
- EPI identifies 3 risk groups with significant differences in terms of 3 years OS
- EPI clearly identifies for the first time a high-risk group of older DLBCL patients that has associated with clear unmet needs and that should be the subject of future investigations

Validated sGA and EPI are new tools

to standardize clinical practice and research in older DLBCL patients



EPI is available at:

<http://www.filinf.it/epi>



FIL FONDAZIONE ITALIANA LINFOMI

EPI Elderly Prognostic Index

This tool is a simple survey that allow you to evaluate the new EPI Prognostic Index in elderly patients. It's composed by a CGA assessment, an IPI evaluation and it's required the HB value.
This survey is made by [Fondazione Italiana Linfomi](#).
For further details, see the ASH abstract for the New Elderly Prognostic Index at [the ASH website](#).
At the end of use of this tool the data will not be permanently collected.
This website uses Google Analytics to help analyse how users use the site. The information generated about your use of the website is transmitted to Google. This information is then used to evaluate visitors' use of this website and to compile statistical reports on website activity. We will never (and will not allow any third party to) use the statistical analytics tool to track or to collect any Personally Identifiable Information of visitors to our site.
By using this website, you consent to the processing of data in the manner and for the purposes set out above.

General Information

Age on CGA

Date of CGA DD D-M-Y

Please, complete the data above before continuing this survey.

Results

The data above are not complete or the patient is not eligible for the score calculation. Please check the data.

Thank you for filling out this survey.

The score is **4 (Intermediate Risk)**

You can download a PDF of this survey by clicking the button at the top of this page.

This tool is offered by [Fondazione Italiana Linfomi](#) . If you want to contribute to our mission support us.

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- **Rituximab, Lenalidomide (R2) + Epcoritamab (REL) vs Best Investigator Choice (BIC) in Relapsed/Refractory Diffuse Large B-cell Lymphoma not eligible for transplantation or CART therapy** (Dr Vitolo, Dr. Gini)

Ruolo predittivo della sGA come secondary endpoints

- **Studio FIL MAB** (Prof Ladetto)

sGA fortemente raccomandata per tutti i pz arruolati ≥ 65 anni

- **SAR CAR** (Dr Zilioli, co-PI Drssa Di Rocco)

Sarcopenia and Patient-Related Outcomes in lymphoma patients undergoing CAR-T cell therapy: the SAR-CAR project

CORSO EDUCAZIONALE COMMISSIONE ANZIANI

X Edizione

**Aviano,
Campus Centro di Riferimento Oncologico
13-14 gennaio 2023**



*Save
the
Date*



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