

From the 48th Annual Meeting of the American Society of Hematology

Rituximab plus CHOP improves outcomes in elderly with follicular lymphoma

For 30 years, there has been little progress in the treatment of follicular lymphoma. “Finally, we are in an era where this appears to be changing,” revealed outgoing American Society of Hematology (ASH) president Kanti R. Rai, MD. Rituximab (Rituxan) combined with CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) chemotherapy improves time to treatment failure and overall survival in elderly patients with advanced follicular lymphoma, according to the German Low-Grade Lymphoma Study Group.

Christian Buske, MD, noted the importance of designing therapies that are optimal for the elderly. “Follicular lymphoma is a disease of the elderly. We will encounter this more, as the population is rapidly aging. A substantial proportion of these elderly patients will not be able to tolerate dose-intensive approaches. We know that CHOP plus rituximab is effective and tolerable in younger patients, and we wanted to evaluate it in elderly patients.”

The multicenter randomized phase III trial, conducted by investigators from the Klinikum Grosshadern, Munich, included 221 patients aged 60 years and older with untreated, advanced follicular lymphoma. Patients were randomized to receive CHOP alone or CHOP plus one infusion of rituximab (375 mg/m²) on the day before the start of chemotherapy (R-CHOP), for 6–8 cycles.

Highly effective regimen

The R-CHOP combination did indeed prove to be superior to CHOP alone in this population, yielding improvements in time to treatment failure and even overall survival, Dr. Buske reported. Time to treatment failure was 5 years with R-CHOP versus 2.1 years with CHOP ($P < 0.0001$). The estimated 4-year progression-free survival rate was 62% for R-CHOP and 28% for CHOP. Overall survival at 4 years was 90% with R-CHOP and 81% with CHOP alone ($P < 0.039$).

“R-CHOP was highly effective.

It improved all parameters without additional toxicity,” he added. Rates of anemia, granulocytopenia, thrombocytopenia, infection, and nausea were similar between the arms. Granulocytopenia was the most common toxicity, seen in about 60% of the R-CHOP arm and about 50% of the CHOP arm. Other toxicities occurred in < 10% of patients.

In further analyses, individual factors associated with a shorter time to treatment failure included an elevated lactic dehydrogenase level, a hemoglobin level < 12 g/dL, involvement of more than four lymph nodes, and application of CHOP alone.

Buske C, Kneba M, Lengfelder E, et al. Frontline combined immuno-chemotherapy (R-CHOP) significantly improves the time to treatment failure and overall survival in elderly patients with advanced stage follicular lymphoma: results of a prospective randomized trial of the German Low-Grade Lymphoma Study Group (GLSG). Paper presented at the 48th Annual Meeting and Exposition of the American Society of Hematology; December 9–12, 2006; Orlando, Fla. Abstract 482.