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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 Pronostic 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 chemotherapy 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.