

**P33 NO ROLE FOR CHEMORADIOOTHERAPY COMPARED WITH
CHEMOTHERAPY ALONE IN ELDERLY PATIENTS WITH LOCALIZED
LOW RISK AGGRESSIVE LYMPHOMA: FINAL RESULTS OF THE
LNH93-4 GELA STUDY**

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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. From 03/93 to 06/02, 576 patients (pts) over 60y of age with aggressive lymphoma and without any adverse factor of the age-adjusted International Prognostic 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. Principal characteristics were: median age, 69y; male gender, 52%; stage I, 65%; bulky disease, 8%; extranodal involvement, 50%; diffuse large B-cell histology, 80%. Complete response at the end of treatment was similar in both groups (89% 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 7.0y, the rates of 5 y event-free survival (EFS) and of 5y-overall survival (OS) did not differ significantly between the two treatment groups ($p = 0.5$ and $p = 0.5$, respectively). EFS rates were 61% for patients treated with chemotherapy alone as compared to 64% for those receiving chemoradiotherapy; OS rates were 72% and 68% respectively. Although, the majority of patients had stage I disease, local control by irradiation did not decrease the overall relapse rate. 63% of the 215 deaths resulted from lymphoma progression. In a multivariate analysis, EFS and OS were affected by stage II ($p < 0.0001$), male gender ($p = 0.19$ and $p = 0.03$ respectively), not by tumor bulk. Conclusion: mature data of the LNH93-4 trial indicate that CHOP plus radiotherapy does not provide any advantage over CHOP alone for the treatment of low risk localized lymphoma.