

# No Role For Chemoradiotherapy When Compared With Chemotherapy Alone In Elderly Patients With Localized Low Risk Aggressive Lymphoma : Final Results Of The LNH 93-4 GELA Study

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## LOCALIZED AGGRESSIVE NHL rationale

**BACKGROUND.** Brief chemotherapy followed by IFRT is considered as the standard treatment.

- 3 cycles of CHOP + IFRT > 8 cycles of CHOP (Miller et al., NEJM, 1998, 339:21) However patients enrolled in this study were heterogeneous with regard to major prognostic factors of the IPI.

**QUESTION.** What is the role for radiotherapy ?

**METHOD.** The GELA designed the present LNH 93-4 study to compare radiotherapy versus nothing after 4 cycles of chemotherapy.

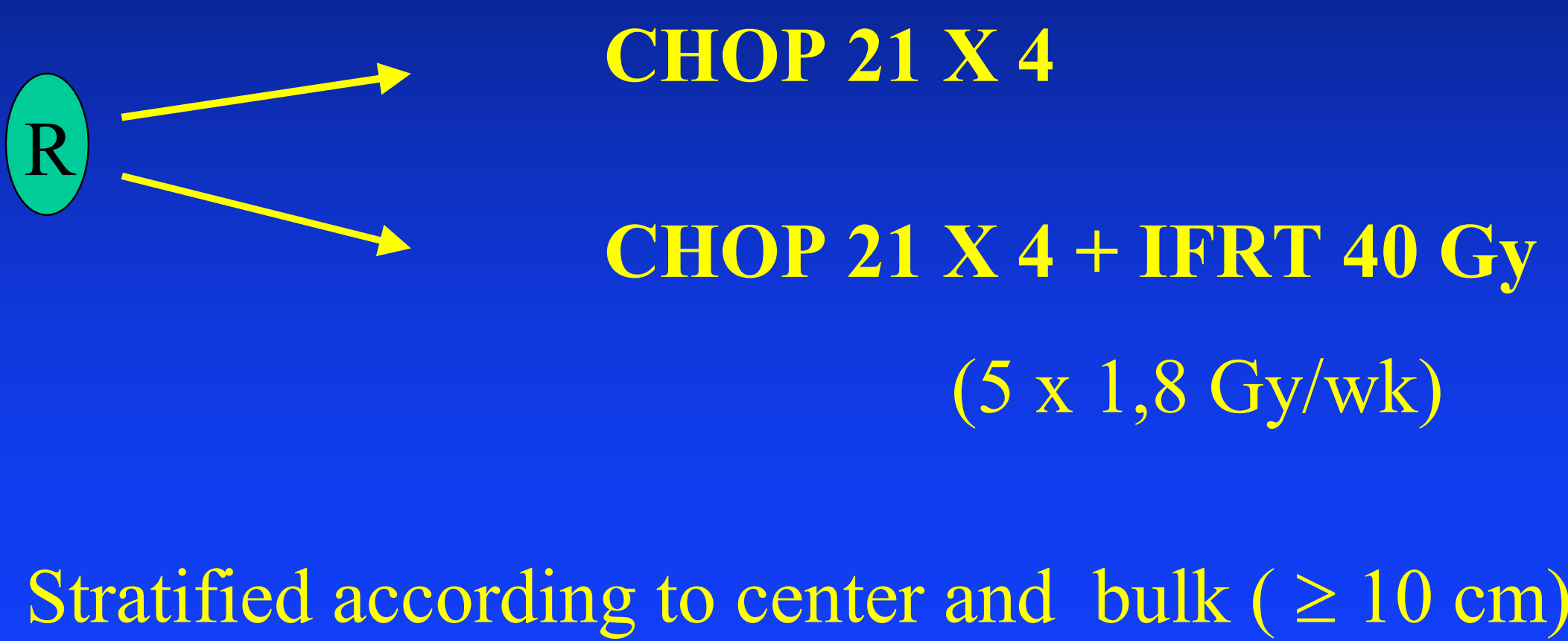
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## LNH 93-4 inclusion criteria

- Age ≥ 60 y
- a.a. IPI = 0
  - Stage : I - II
  - LDH : ≤ 1 N
  - PS : < 2
- WF histology F, G, H, anaplastic

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## LNH 93-4 study design



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## LNH 93-4

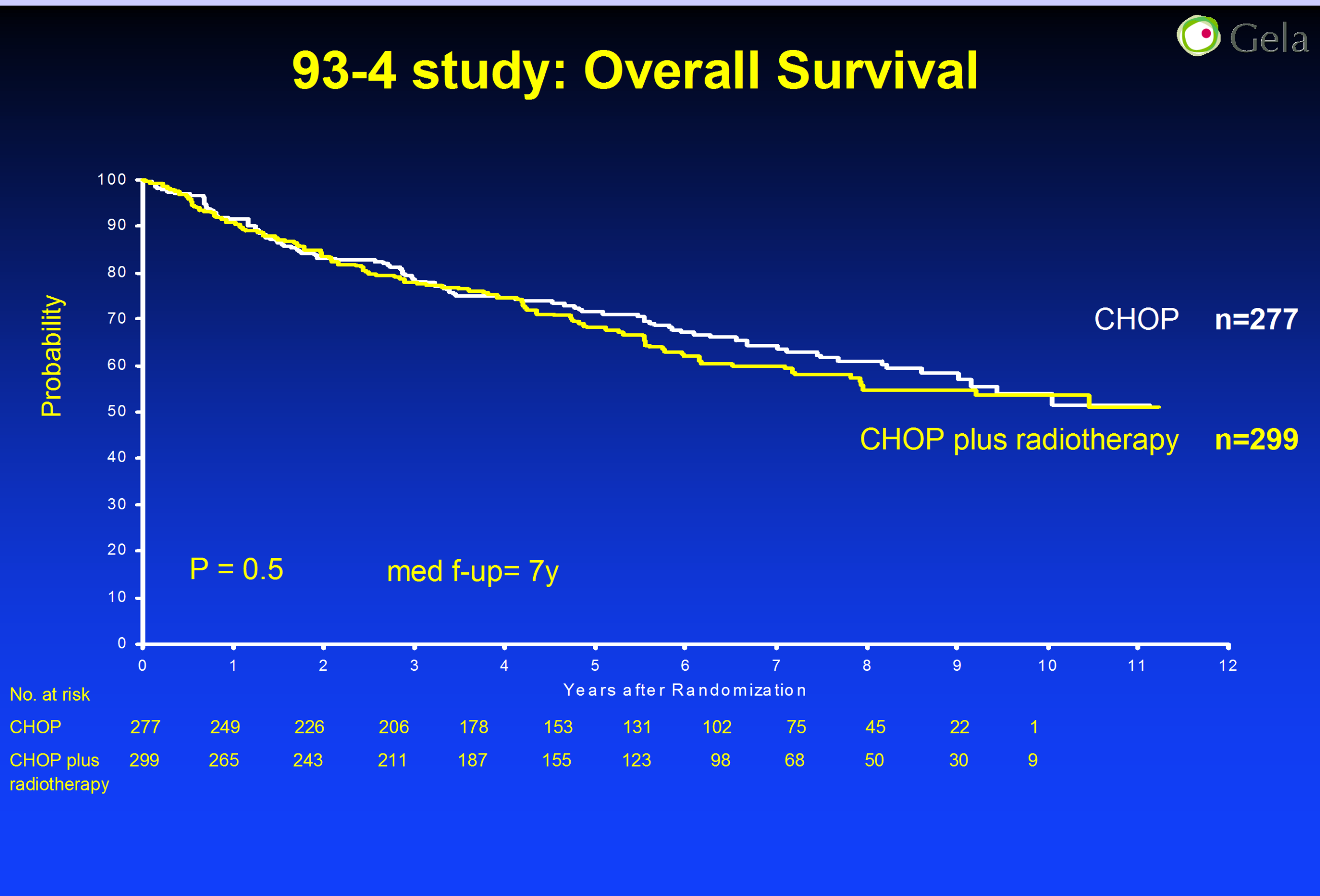
- Enrolled (03/93 – 06/02) n = 576
  - CHOP n = 277
  - CHOP + IFRT n = 299
- Intent to treat
- performed histo review : 89 %
- Median follow-up : 7 years

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## LNH 93-4 RESPONSE TO TREATMENT (evaluable in 568 pts)

	CHOP n=273	CHOP + IFRT n=295
CR	89 %	91 %
PR + Failure	9 %	8 %
Death	1 %	1 %

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## CONCLUSIONS : LNH 93-4

- Only prospective randomized study comparing brief chemotherapy alone with the same chemotherapy followed by IFRT.
- After 4 cycles of CHOP, IFRT does not increase CR, EFS or OS in elderly patients with low-risk aggressive NHL.
- Although the majority of patients had stage I disease, irradiation did not decrease the overall relapse rate or the death rate from lymphoma.

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## CONCLUSIONS : LNH 93-4

- Radiotherapy should be abandoned in first line therapy for localized aggressive NHL.
- Current recommendation of the GELA :  
6 - 8 cycles of CHOP21 + Rituximab d1