

# Study shows age doesn't affect survival in patients with non-Hodgkin lymphoma after HCT

February 21 2018

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Results from a retrospective study of 1,629 patients with non-Hodgkin lymphoma (NHL) showed that survival at 4 years following allogeneic hematopoietic cell transplantation (HCT) for patients age 65 years and older is comparable to patients age 55 to 64 years. The study demonstrates that age alone should not be a determinant when considering HCT for patients with NHL. The study results will be presented in an oral session at the BMT Tandem Meetings on Saturday, February 24.

This multi-center study—conducted by researchers at the CIBMTR (Center for International Blood and Marrow Transplant Research)—compared the outcomes of 446 patients age 65 years and older with outcomes of 1,183 patients age 55-64 years who underwent allogeneic HCT for NHL from 2008 to 2015. Disease subtypes of NHL included follicular lymphoma, [mantle cell lymphoma](#), diffuse large B cell lymphoma and mature T- or NK-cell lymphoma.

No significant differences were found in the 4-year overall survival (46% vs. 51%,  $p=0.07$ ) and disease relapse/progression (42% vs. 41%,  $p=0.82$ ) after allogeneic HCT for patients in the 65 and older age group (median age 68), compared to patients in the 55-64 age group (median age 60).

No significant differences were found in the cumulative incidence of

grade 2-4 acute graft-versus-host disease (GVHD) at day 180 in the 55-64 years and ≥65 years cohorts: 37% vs 35%, respectively ( $p=0.38$ ). The cumulative incidence of chronic GVHD at 2 years was also comparable in the 55-64 year age group and ≥65 year age group: 48% vs. 45%, respectively ( $p=0.25$ ).

"Age alone should not be a determining factor in the decision to refer older patients for transplant consultation to determine patient eligibility," said Nirav Shah, M.D., lead author and assistant professor of medicine at the Medical College of Wisconsin's Division of Hematology and Oncology. "Advances in conditioning regimens and progress in post-transplant care have allowed more patients more than 65 years old or those with co-morbidities to undergo allogeneic HCT. In 2017 alone, nearly 19% of transplant patients were more than 65 years old."

In addition to age, another barrier that patients and their providers face in choosing transplant as a treatment option is the potential lack of insurance coverage. Currently, the Centers for Medicare & Medicaid Services (CMS) has expanded coverage to HCT for myelodysplastic syndromes, sickle cell disease, myelofibrosis and multiple myeloma under Coverage with Evidence Development (CED). Transplants for these indications need to take place within a CMS-approved clinical study that meets federal guidelines.

Dr. Shah noted that use of allogeneic HCT to treat patients with NHL age 65 years or older in the United States is limited by Medicare coverage for this indication. Coverage for lymphoma is currently available to those states that reside in the National Government Services (NGS) jurisdiction. While this effort has been applauded, clearer coverage policy for beneficiaries with lymphoma in all states is needed in order to reduce this access barrier for patients who are eligible for HCT.

The results will be used for further analysis to develop a strategy for nationwide CMS coverage, according to Susan N. Leppke, Director, Public and Payer Policy at the NMDP/Be The Match. "We are excited about these results and we look forward to using this information to help shape our strategy to reduce access barriers for Medicare beneficiaries with [lymphoma](#)," she stated.

This study acknowledges HCT as an important and effective treatment for NHL [patients](#) regardless of age.

**More information:** Abstract: [bmt.confex.com/tandem/2018/mee ... gapp.cgi/Paper/11013](https://bmt.confex.com/tandem/2018/mee/gapp.cgi/Paper/11013)

Provided by National Marrow Donor Program

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