

Rituximab and nonpegylated liposomal doxorubicin (R-NPLD) treatment in patients 80 years of age and older affected by diffuse large B cell Lymphoma(DLBCL): A 2020 UPDATE AND IMPLICATIONS OF CLINICAL AND PATHOLOGICAL FACTORS

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Background

In 2018 we report a rituximab plus nonpegylated liposomal doxorubicin (R-NPLD) combination for patients 80 years or older with diffuse B cell lymphoma (DLBCL) or grade 3 b follicular lymphoma. The overall 3-year survival, cause-specific survival and progression-free survival rates were 46%, 55%, and 44%, respectively. According to these results, R-NPLD has become the new standard treatment in patients ≥80 years old with aggressive B lymphoma, in our institution.

Objectives

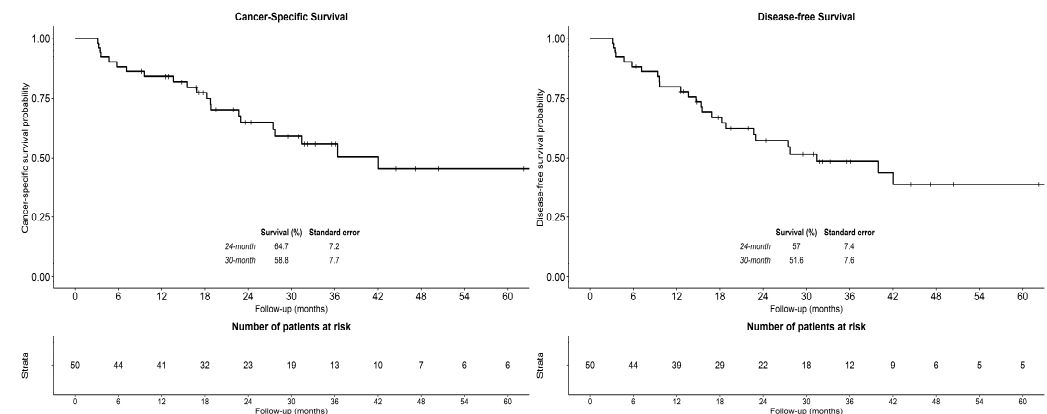
To better investigate the prognostic role of clinical and pathological factors, we analyzed the same immunochemotherapy combination in a larger cohort of patient 80 years or older with DLBCL.

Methods

We retrospectively and prospectively analyzed data of patients 80 years or older with untreated histologically-proven CD20- positive DLBCL, Ann Arbor stage I to IV from our institution. Patients received a combination treatment with rituximab plus nonpegylated liposomal doxorubicin. The regimen consisted of R 375 mg/sqm and NPLD 50 mg/sqm administered intravenously on cycle day 1, plus prednisone 50 mg orally on days 1 to 5, every 21 days for 6 courses.

Results

Between May 2010 and April 2019, we enrolled 50 patients (median age 84, range 80-96, M/F:27/23). The median follow-up time was 28 months (range 10-104). The overall 3-years survival, cause-specific survival, and disease free survival rates were 49.9±7.6%, 55.5±7.9%, and 48.5±7.8%, respectively. Treatment was well tolerated with only mild toxicities, without treatment related hospitalization or toxic deaths. Patients achieving EFS12 and EFS18 had an overall 3-years survival of 66±13.0% and 67.9±7.0%, respectively.



Conclusion

Our results confirm that, in patients 80 years or older with DLBCL, R-NPLD is a very effective and safe combination. Among prognostic factors, only the elevated LDH (≥1.25 upper limit) strongly correlates with overall survival and risk of relapse, in univariate ($p = 0.001$, $p = 0.003$) and multivariate ($p = 0.002$, $p = 0.005$) analysis, respectively. In patients who achieved EFS18 the probability to survive 24 and 36 months is of 90.5 and 67.9%, respectively. This analysis suggests that EFS18 will be useful in patient counseling and should be considered as a robust end point for future studies of newly diagnosed very elderly DLBCL patients.