NO ADVANTAGE OF CHEMORADIOThERAPY OVER CHEMOTHERAPY ALONE IN ELDERLY PATIENTS WITH LOCALIZED LOW RISK AGGRESSIVE LYMPHOMA: RESULTS OF THE LNH 93-4 GELA STUDY

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Introduction: Chemoradiotherapy is standard treatment for localized aggressive lymphoma (Miller et al. NEJM, 1998). Because previously published series were heterogeneous with regard to prognostic factors such as age, we aimed to determine the optimal therapy for elderly patients with low risk localized lymphoma.

Methods: From March 1993 to June 2002, 576 patients (pts) over 60y of age with aggressive lymphoma and without any adverse factor of the age-adjusted International Prognostic Index were randomly assigned to a chemoradiotherapy arm (299 pts) consisting of 4 cycles of CHOP given every 3 weeks followed by 40 Gy involved-field radiotherapy or to a chemotherapy-alone arm (277 pts) consisting of 4 cycles of CHOP.

Results: Principal characteristics were: median age, 68y; male gender, 51%; stage I, 66%; bulky disease, 8%; extranodal involvement, 56%; diffuse large B-cell histology, 90%. Complete response at the end of treatment was similar in both groups (90% and 91% respectively); treatment-related death occurred in 1% of pts in each group. On an intent-to-treat basis and with a median follow-up of 6.6 y, the rates of 5 y-event-free survival (EFS) and of 5 y-overall survival (OS) did not differ significantly between the two treatment groups (p = 0.7 and p = 0.6, respectively). EFS rates were 68% for patients treated with chemoradiotherapy alone as compared to 66% for those receiving chemoradiotherapy; OS rates were 72% and 68%, respectively. 78% of the 207 deaths resulted from lymphoma progression. In a multivariate analysis, EFS and OS were affected by stage II (p < 0.0001), male gender (p = 0.02), not by tumor bulk.

Conclusion: We conclude that CHOP plus radiotherapy does not provide any advantage over CHOP alone for the treatment of low risk localized aggressive lymphoma in elderly pts.