

METRONOMIC THERAPY IN VERY OLD PATIENTS : WHEN TO TREAT AT HOME BED IT'S NOT SO BAD.

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AIM: Aim of this study is to verify if metronomic therapy, already used in solid tumours, is not inferior and less toxic than standard chemotherapy in treatment of aggressive lymphomas of very old patients.

PATIENTS AND METHODS: We considered 26 patients from 2009 to 2013. To calculate frailty of patients CHARLSON, CIRS-G, CRASH and GISL score were used.

In group A patients were treated at home with metronomic therapy with cyclophosphamide 50 mg days 1 to 5, etoposide 50 mg days 1-3-5, prednisone 25 mg days 1 to 7, lenalidomide 10 mg days 1 to 21, all orally, every 28 days for 9-12 cycles (Large B Cell Lymphoma and Mantle Cell Lymphoma), or with cyclophosphamide 50 mg days 1 to 3, fludarabine 25 mg days 1 to 3, etoposide days 4 to 6, prednisone 25 mg days 1 to 15, all orally, methotrexate 15 mg im day 15, every 28 days for 9-12 cycles (T cell Lymphoma).

In group B patients received at hospital i.v. Rituximab 375 mg/sqm day 1, Cyclophosphamide 750 mg/sqm day 1, adriamycin 50 mg/sqm day 1, prednisone 50 mg/sqm orally day 1 to 5 (Large B Cell Lymphoma, T cell lymphoma and Mantle Cell Lymphoma).

In group A M/F: 8/8, median age was 85.5 years (R85-94), TNHL/DLBCL/MCL: 5/4/1, median IPI 4 (R2-5), median follow-up was 6 months (R2-13), 9 patients showed 1 comorbidity (56%), 7 patients 2 or more (44%); CHARLSON > 5: 12 pat (75%), CIRS-G = 4: 9 pat (56%), CRASH > 9: 7 pat (43%), GISL FRAIL: 12 pat (75%).

In group B M/F: 4/6, median age was 85 years (R85-91), TNHL/DLBCL: 2/8, median IPI 4 (R2-5), median follow-up was 6 months (R1-24), 2 patients showed 1 comorbidity (20%), 2 patients 2 or more (20%), 6 patients no comorbidities (60%) CHARLSON > 5: 4 pat (40%), CIRS-G = 4: 5 pat (50%), CRASH > 9: 3 pat (30%), GISL FRAIL: 5 pat (50%). SF8 questionnaire was used to evaluate quality of life of patients.

RESULTS: In group A median hospitalization was 0 weeks (R0-12), complete remission 4 patients (25%), partial remission 8 patients (50%), progression of disease 4 patients (25%), G3/G4 toxicities (hematologic 25%, not hematologic 25%, infection 37%, transfusion 19%, death 37.5%), days of hospitalization/days of global survival 5% (R0-25), cost per month of survival € 5000 (R250-9100), SF8 60 (R40-100).

In group B median hospitalization was 9 weeks (R3-17), complete remission 5 patients (50%), partial remission 2 patients (20%), progression of disease 3 patients (30%), G3/G4 toxicities (hematologic 70%, not hematologic 50%, infection 40%, transfusion 80%, death 60%), days of hospitalization/days of global survival 33% (R20-100), cost per month of survival € 21000 (R5000-37000), SF8 40 (R20-50).

At Kaplan-Mayer analysis median survival was 18 months for both groups.

CONCLUSION: Metronomic therapy is cost-effective and warrants a good quality of life and survival in very old patients.