



6264 - Impact of frailty in survival of older patients with classical Hodgkin lymphoma: A retrospective, multicenter study from the spanish registry of lymphoma (RELINF) of the Spanish Group of Lymphoma (GELTAMO)

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INTRODUCTION

The outcomes of older adults with classical Hodgkin Lymphoma (cHL) have improved in recent decades. However, despite having better treatment strategies and better supportive care, the prognosis remains poor for those aged ≥ 70 years. Frailty has been associated with poor outcomes and worse tolerance of treatments in older patients with hematological malignancies. Hence, there are recommendations to perform geriatric assessment (GA) and to integrate it into the treatment decision plan, but the implementation in clinical practice is still limited

AIM

- The primary objective was to analyse the outcome of older patients with classical Hodgkin Lymphoma aged 60 years or above registered in the Spanish Lymphoma Registry (RELINF) of the Spanish Lymphoma Group (GELTAMO).
- The secondary objectives included to determine the impact of frailty and comorbidities in the outcome of this population.

METHOD

- We conducted a retrospective, multicenter study in 46 centers in Spain.
- 673 patients were enrolled between January 1, 2014 and December 31, 2024.
- We analyzed the impact of comorbidities and frailty on their outcome.
- We collected baseline patient characteristics, including activities of daily living (ADL), instrumental activities of daily living (IADL), geriatric syndromes, and comorbidities scored with CIRS-G.
- Statistical analyses were done with R.

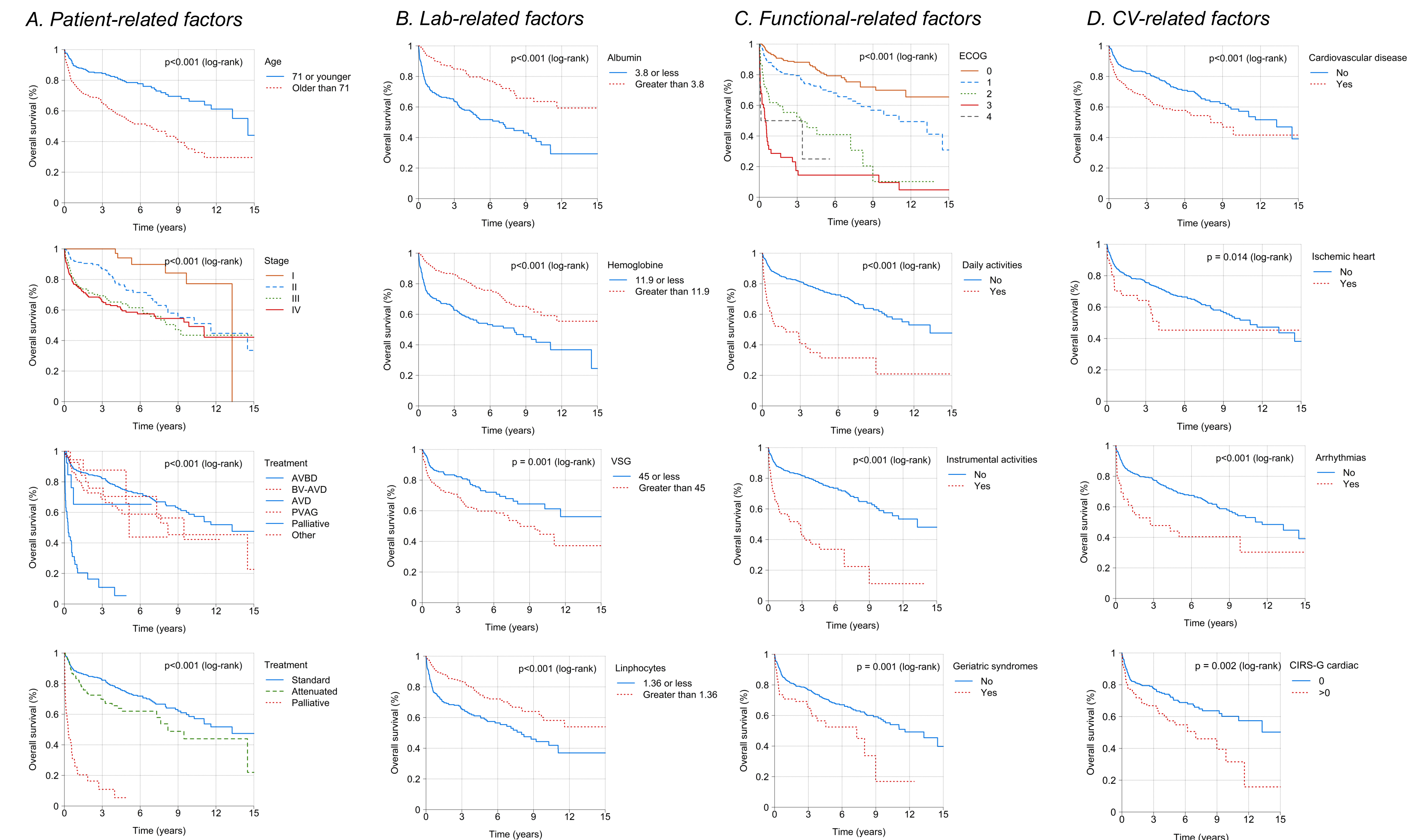
RESULTS

Table 1. Demographics and patients' characteristics

Age at diagnosis	72.4 (7.67)	Previous CVD		CIRS-G	
Sex		No	363 (60.9%)	Score	4.0 (2.0, 6.0)
Female	258 (42.2%)	Yes	233 (39.1%)	ECOG	
Male	353 (57.8%)	Hypertension		0	224 (38.2%)
Stage		No	489 (79.4%)	1	236 (40.3%)
I	51 (8.6%)	Yes	127 (20.6%)	2	70 (11.9%)
II	153 (25.7%)	Diabetes		3	44 (7.5%)
III	144 (24.2%)	No	607 (98.5%)	4	12 (2.0%)
IV	247 (41.5%)	Yes	9 (1.5%)	ADL impairment	
Localized stage		Dislipidemia		No	490 (86.1%)
Unfavorable	135 (69.6%)	No	597 (96.9%)	Yes	79 (13.9%)
Favorable	59 (30.4%)	Yes	19 (3.1%)	IADL impairment	
B symptoms		Ischaemic cardiopathy		No	438 (82.3%)
No	302 (50.0%)	No	572 (92.9%)	Yes	94 (17.7%)
Yes	302 (50.0%)	Yes	44 (7.1%)	Geriatric syndrome	
Treatment		Valvulopathy		No	498 (85.6%)
AVBD	434 (71.5%)	No	597 (96.9%)	Yes	84 (14.4%)
BV-AVD	19 (3.1%)	Yes	19 (3.1%)		
AVD	14 (2.3%)	Arrhythmia			
PVAG	28 (4.6%)	No	563 (91.4%)		
Palliative	45 (7.4%)	Yes	53 (8.6%)		
Others	67 (11.0%)				

*Quantitative variables are described with the mean and standard deviation (SD) or the median and interquartile range (IQR). The SD and IQR are indicated in parentheses. The qualitative variables are described with frequencies and percentages.

Figure 1. Overall survival



- In the univariate analyses, age >71 years (HR 1.08, 95%CI 1.06-1.10, $p<0.001$), previous history of cardiovascular disease (HR 1.79, 95%CI 1.35-2.39, $p<0.001$), extranodal involvement (HR 1.69, 95%CI 1.28-2.23, $p<0.001$), advanced stage (HR 4.99, 95%CI 2.18-11.4, $p<0.001$), ECOG >2 (HR 10.4, 95%CI 6.64-16.2, $p<0.001$), impairment in ADL (HR 3.78, 95%CI 2.66-5.36, $p<0.001$), and IADL (HR 3.75, 95%CI 2.65-5.30, $p<0.001$), presence of geriatric syndromes (HR 1.83, 95%CI 1.25-2.68, $p=0.002$), and cardiac (HR 1.85, 95%CI 1.28-22.65, $p=0.001$), and psychiatric (HR 1.80, 95%CI 1.21-2.67, $p=0.004$) comorbidities had a negative impact in the survival.
- In lab tests, only absolute lymphocyte counts (ALC), hemoglobin, albumin and ESR had impact in survival.
- With regard to treatments, no differences were seen among all therapies. Only palliative regimens showed shorter survival (HR 11.5, 95%CI 7.73-17.2, $p<0.001$).
- In the multivariate analysis, age, ECOG, anemia, geriatric syndromes and palliative therapy had an impact on OS.

CONCLUSIONS

Functional reserve have an impact on the outcome of older patients with cHL. Frailty assessment through a GA should be incorporated in the evaluation of older patients with cHL to identify those patients at higher risk. Better and safer treatment strategies are needed to overcome the poorer prognosis of this group of patients.

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AKNOWLEDGEMENTS

To all centers and investigators. Special thanks to the geriatricians for the CGA, Auxi Moreno from GELTAMO for data management and Ignacio Mahillo for statistical support.

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