Session V: Prognostic, Predictive and Response Markers in WM

Abstract 127

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Prognostication in young and elderly patients with WM. E. Kastritis, K. Zervas, P. Repoussis, E. Michali, A. Zomas, A. Simeonidis, E. Terpos, S. Delimbassi, A. Vassou, D. Gika, M.A. Dimopoulos, on behalf of the Greek Myeloma Study Group, Athens, GREECE.

WM is a disease of the elderly with a median age of 70 years in most series. Advanced age is recognized as an adverse prognostic feature and age > 65 years has been included among the 5 adverse covariates in the recently reported International Prognostic Scoring System for WM (IPSSWM). However there is little information regarding the incidence of disease features and outcomes after treatment either in young patients ($\leq$ 50 years of age) or in the very elderly (>75 years) patients with symptomatic WM. Our database includes 240 patients with previously untreated, symptomatic WM who were separated in three groups according to age at the time of initiation of treatment: $\leq$ 50 years, >50 to 75 years and older than 75. Clinical and laboratory characteristics, response to treatment, overall survival (OS) and disease-specific survival (DSS) were compared among these groups. Twenty-two patients (9%) were $\leq$ 50 years and 49 (20%) older than 75. The clinical and laboratory features were similar among the three age groups: gender (p=0.47), B-symptoms (p=0.51), splenomegaly (p=0.97), lymphadenopathy (p=0.07), cytopenias(p=0.5), serum IgM level (p=0.84), hyperviscosity syndrome (p=0.25), elevated β2-microglobulin (p=0.13) and IgM related disorders (p=0.89). Primary treatment consisted of chlorambucil, nucleoside analogs or rituximab-based regimens with equal distribution among patient age groups. At least partial response was observed in 68% of the young, in 58% of the middle-aged and in 56% of older patients (p=0.593). The median OS has not been reached in young patients while and it was 113 months for patients aged >50 to 75 and only 53 months for patients older than 75 years (p<0.001). Since other comorbidities may account for the increased mortality in older patients, we also compared the DSS which was not reached in young patients, it was 120 months in middle-aged patients but only 70 months in patients>75 years (p=0.001). These results indicate that although clinical and laboratory features and response to treatment are similar among different age groups, the survival of older (>75 years) patients is significantly shorter than that of middle aged (50-75) or very young ($\leq$ 50) patients.