



The 65th ASH Annual Meeting Abstracts

POSTER ABSTRACTS

905.OUTCOMES RESEARCH-LYMPHOID MALIGNANCIES

Comprehensive Geriatric Assessment and Geriatric Intervention in Older Patients with Newly Diagnosed Lymphoma: A Prospective Study

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Introduction: Aggressive and indolent non-Hodgkin lymphomas have a median age at diagnosis of 70 years. Above this age, this population is very heterogeneous and clinical outcomes may be worsened due to patient's frailty phenotype. Very few studies of comprehensive geriatric assessment (CGA) guided approach to care have been published.

Methods: A prospective follow-up with baseline CGA were performed in a cohort of consecutive patients older than 70 years with newly diagnosed Hodgkin and non-Hodgkin lymphoma as standard of care. CGA tools are described in Table 1. Clinical outcome has been analyzed in patients diagnosed between May 2016 and March 2021.

Results: Ninety-three consecutive patients (55.9% of them were women) were included in this analysis, with a median age of 81.1 years (+/- 5.7). 23 patients (24.7%) were classified as robust (type I), 30 patients (32.3%) as pre-frail (type II) with potentially reversible impairments, 38 patients (40.9%) as frail (type III), and only 2 patients (2.2%) as unfit (type IV). Patients' characteristics are shown in Table 1. All patients received antineoplastic therapy. Treatment modifications were carried out in 64.5% of patients based on CGA results. In the follow-up, with a median follow-up 27.3 months (range 18-74 months), the relapse rate was of 25.8%, with no differences between groups. Overall survival was around 2-fold higher among the fit patients (type I) (42.5 ± 19.6 months) than in the disabled patient's group (types III-IV) (23.7 ± 20.5 months) (p 0.002) Statistically significant differences in overall survival (p 0.002), response to treatment (p < 0.001) and likelihood of increased frailty at the end of treatment (p 0.024) were observed among groups, with type III-IV patients showing worse overall survival (Figure 1), lower response rates, and higher incidence of frailty.

Conclusion: Systematic CGA allows physicians to address the functional reserve or resilience in older patients with lymphoma in the need of antineoplastic treatment. A frailty-guide approach to care may allow to improve clinical outcomes in this group of high-risk patients.

Disclosures Lopez Garcia: Beigene: Consultancy; Janssen: Consultancy, Speakers Bureau; Roche: Consultancy, Speakers Bureau; Astrazeneca: Consultancy, Speakers Bureau. **Morillo:** ABBVIE: Honoraria; GSK: Honoraria. **Cordoba:** European Hematology Association (EHA), Spanish Society Hematology (SEHH): Membership on an entity's Board of Directors or advisory committees; F. Hoffmann-La Roche Ltd, Takeda, Abbvie, Janssen, AstraZeneca, Lilly, BeiGene, BMS, Genmab, Incyte, Gilead: Speakers Bureau; F. Hoffmann-La Roche Ltd, Takeda, Abbvie, Janssen, AstraZeneca, Lilly, BeiGene, BMS, Genmab, Incyte, Gilead: Consultancy; Fundacion Jimenez Diaz University Hospital: Current Employment.

Variable	Type I (n 23)	Type II (n 30)	Type III-IV (n 40)	p
Age	78.3 ± 4.61	79.3 ± 4.48	84.1 ± 5.84	<0.001
ECOG				0.004
-Fully active	13 (59.1%)	11 (36.7%)	9 (22.5%)	
-Restricted in physically strenuous activity	8 (36.4%)	15 (50.0%)	14 (35.0%)	
-Ambulatory and capable of all self-care, up more than >50%	1 (4.5%)	4 (13.3%)	10 (25.0%)	
-Capable of only limited self-care, bed or chair >50%	0 (0.0%)	0 (0.0%)	7 (17.5%)	
CIRS-G total	5.67 ± 3.75	6.65 ± 3.33	9.06 ± 4.43	0.006
Polyparmacy (≥5 drugs)	10 (43.5%)	19 (65.5%)	28 (71.8%)	0.078
BARTHEL INDEX				0.005
-Independent	17 (73.9%)	19 (63.3%)	13 (32.5%)	
Lawton Index	6.91 ± 1.68	5.00 ± 2.39	2.98 ± 2.11	<0.001
Independent walking (FAC: 5)	22 (95.7%)	21 (72.4%)	15 (37.5%)	<0.001
FRail Questionnaire (≥3)	3 (13.0%)	16 (55.2%)	28 (71.8%)	<0.001
SPPB <10	9 (40.9%)	14 (60.9%)	27 (87.1%)	0.002
Mini Nutritional Assessment ≤11	3 (13.0%)	8 (32.0%)	17 (50.0%)	0.019
Body Mass Index	26.4 ± 4.04	25.6 ± 4.48	26.6 ± 4.71	0.669
Pfeiffer Questionnaire >2	0 (0.0%)	0 (0.0%)	6 (17.1%)	0.008
Global Deterioration Scale >2	1 (4.3%)	1 (3.3%)	8 (21.1%)	0.034
Living alone	6 (26.1%)	6 (20.0%)	3 (7.5%)	0.371
Presence of geriatric syndrome	11 (47.8%)	10 (33.3%)	26 (65.0%)	0.031
Previous falls	0 (0.0%)	0 (0.0%)	4 (10.0%)	0.086
Urinary or fecal incontinence	4 (17.4%)	3 (10.0%)	21 (52.5%)	<0.001
Previous depression	3 (13.0%)	2 (6.7%)	6 (15.0%)	0.553
#Prognosis ≥12	1 (10.0%)	4 (22.2%)	14 (60.9%)	0.006
SUBTYPE LYMPHOMA				0.340
-Cavitary	0 (0.0%)	1 (3.3%)	0 (0.0%)	
-Follicular	5 (21.7%)	1 (3.3%)	3 (7.5%)	
-DLBCL*	9 (39.1%)	17 (56.7%)	19 (47.5%)	
-Lymphoma mantle cells	2 (8.7%)	0 (0.0%)	1 (2.5%)	
-Hodgkin's lymphoma	1 (4.3%)	1 (3.3%)	3 (7.5%)	
-Lymphocytic lymphoma	2 (8.7%)	1 (3.3%)	4 (10.0%)	
-Lymphoma T	1 (4.3%)	4 (13.3%)	3 (7.5%)	
-Marginal	2 (8.7%)	5 (16.7%)	3 (7.5%)	
-WMT†	1 (4.3%)	0 (0.0%)	4 (10.0%)	
TREATMENT				<0.001
-Chop like	12 (52.2%)	11 (36.7%)	2 (5.0%)	
-Mini-chop	1 (4.3%)	12 (40.0%)	18 (45.0%)	
-Bendamustine-Rituximab	3 (13.0%)	2 (6.7%)	3 (7.5%)	
-Palliative	0 (0.0%)	1 (3.3%)	8 (20.0%)	
-Others	5 (21.7%)	3 (10.0%)	7 (17.5%)	
-Rituximab	2 (8.7%)	1 (3.3%)	2 (5.0%)	
TREATMENT MODALITY				0.001
-Standard	13 (56.5%)	14 (46.7%)	6 (15.0%)	
-Adapted	10 (43.5%)	16 (53.3%)	34 (85.0%)	
CHANGE OF TREATMENT AFTER INITIAL DECISION				0.934
-No	16 (69.6%)	20 (66.7%)	26 (65.0%)	
-Yes	7 (30.4%)	10 (33.3%)	14 (35.0%)	

Table 1. Baseline characteristics of lymphoma patients included in a geriatric hematology program and their classification (type I, type II and type III-IV) according to Comprehensive Geriatric Assessment (CGA). Data are presented as n (%), except age, CIRS-G, Lawton Index, MNA and IMC, which are expressed as mean (SD). ECOG indicates Eastern Cooperative Oncology Group; CIRS-G, Cumulative Illness Rating Scale-Geriatric; FAC, Functional Assessment Categories; and SPPB, Short Physical Performance Battery. *DLBCL, large cell lymphoma B; †WWT Waldenström's macroglobulinemia, ‡R-IPI, International prognostic index review

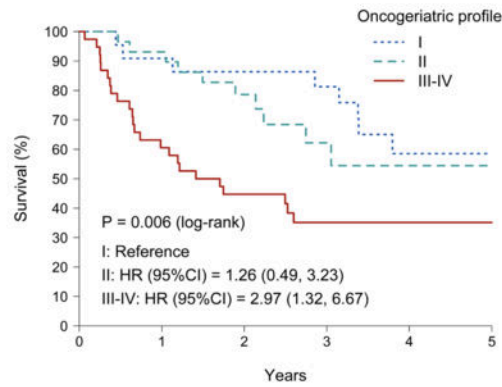


Figure 1. Kaplan-Meier-estimated overall survival curves for patients type I, II y III-IV according to comprehensive geriatric assessment.

Figure 1

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