

Komorbidity

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Classification of CLL patients by fitness

'Go go'

- Completely independent
- No co-morbidity
- Normal life expectancy

→ Aggressive chemotherapy

'Slow go'

- Some co-morbidity
 - Impaired organ function
 - Reduced performance status
- Less aggressive approach

'No go'

- Severely handicapped
- High co-morbidity
- Reduced life expectancy

→ Palliative care

Decision tree for elderly patients with CLL

Diagnosis and staging
Stage 0-II: observation until treatment necessary
Stage III-IV: individual patient assessment

Fit patients

- Immunochemotherapy as for younger patients (R-FC/FC)

Less fit patients

- Adapted purine analogues ±R
- Alemtuzumab for 17p-deletion
- Alkylating agents (chlorambucil, bendamustine)

Frail or unsuitable for chemotherapy

- Supportive care

Factors affecting the choice of fludarabine

- Renal insufficiency: debate exists
 - CrCl 30–70 ml/min: SmPC mandates reduced dose
- Autoimmune haemolysis
 - During previous exposure to fludarabine
 - *De novo* autoimmune haemolysis?
- Other contraindications
 - Cardiac insufficiency
 - Neurological disorders (pre-existing central nervous system disorders or peripheral neuropathy)

Instruments designed to detect and quantify co-morbidity

Three scales are potentially applicable to haematological oncology:

1. The Sorrow version of the Charlson Index (CI) rates 19 diseases
and can generate an age/co-morbidity index
2. The Cumulative Illness Rating Scale (CIRS) rates 13 body systems on a 5-point pathophysiology severity scale
3. The Index of Co-Existing Disease (ICED) measures disease severity of 14 categories of diseases and assesses disability

Patient characteristics: Geriatric assessment versus oncology

Oncology

Geriatric medicine

Age

Functional status (e.g. ADL, iADL, aADL)

Performance
status

Depression (e.g. geriatric depression scale)

Dementia (e.g. mini-mental status exam)

Mobility (e.g. timed up and go)

Nutrition (e.g. mini nutritional assessment)

Social situation

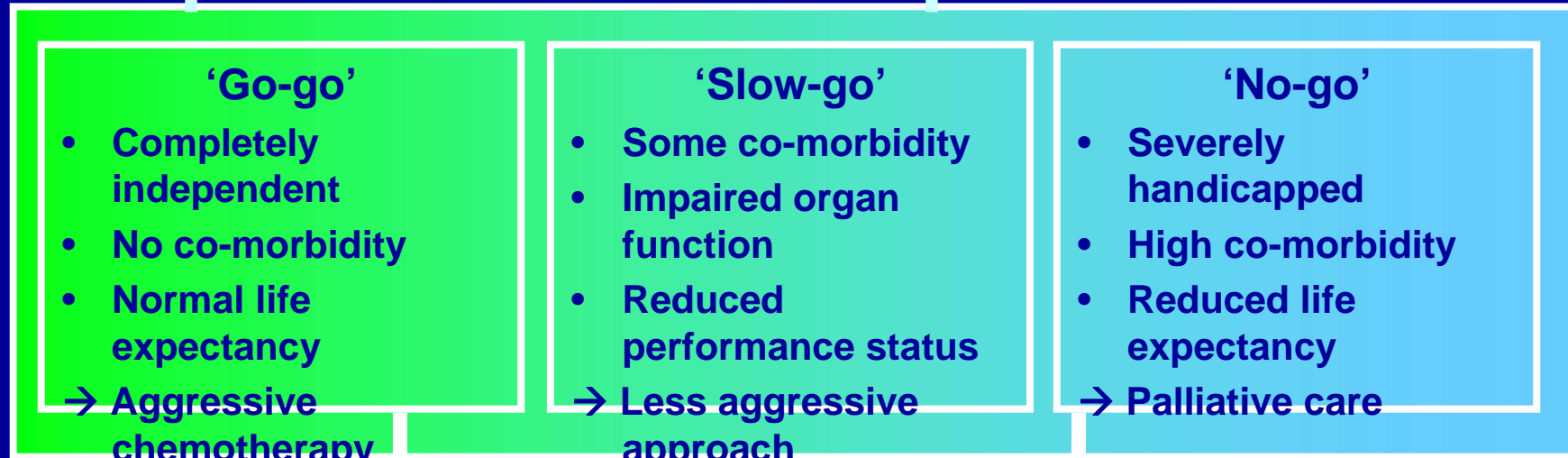
Co-morbidity (e.g. Charlson score and polypharmacy)

GCLLSG trials in CLL: Co-morbidities

Measurement of co-morbidity: Cumulative Illness Rating Scale (CIRS)

CIRS: Please insert the appropriate grade of illness/impairment:		
Organ system	If illness/impairment present, please specify:	Score
Heart		<input type="checkbox"/>
Blood pressure		<input type="checkbox"/>
Vascular		<input type="checkbox"/>
Respiratory		<input type="checkbox"/>
Ear/nose/throat		<input type="checkbox"/>
Upper gastrointestinal		<input type="checkbox"/>
Lower gastrointestinal		<input type="checkbox"/>
Liver		<input type="checkbox"/>
Renal		<input type="checkbox"/>
Genitourinary		<input type="checkbox"/>
Musculoskeletal		<input type="checkbox"/>
Endocrine/metabolic		<input type="checkbox"/>
Neurological		<input type="checkbox"/>
Psychiatric		<input type="checkbox"/>
		Total Score: <input type="checkbox"/> <input type="checkbox"/>

Other MabThera plus chemo combinations may allow therapy to be adapted to individual patients' needs



MabThera-FC is the standard of care

MabThera-chemo is the standard of care?
e.g. MabThera-HDMP,
MabThera-FC-'lite',
MabThera-PC,
MabThera plus bendamustine/chlorambucil

MabThera-FC-‘lite’: An option for unfit patients

- Maintain efficacy by increasing the MabThera dose
 - MabThera: 500 mg/m² q14d x 6 (375 mg/m² in cycle 1)
 - MabThera maintenance q3mo (500 mg/m²)
- Reduce toxicity by reducing the dose of fludarabine and cyclophosphamide
 - F: 20 mg/m²
 - C: 150 mg/m²