CHOP vs. BOCAD in elderly patients with diffuse large cell lymphoma (DLCL): Preliminary results

Standard first line therapy for elderly patients (over 65 years) with DLCL is CHOP or CHOP alike, anthracycline-containing regimens. Due to cardiac comorbidity and absence of a confident tool for prediction of anthracycline induced cardiac toxicity (early as well as late) there is a need for safer and more effective chemotherapy regimens. This interim phase II study is a single center experience with non-anthracycline regimen compared with CHOP regimen. Over past 3 years 24 patients with DLCL in advanced stages, aged over 65 years, were randomized to receive either standard CHOP regimen or BOCAD (Bleomycin 15 mg day 1, Oncovin 2 mg day 1, Actinomycin D 1 days 2 and 4, Deticene 200 mg days 3 and 5, Pronison day 2-7, CCNU 40 mg) in four-week period. Eleven patients were included in the CHOP group with median age 69 years (range, 67-79 years) in stage II and higher, 4 patients with bulky disease and 3 in clinical stage IV; 2 with performance status 2, four of them with one comorbid disease. Thirteen patients were included in BOCAD group of median age 75 years (range, 67-81 years) in stage IIIA and higher, 4 with bulky disease and 6 in clinical stage IV, with 5 patients in performance status 2, nine of them with one or more comorbid disease. In CHOP group RR was 65% (4 CR + 2 PR) with time to progression (TTP) 16 months (4 still alive), in the BOCAD group RR was 33% (2 CR+1 PR) with TTP 3 months (1 still alive). Proportion test didn't showed statistically significant difference in RR, but significant difference between TTP in two group (P=0.02) by Kaplan-Meier test. Proportion test showed statistically significant difference (P=0.04) for RR in the BOCAD group between group of patients with comorbidity and without comorbidity. In the CHOP group there is no statistical differences between patients with comorbidity and without comorbidity. Differences in PS did not show any statistically significant difference in RR and TTP. Our preliminary results showed that comorbidity might influence therapeutic response. Regarding comparison of efficacy between two groups, further investigation is needed.

Influence of some breast cancer prognostic factors in older women

Breast cancer treatment selection and prognosis of breast cancer patients are influenced by various parameters. This study investigates the effects of some diagnostic and prognostic factors on breast cancer occurrence and treatment in older patients. A retrospective study of 741 women treated for breast cancer at the Clinic of Oncology from 1996 to 1997 was performed. Following prognostic factors were analyzed: disease stage, number of involved nodes, presence of bilateral disease, hormonal receptor values. Their influence on the frequency of local relapse, metastases and survival in 235 patients aged over 65 years was also evaluated. The results were compared to the findings obtained for the group of patients below 65 years. Comparisons of those aged over and below 65 years did not reveal any significant difference in histological analyses. Earlier disease stages were more frequent in those over 65 years (stage I, tumor <2cm, negative nodes), as well as lower tumor grades (I or II) and estrogen/progesteron positive receptor tumors. Synchronous or metachronous bilateral cancers were markedly more frequent in those over 65 years (9.2%) compared to younger patients (4.3%). The period to progression and survival were longer in patients over 65 years. Our analysis demonstrated that more favorable types and lower tumor grades were more frequent in breast cancer patients over 65 years of age which account for better disease outcomes compared to those below 65 years. The comparison of same histopathologic tumor types and grades in different age groups did not demonstrate any significant difference in metastasizing and survival. It may be concluded that the prognosis and treatment of female breast cancer should be based primarily on disease stage and histology/biology of the tumor and that the patient age is less important.