

16.40 RADIOTHERAPY IS UNNECESSARY IN ELDERLY PATIENTS WITH LOCALIZED AGGRESSIVE NON HODGKIN'S LYMPHOMA : RESULTS OF THE LNH 93-4 STUDY. FOR THE GELA. CHU SART TILMAN, LIEGE, BELGIUM.

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CHOP combined with radiotherapy is considered as the standard treatment for localized aggressive non-Hodgkin's lymphoma (NHL) (Miller et al. NEJM 1998, 339:21; Tamara et al. JCO 2002, 20:197). However, no prospective randomized trial has compared chemotherapy alone to the same chemotherapy plus involved field radiotherapy (IFRT). The LNH 93-4 study compared 4 courses of CHOP to 4 courses of CHOP followed by 40 Gy involved-field radiotherapy in patients ≥ 60 years with localized good prognosis aggressive NHL (0 factor in the age-adjusted IPI score). At randomization, patients were stratified on bulk ($<vs \geq 10$ cm). From 03/93 to 6/00, 520 patients were included and 468 were eligible for analysis. Forty-six percent of patients were 70 yrs of age or older. Clinical characteristics were well balanced between the 2 treatment groups : median age 68 yrs, stage I 68 %, bulky disease 9 %, T-cell phenotype 8 %. 57 % patients had extranodal sites of disease. Complete response at the end of treatment was identical in both groups (92 % and 89 % respectively). Death during induction occurred in 3 % of both groups. With a median follow up of 55 months, the 5 yrs event-free survival (EFS) and the 5 yrs overall survival (OS) did not differ significantly (67 % for CHOP alone vs 62 % for CHOP plus IFRT, $p = 0.45$ and 78 % for CHOP alone vs 68 % plus IFRT, $p = 0.14$). When patients of both arms were split into subgroups according to age (60-64 yrs, 65-69 yrs, 70-74 yrs, 75 yrs and over), the CR rate was the same in the different age groups. However, for patient over 69 years, the OS was better in the group treated by chemo only ($p = 0.03$). We conclude that in limited stages of disease, 4 cycles of standard-dose CHOP alone produce acceptable CR and survival rates in elderly patients with little life threatening toxicity. Involved field radiotherapy following chemotherapy does not increase CR rate, EFS or OS. On the contrary, in patients over 69 yrs, radiotherapy following chemo might have a negative impact on survival.