

Con il patrocinio di:
SIE – Società Italiana di Ematologia



CORSO EDUCAZIONALE COMMISSIONE ANZIANI

XIII EDIZIONE

Giardini Naxos
Marriott Delta Hotels
17-18 aprile 2026



RESPONSABILI SCIENTIFICI:
Annalisa Arcari, Francesco Di Raimondo, Giuseppe Longo

SEGRETERIA SCIENTIFICA:
Salvatrice Mancuso, Francesco Meri, Michele Spina, Alessandra Tucci

Approccio multidisciplinare al pz anziano: gestione delle comorbidità, terapia di supporto e qualità di vita

Il punto di vista dell'ematologo

Salvatrice Mancuso

Dipartimento Promozione della salute, Materno-Infantile
Medicina Interna e Specialistica
Università degli Studi di Palermo
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promise

DISCLOSURES

La sottoscritta

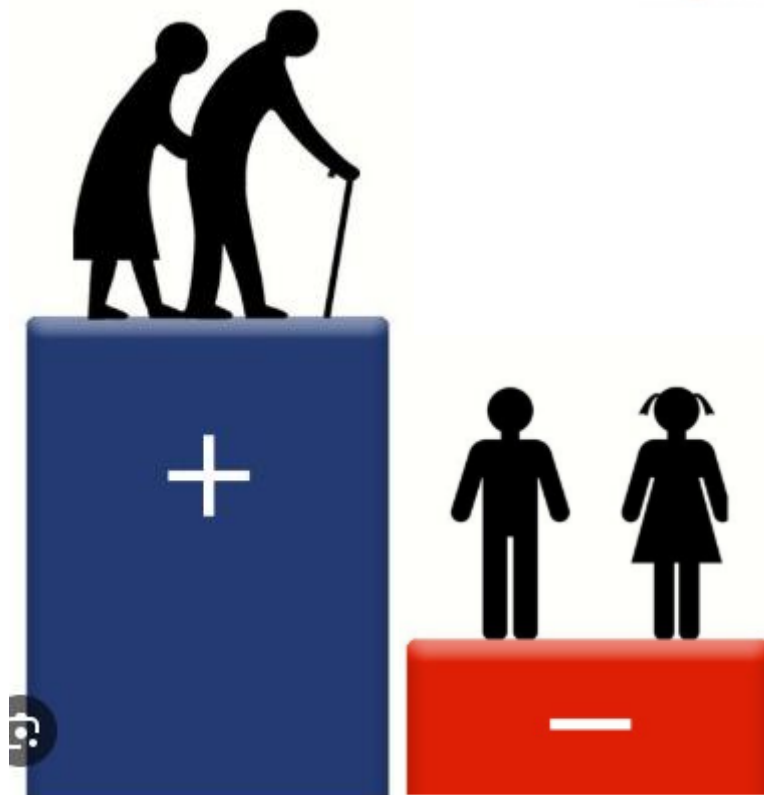
in qualità di relatore, ai sensi dell'art. 76, comma 4 dell'Accordo Stato-Regioni del 2 febbraio 2017 e del paragrafo 4.5. del Manuale nazionale di accreditamento per l'erogazione di eventi ECM

Dichiara

che negli ultimi due anni ha avuto i seguenti rapporti con soggetti portatori di interessi commerciali in ambito sanitario:

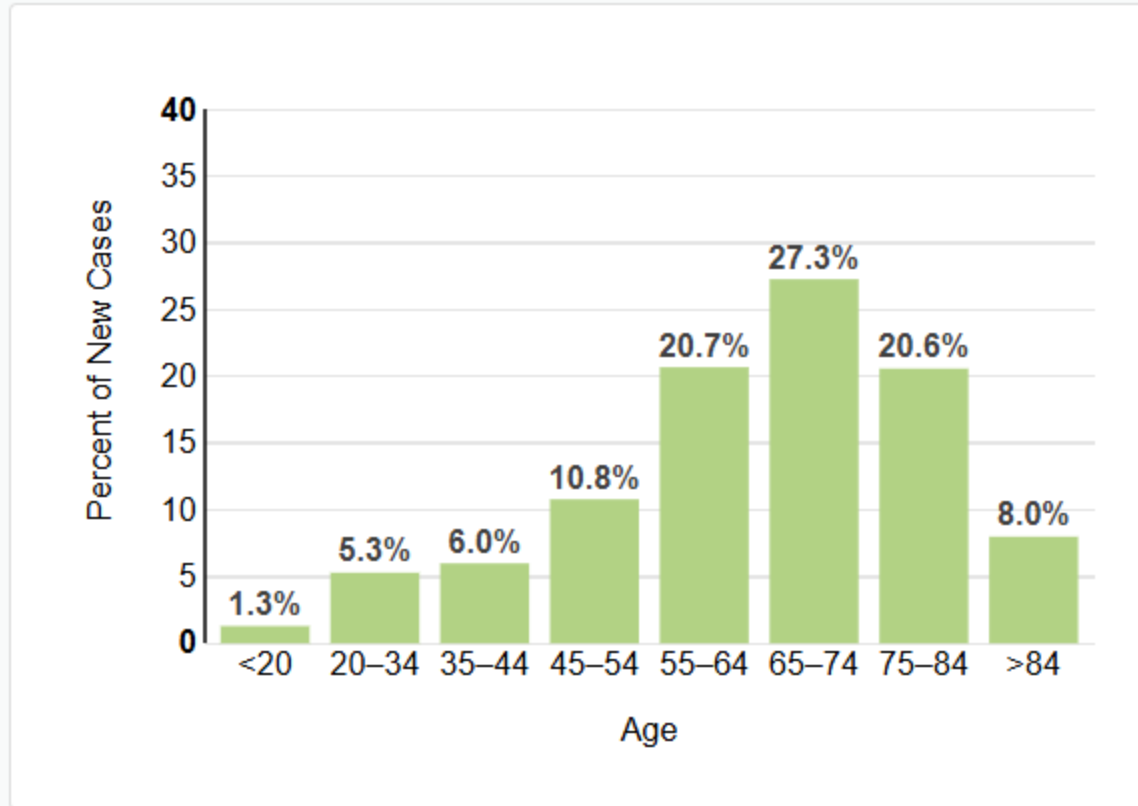
Jansenn, AstraZeneca, BeiGene,

Crisis





Percent of New Cases by Age Group: Diffuse Large B-Cell Lymphoma



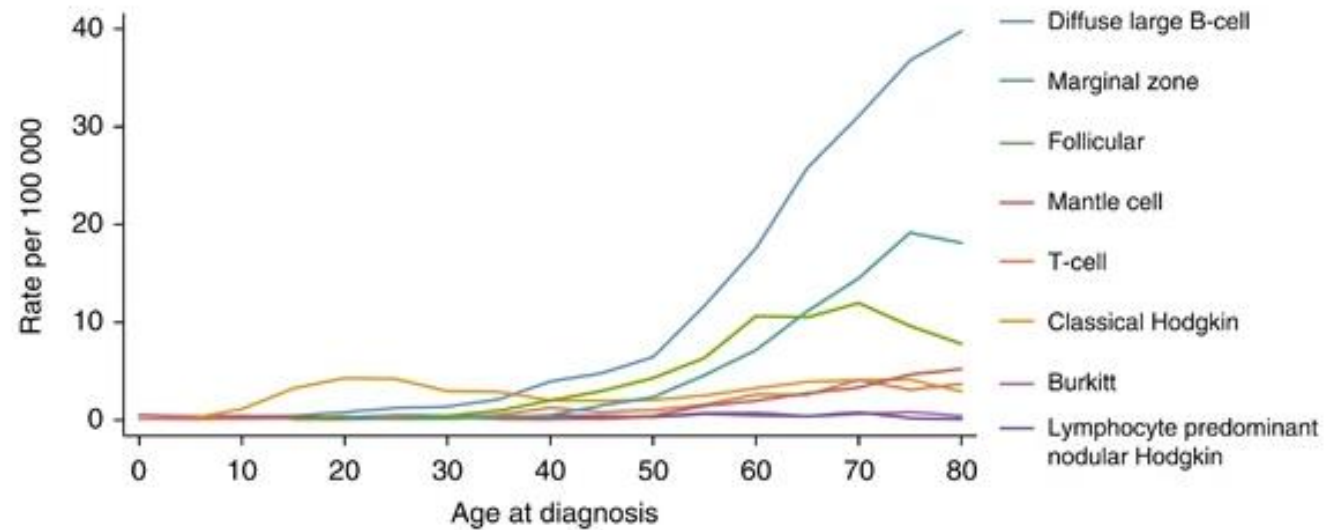
Diffuse large B-cell lymphoma is most frequently diagnosed among people aged 65-74.

Median Age At Diagnosis

67

SEER 21 2018-2022, All Races, Both Sexes

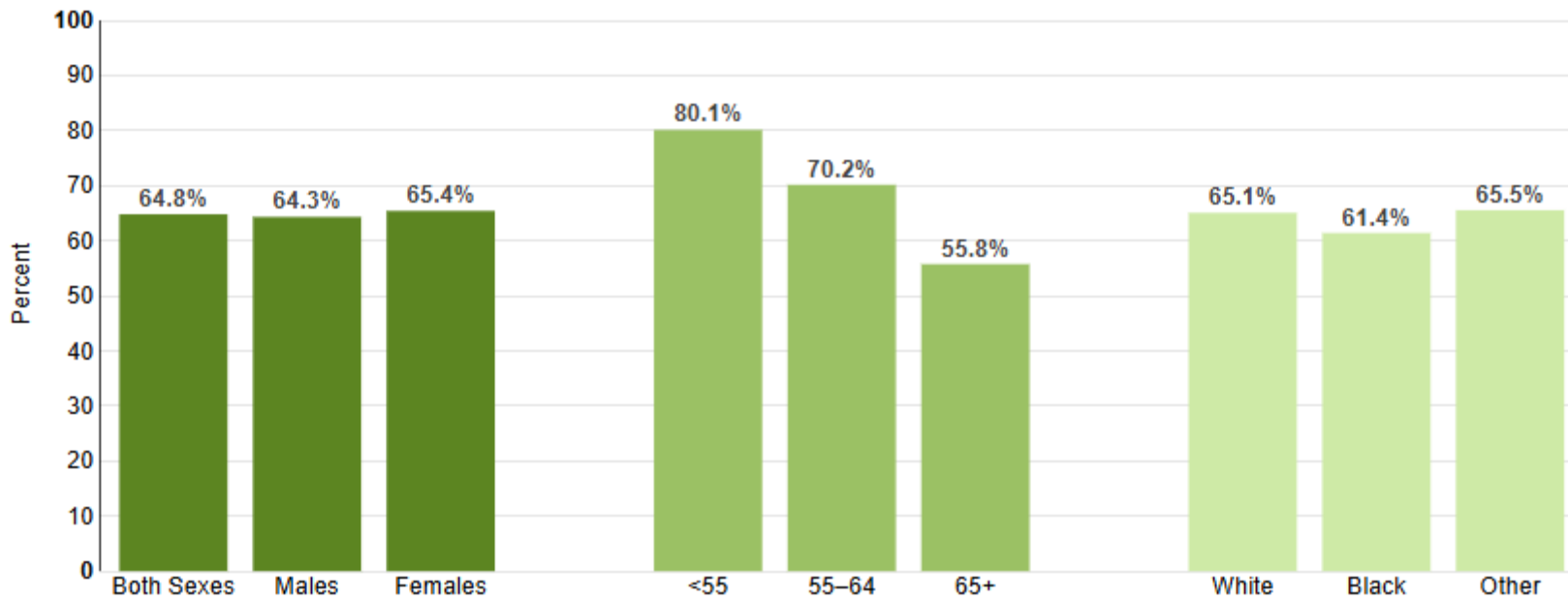
**Age-specific rates per 100 000 by subtype:
Haematological Malignancy Research
Network (HMRN) 2004–2012.**





NATIONAL CANCER INSTITUTE
Surveillance, Epidemiology, and End Results Program

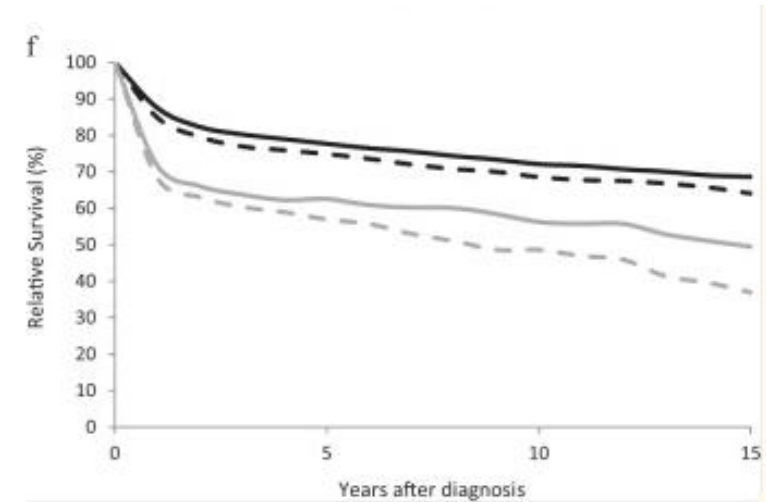
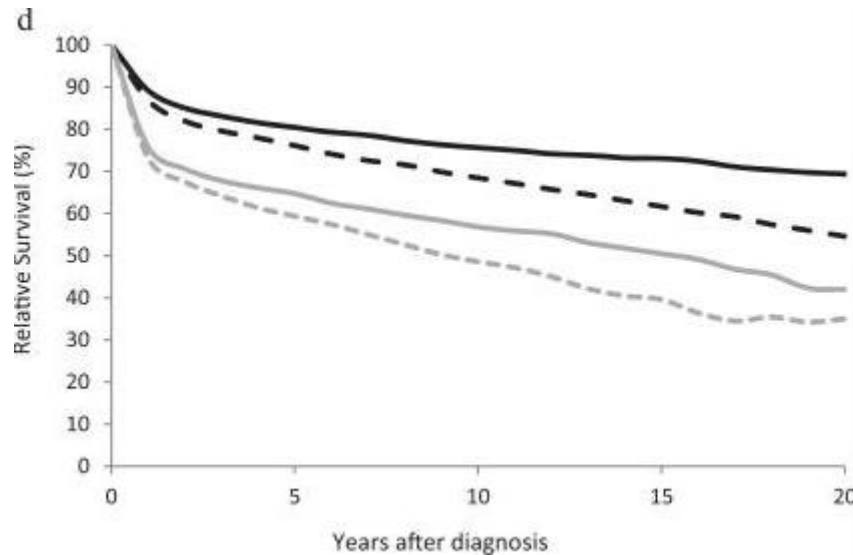
5-Year Relative Survival by Sex, Age, and Race



5-Year Relative Survival By Sex, Age, and Race

Blood Cancer Journal

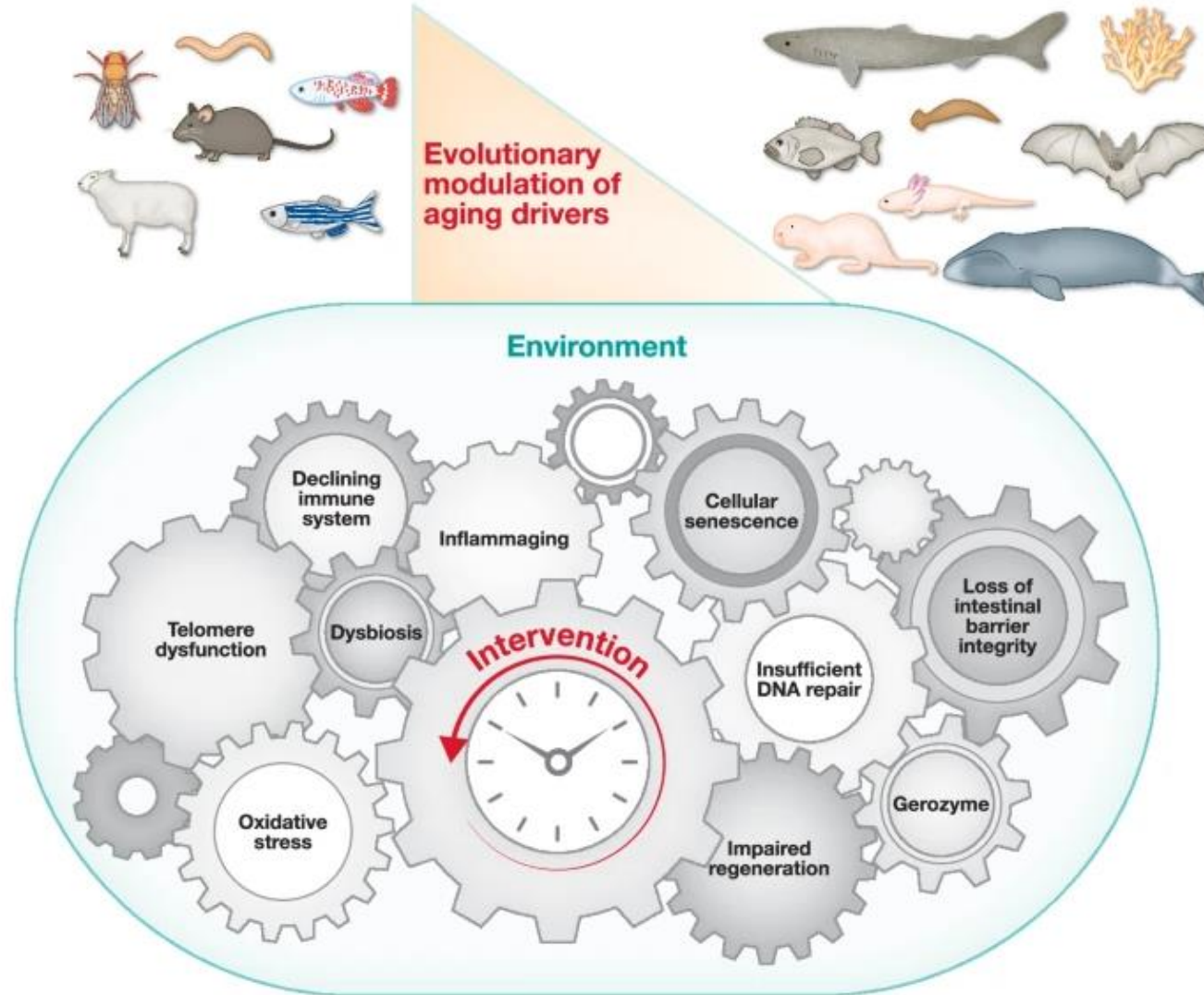
2020 May 13;10(5):56.



Age-specific 0–20-year relative survival for patients with NHL age 15–64 in 2002–2006 (black dashed line) and 2012–2016 (black solid line) and for patients age 65+ in 2002–2006 (gray dashed line) and 2012–2016 (gray solid line).

Age-specific 0–20-year relative survival for patients with DLBCL age 15–64 in 2002–2006 (black dashed line) and 2012–2016 (black solid line) and for patients age 65+ in 2002–2006 (gray dashed line) and 2012–2016 (gray solid line)

Aging is fundamentally a time-dependent process (central clock) interacting with the environment (blue oval)





Role of hematopoietic cells in organismal aging and age-related diseases

Patients with age-related blood disorders display comorbidities that are listed in the top 10 causes of death by the World Health Organization

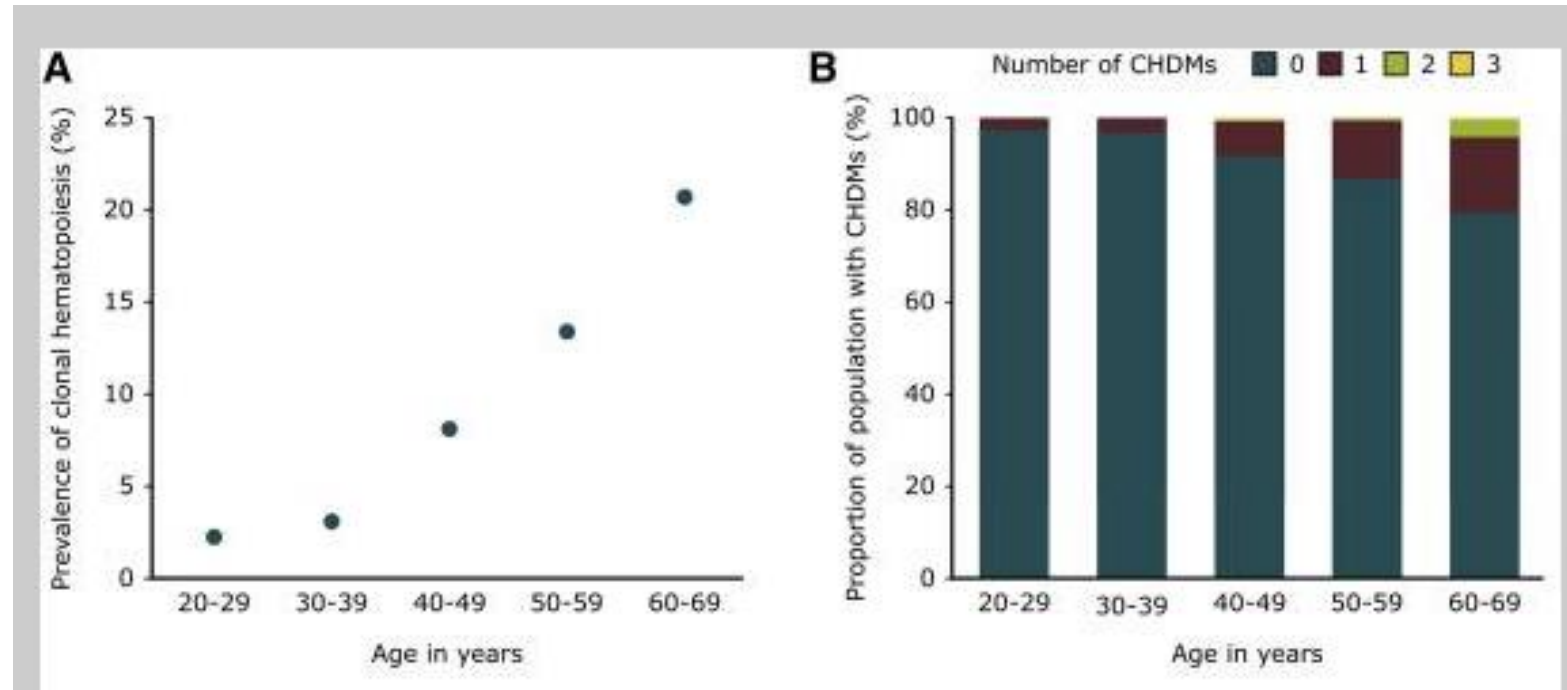
An aging blood system is accompanied by increased risk of (pre-)malignant hemopathies and bone marrow fibrosis

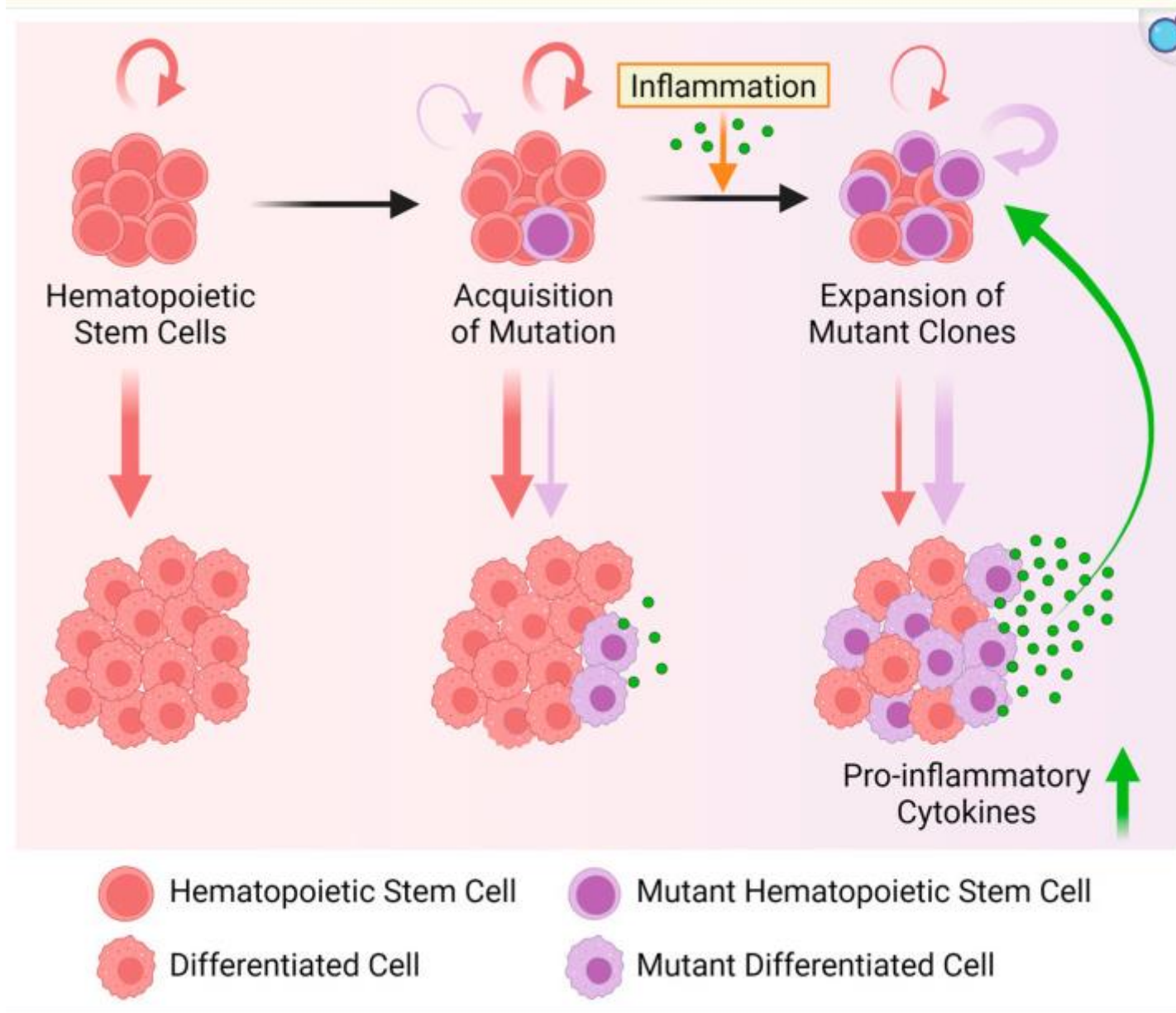
Increased risk of autoimmune diseases correlates with aging of T cells

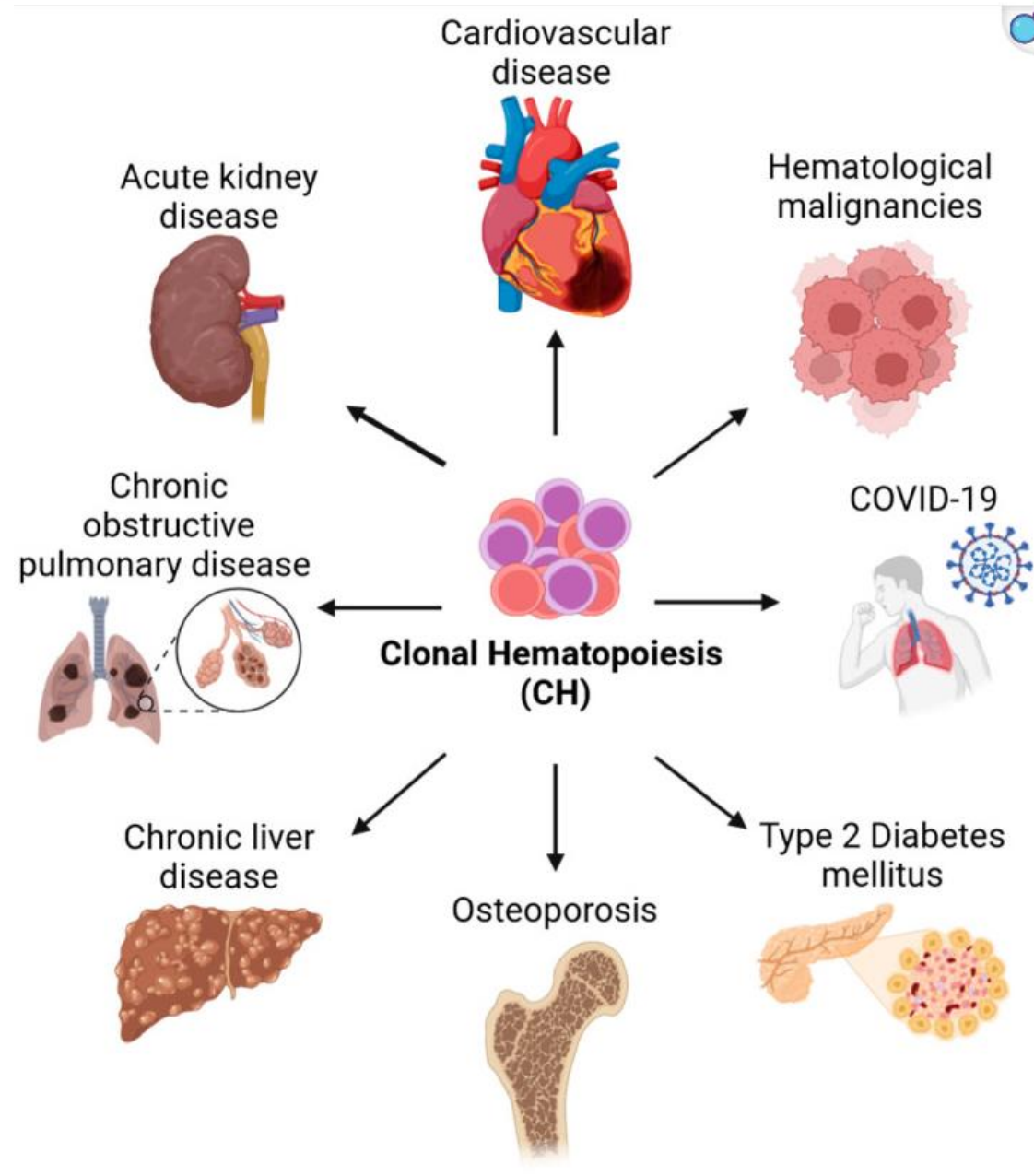
An aging blood system often displays clonal hemato-poiesis

The decline of red blood cells (RBC) results in anemia that affects about one-third of the world population.

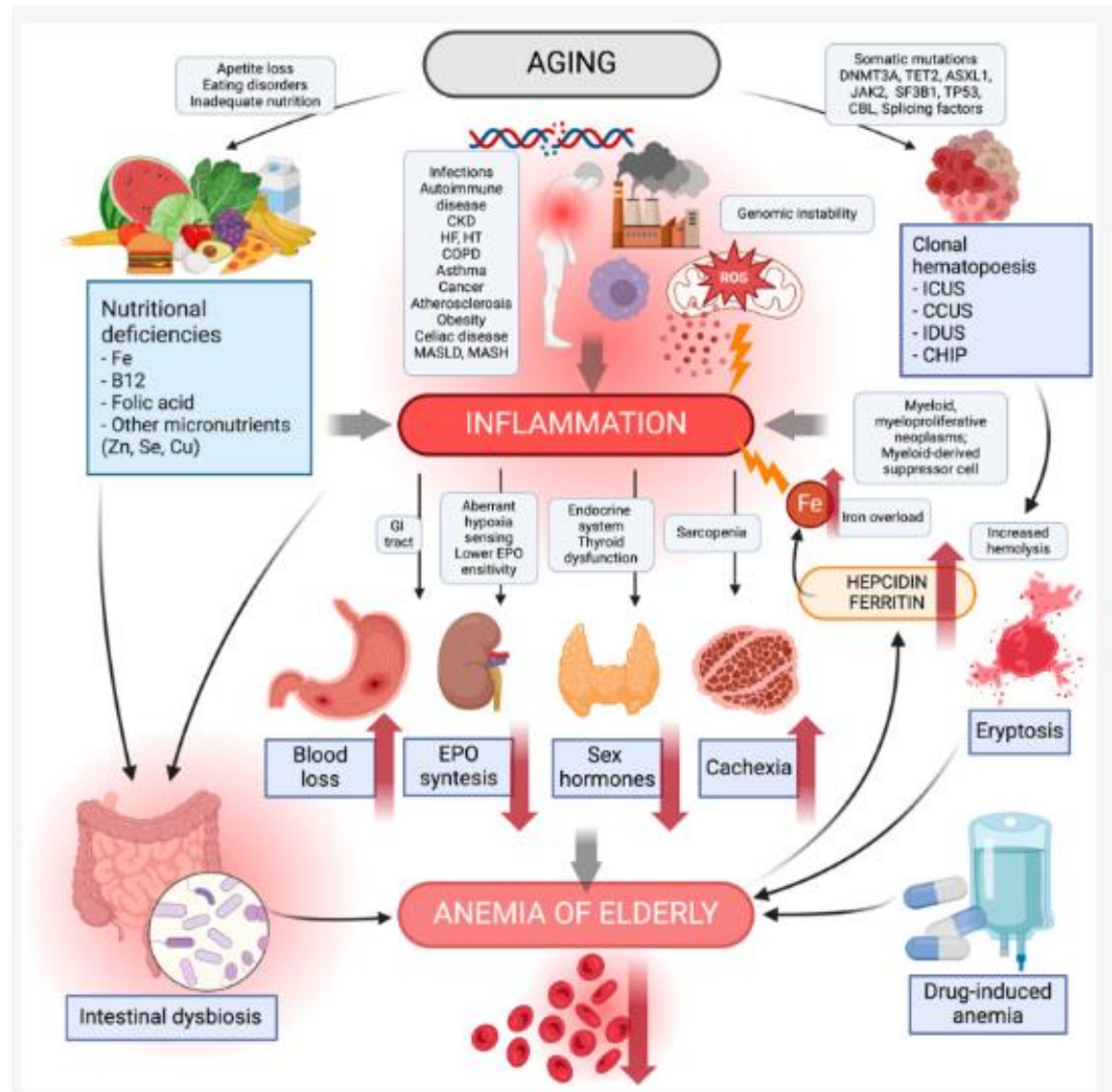
Clonal Hematopoiesis-Driver Mutations per Age Group







Anemia and Its Connections to Inflammation in Older Adults



Role of hematopoietic cells in organismal aging and age-related diseases

Immune system

a drastic drop in the efficiency of the immune cells

an accumulation of pro-inflammatory cytokines and chemokines

organismal decline

Infections become more frequent and vaccination responsiveness decreases with age

Systemic inflammation accelerates cellular and organ aging

Clearance activity of cytotoxic T cells declines during aging, slowing down the removal of premalignant and senescent cells, which facilitates cancer and organismal decline

Organ repair decreases with declining immune function

Changes in the Immune System with Age

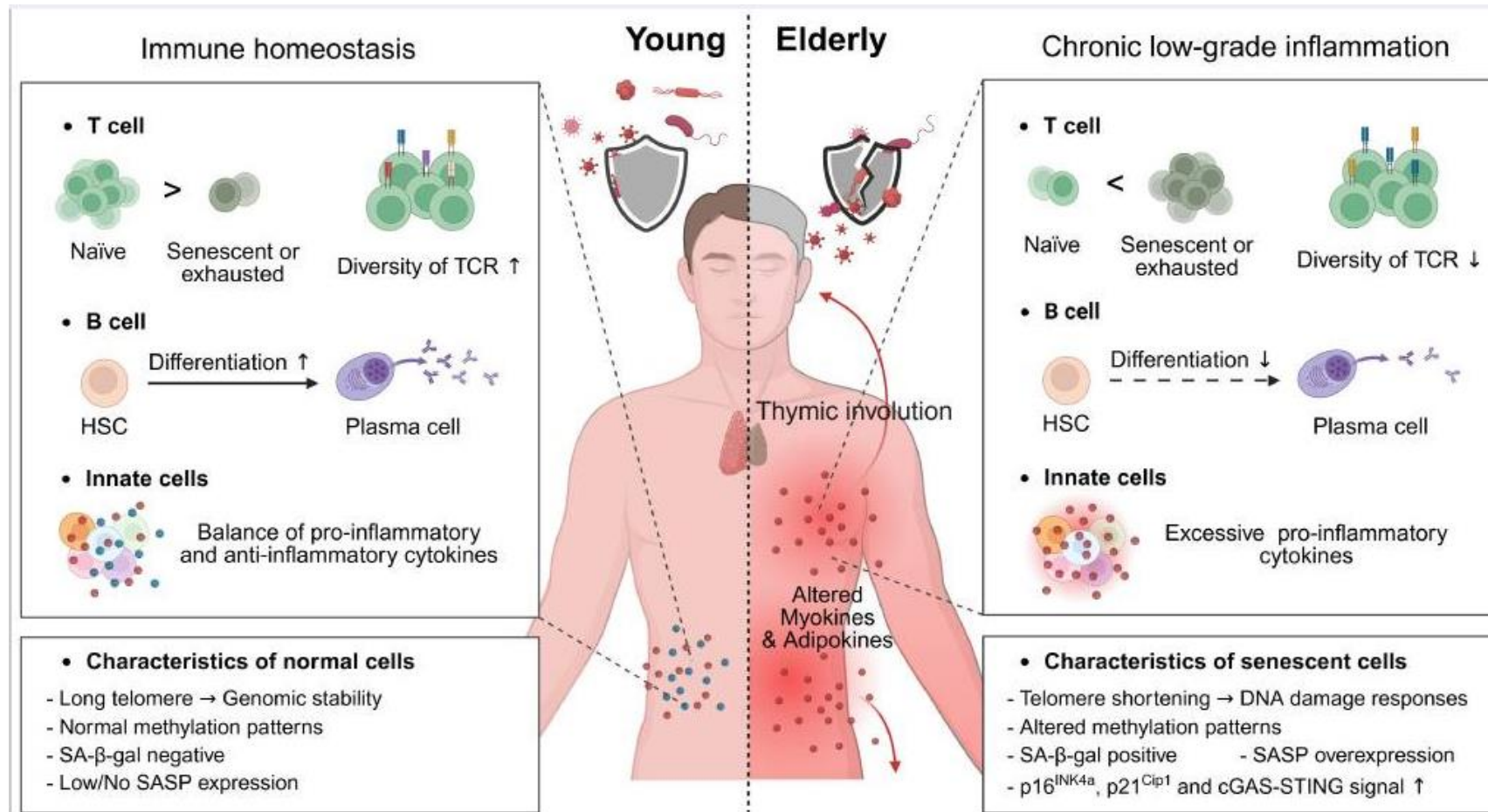


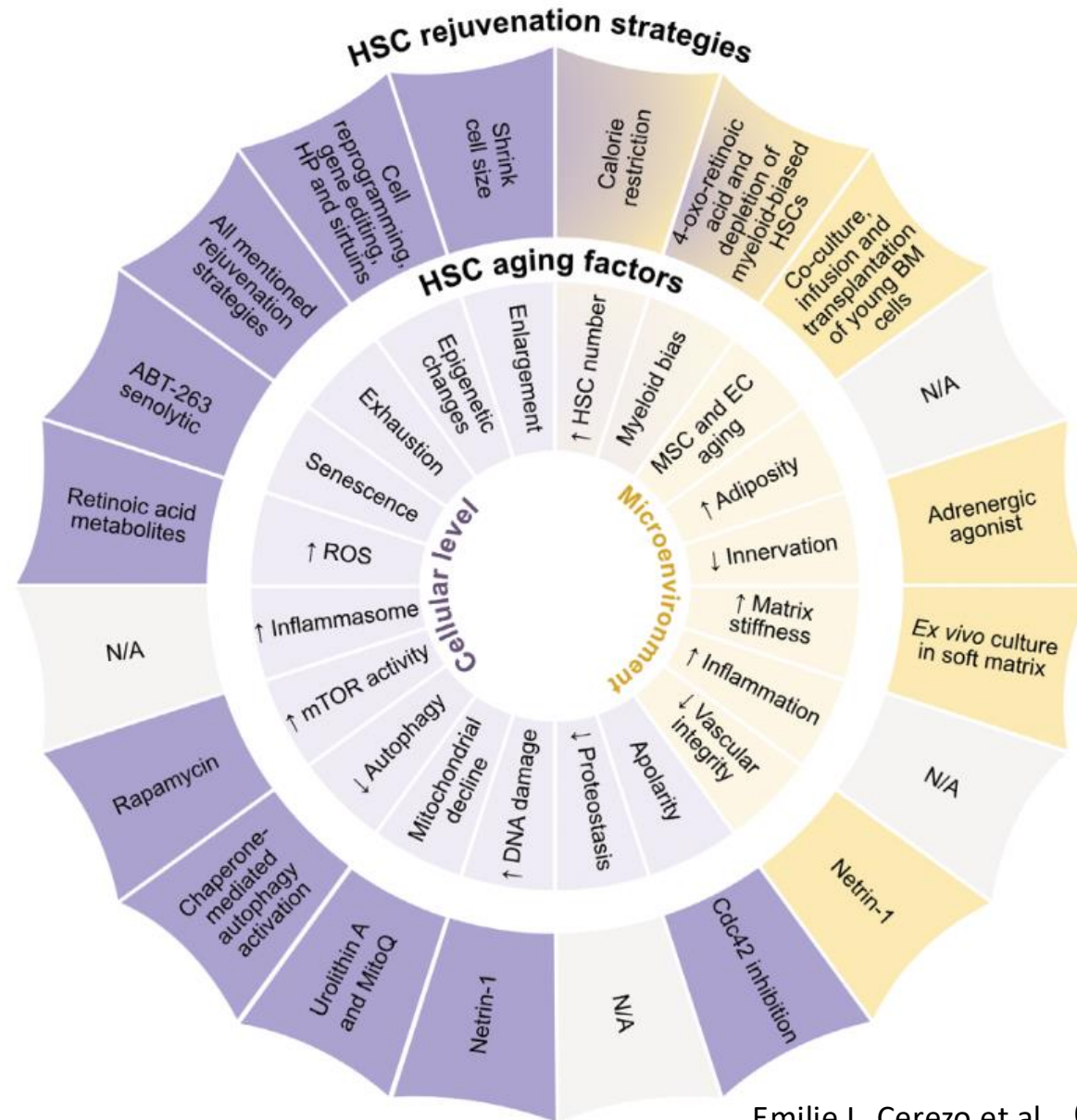


Table 5 Three-part nomenclature for lymphoid proliferations and lymphomas arising in the setting of immune deficiency/dysregulation.

From: [The 5th edition of the World Health Organization Classification of Haematolymphoid Tumours: Lymphoid Neoplasms](#)

Histological diagnosis	Viral association	Immune deficiency/dysregulation setting
<ul style="list-style-type: none"> ◦ Hyperplasia (specify type) ◦ Polymorphic lymphoproliferative disorder ◦ Mucocutaneous ulcer ◦ Lymphoma (classify as for immunocompetent patients) 	<ul style="list-style-type: none"> ◦ EBV +/- ◦ KSHV/HHV8 +/- 	<ul style="list-style-type: none"> ◦ Inborn error of immunity (specify type) ◦ HIV infection ◦ Posttransplant (specify: solid organ/bone marrow) ◦ Autoimmune disease ◦ Iatrogenic/therapy-related (specify) ◦ Immune senescence

FEBS
Letters



MODIFICAZIONI FARMACOCINETICHE NEL PAZIENTE ANZIANO

Assorbimento

- ↓ Mobilità GI
- ↓ Perfusionesplanchnica
- ↓ Area mucosa assorbente
- ↑ Ph gastrico



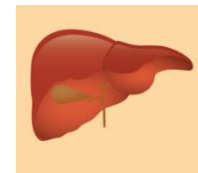
Distribuzione

- ↑ Tessuto adiposo
- ↓ Acqua corporea totale
- ↓ Concentrazione albumina



Eliminazione

- ↓ Filtrazione glomerulare
- ↓ Riassorbimento tubulare
- ↓ Secrezione tubulare attiva



Metabolismo

- ↓ Flusso epatico
- ↓ Reazioni di fase I
- ↔ Reazioni di fase II

MODIFICAZIONI NELLA RISPOSTA AL FARMACO NEL PAZIENTE ANZIANO

TOSSICITA' A BREVE
TERMINE



Mielosoppressione
Neutropenia
Infezioni
Mucosite

TOSSICITA'
MEDIO
TERMINE



Cardiomiopatia
da antracicline
Neuropatia
periferica

TOSSICITA' A
LUNGO
TERMINE



Mielodisplasia/leucemia
acuta
Cardiomiopatia

FARMACO	Aggiustamento posologico in caso di:	
	Alterazione funzione renale	Alterazione funzione epatica
Bendamustina	X	X
Bleomicina	X	-
Capecitabine	X	-
Carboplatino	X	-
Carmusitina	X	-
Cisplatino	X	-
Ciclofosfamide	X	X
Citarabina	X	-
Dacarbazina	X	-
Daunorubicina	X	X
Docetaxel	-	X
Doxorubicina	X	X
Doxorubicina liposomiale	-	X
Epirubicina	X	X
Erlotinib	X	X
Etoposide	X	X
Fludarabina	X	
5-Flurouracile	-	X
Gemcitabina	-	X

FARMACO	Aggiustamento <u>posologico</u> in caso di:	
	Alterazione funzione renale	Alterazione funzione epatica
Idrossiurea	X	X
Idarubicina	X	X
Ifosfamide	X	-
Imatinib	X	X
Irinotecan	-	X
Lenalidomide	X	-
Lomustina	X	-
Melfalan	X	-
Metotrexate	X	X
Mitomicina C	X	X
Mitoxantrone	-	X
Oxaliplatino	X	-
Paclitaxel	-	X
Pentostatin	X	-
Sorafenib	-	X
Vinblastina	-	X
Vincristina	-	X
Vinorelbina	-	X

POLIFARMACOTERAPIA NEL PAZIENTE ANZIANO

Assunzione di ≥ 5 farmaci contemporaneamente

Polifarmacoterapia

60%

Nella popolazione anziana non oncologica

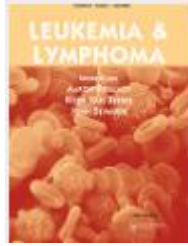
Assunzione di ≥ 10 farmaci contemporaneamente

Iperpolifarmacoterapia

10-15%



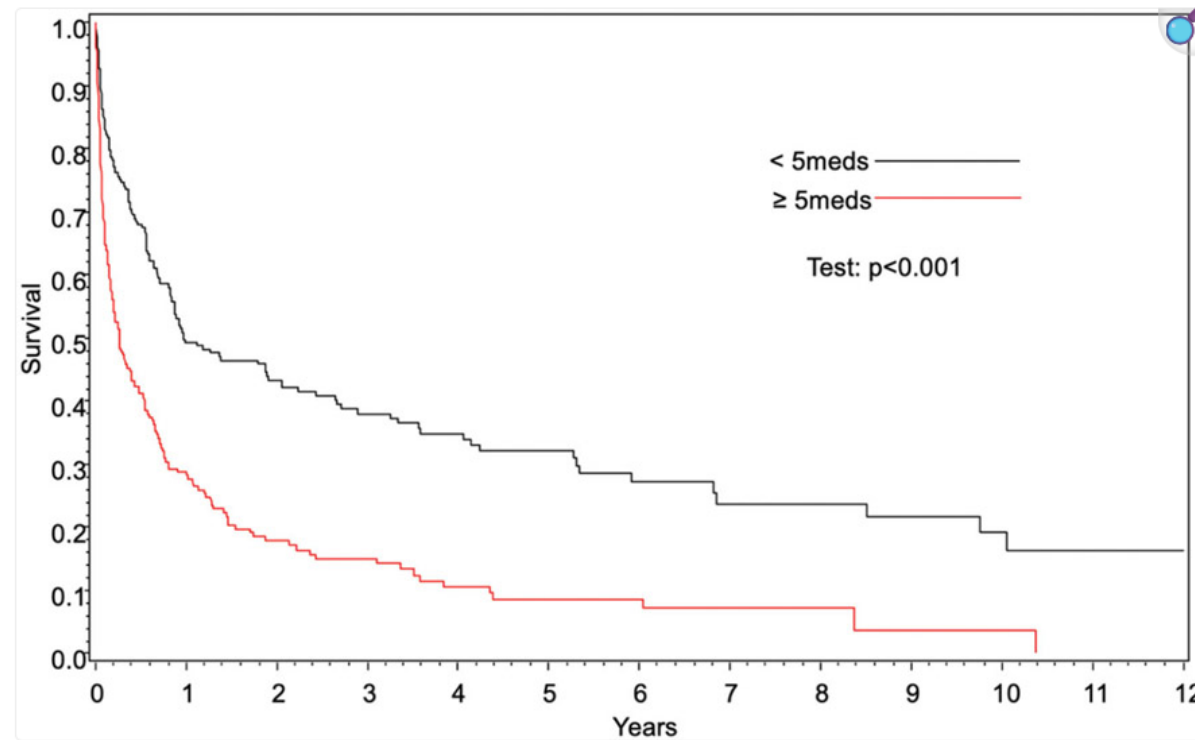
Among older patients with newly diagnosed cancer, the prevalence of polypharmacy and inappropriate medication (PIM) use was 80% and 41%, respectively.



Prevalence and effects of polypharmacy on overall survival in acute myeloid leukemia

N. patients: 399

Overall survival based on polypharmacy.



Simplified Geriatric Assessment in Older Patients With Diffuse Large B-Cell Lymphoma: The Prospective Elderly Project of the Fondazione Italiana Linfomi

Francesco Merli, et al.

TABLE 1. Criteria for sGA Assessment

Criteria	Fit	Unfit		Frail
ADL	≥ 5 ^a	< 5 ^a	6 ^a	< 6 ^a
IADL	≥ 6 ^a	< 6 ^a	8 ^a	< 8 ^a
CIRS-G	0 score = 3-4, ≤ 8 score = 2	≥ 1 score = 3-4, > 8 score = 2	0 score = 3-4, < 5 score = 2	≥ 1 score = 3-4, ≥ 5 score = 2
Age	< 80	< 80	≥ 80	≥ 80

Abbreviations: ADL, activities of daily living; CIRS-G, Cumulative Illness Rating Scale for Geriatrics; IADL, instrumental ADL; sGA, simplified geriatric assessment.

^aNumber of residual functions.

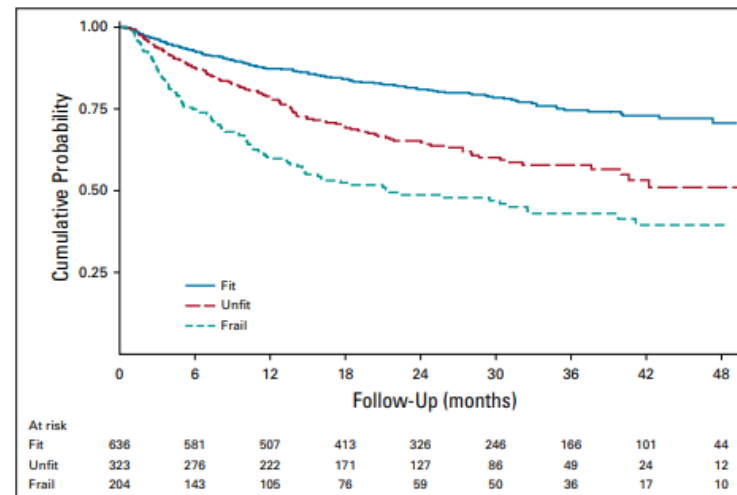


FIG 1. Overall survival by sGA in all patients with treatment details (N = 1,163). sGA, simplified geriatric assessment.

TABLE 3. Multivariable Cox PH Regression With Internal Validation Parameters (A) and EPI Model Definition (B) (n = 1,065)

(A) Factors	HR (95% CI)	z-Score	Ratio^a	Weight	P
Fit	1.00	—	—		—
Unfit	1.93 (1.49 to 2.50)	4.97	2.59	3	< .001
Frail	2.74 (2.07 to 3.62)	7.09	3.69	4	< .001
IPI 1	1.00				—
IPI 2	1.55 (0.99 to 2.44)	1.92	1.00	1	.055
IPI 3-5	2.90 (1.93 to 4.35)	5.14	2.68	3	< .001
Hb < 12 g/dL	1.28 (1.02 to 1.60)	2.13	1.11	1	.033
(B) EPI model	n (%)	3-Year OS (95% CI)	HR (95% CI)	P	
Risk groups (score)	1,065	66 (62 to 69)	—	—	—
Low (0-1)	250 (23)	87 (81 to 91)	1.00	—	—
Intermediate (2-5)	510 (48)	69 (63 to 73)	2.57 (1.72 to 3.84)	< .001	< .001
High (6-8)	305 (29)	42 (36 to 49)	6.21 (4.17 to 9.25)	< .001	< .001
High v intermediate	—		2.41 (1.91 to 3.05)	< .001	< .001

NOTE. The weights were obtained rounding the ratio. Score: sum of weights. Internal validation performed after 250 bootstrap resamples.

Abbreviations: EPI, Elderly Prognostic Index; HR, hazard ratio; IPI, International Prognostic Index; OS, overall survival; PH, proportional hazard.

^aThe z-score for any factor was divided by the minimum z-score observed (IPI 2, considered as reference) to obtain the ratio.



Studio clinico

Raccolta prospettica di dati di pazienti anziani (≥ 65 aa) con linfoma di Hodgkin di tipo classico sottoposti al momento della diagnosi a valutazione geriatrica multidimensionale (VGM).

Codice dello Studio: FIL_ELDHL

Sponsor: Fondazione Italiana Linfomi - ETS (FIL ETS)

Il coordinatore dello studio: il dott. Vittorio Ruggero Zilioli

L'obiettivo principale dello studio è quello di sviluppare **un indice prognostico per i pazienti anziani con nuova diagnosi di linfoma di Hodgkin classico (cHL)** tramite una raccolta prospettica di informazioni di casi consecutivi arruolati dai centri FIL su una piattaforma dedicata dopo il completamento di una valutazione geriatrica semplificata (sGA

New Variations on the **Theme** of
Multidimensional **Geriatric Assessment**.

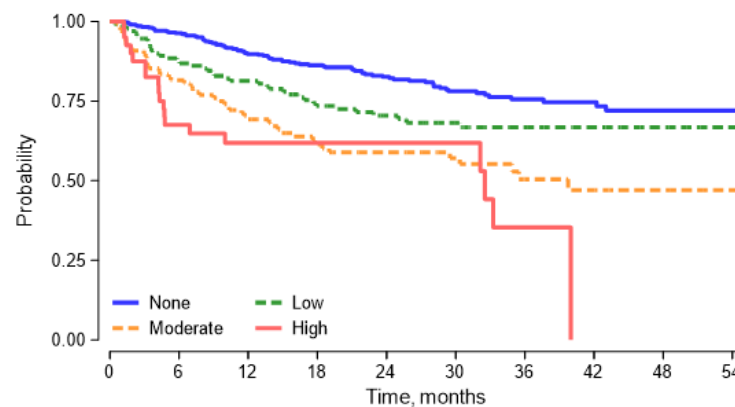


Systematic nutritional screening and
assessment in older patients: Rationale for its
integration into oncology practice



- **ELDERLY PROJECT/
Nutritional Status**

GNRI	N (fail)	3-yr OS % (95%CI)	HR (95%CI)	p-value
Overall OS	688 (184)	68 (63-72)	-	-
Continuous (increase 10 point)	-	-	0.65 (0.58-0.74)	<0.001
Adjusted by EPI			0.73 (0.64-0.83)	
GNRI group	N (%) [fail]	3-yr OS % (95%CI)	HR (95%CI)	p-value
None	408 (59) [79]	76 (70-80)	1.00	
Low	131 (19) [39]	67 (57-75)	1.62 (1.10-2.38)	0.013
Moderate	109 (16) [47]	50 (39-61)	2.70 (1.88-3.87)	<0.001
High	40 (6) [19]	35 (13-58)	3.65 (2.21-6.03)	<0.001
Adjusted by EPI	N (%) [fail]	3-yr OS % (95%CI)	HR (95%CI)	p-value
None			1.00	
Low			1.27 (0.86-1.87)	0.230
Moderate			2.04 (1.42-2.94)	<0.001
High			2.60 (1.57-4.32)	<0.001



at risk (fail)	0	6	12	18	24	30	36	42	48	54
None	408 (15)	383 (25)	326 (12)	269 (10)	206 (10)	151 (4)	101 (1)	58 (2)	26 (0)	5
Low	131 (18)	112 (8)	100 (9)	80 (3)	66 (2)	47 (1)	31 (0)	18 (0)	8 (0)	3
Mod.	109 (20)	88 (13)	71 (7)	49 (2)	43 (1)	31 (3)	19 (1)	12 (0)	6 (0)	1
High	40 (13)	27 (2)	19 (0)	16 (0)	12 (0)	8 (3)	3 (1)	0 (0)	0 (0)	0



FIL CONFIDENTIAL
FIL_Elderly Project 2.0



Clinical Protocol

**Geriatric-guided care versus conventional care in elderly unfit/frail patients with
Diffuse Large B-cell lymphoma in first line treatment.
The Elderly Project 2.0: non-randomized cluster controlled trial.**

ID Study: FIL_Elderly Project 2.0
INVESTIGATOR SPONSOR: Fondazione Italiana Linfomi - ETS (FIL ETS)

COORDINATING INVESTIGATOR/S

Benedetta Sordi, Firenze, Italy

Health Related Quality of Life (HRQoL)

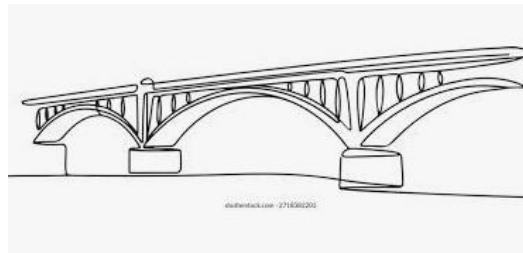
La HRQoL risponde ad una domanda chiave:



“In che modo la mia salute influisce sulla mia capacità di vivere bene?”

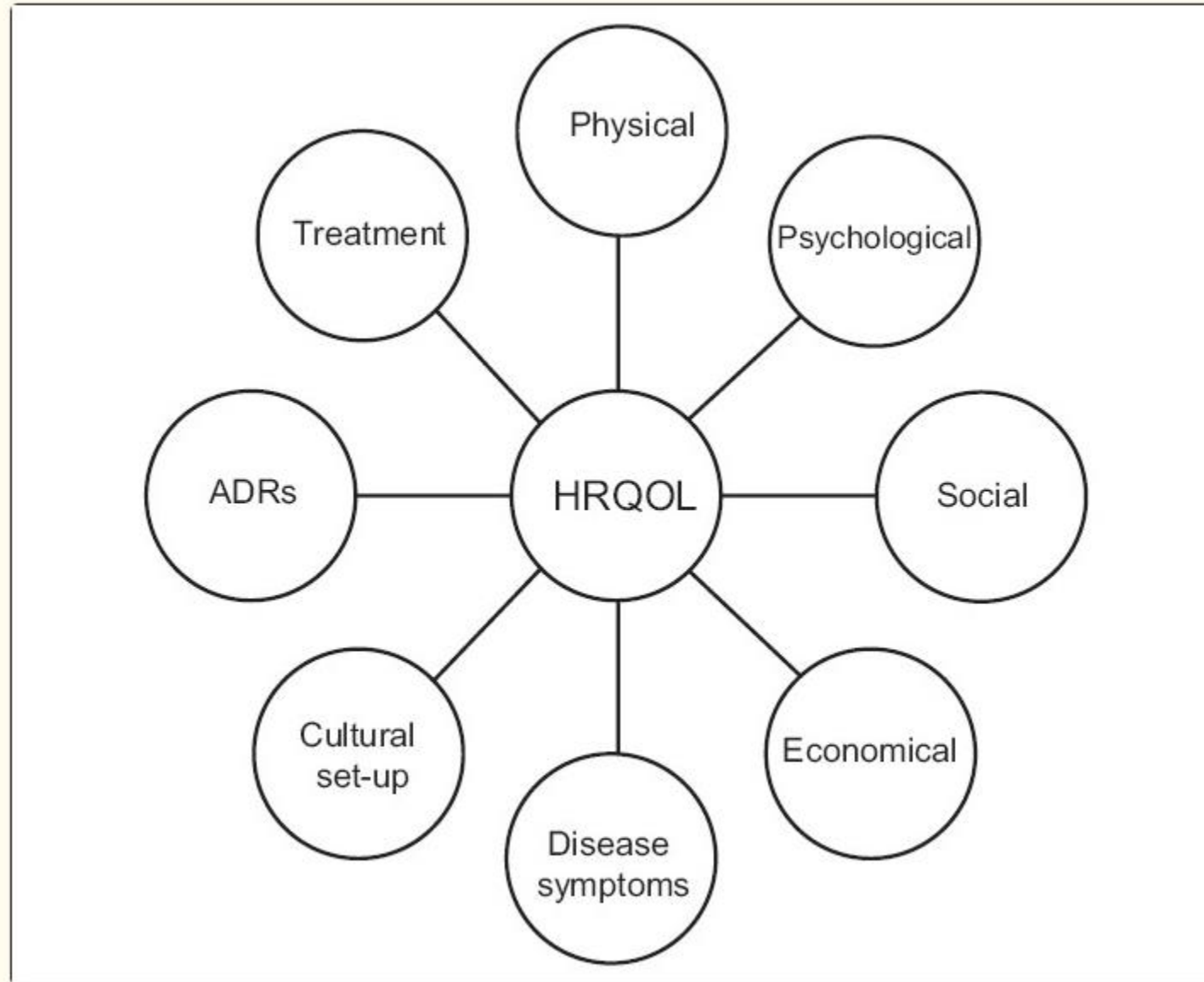
E' un ponte tra

dati clinici oggettivi



esperienza soggettiva del paziente

Factors affecting health related quality of life





**Quality Of Life On Elderly Patients With Low Grade Non-Hodgkin
Lymphoma Treated With Immunotherapy Or Immunochemotherapy
And/Or Radiotherapy. An Observational Prospective Study Of The
Fondazione Italiana Linfomi**

FIL_QoL-ELDIND

protocol version: v.1 del 18/05/2022

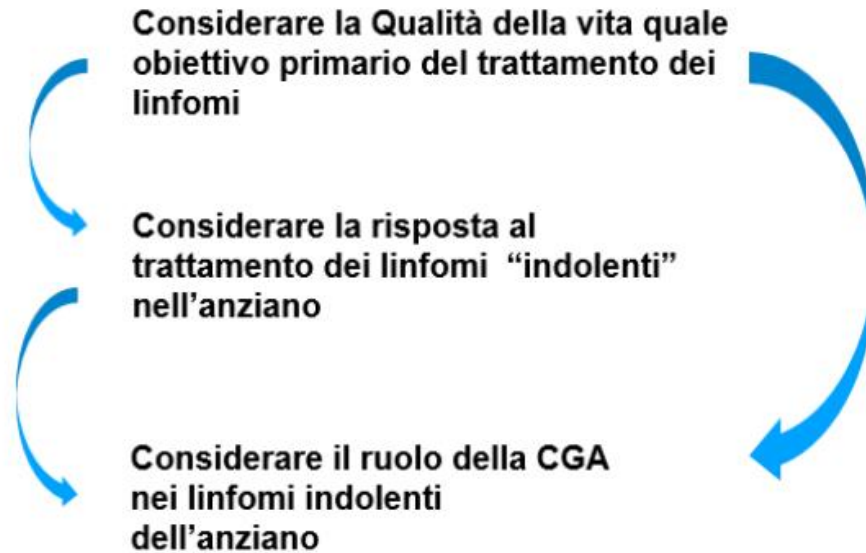
Coordinating Investigator: Salvatrice Mancuso (Palermo Giaccone)



www.filinf.it



RAZIONALE DELLO STUDIO



STUDY DESIGN

- Observational, prospective, multicenter study

Number of patients

- 150 patients

Duration

- **30 months (2.5 years)**
 - 12 months for accrual +
 - 6 months approximately for treatment +
 - 12 months of follow-up

Number of centres

- 19

Primary Endpoint

QoL scores variations at baseline, at the end of treatment and after 1 year from the start of the therapy, measured with the **EORTC-QLQ-C30** and **FACT-Lym-LymS** questionnaires



Qualita' della vita

Qualità della cura

Cura di qualità

