P180 - Behandlung von diffus großzelligen B-Zell-Lymphomen (DLBCL) in der Routineversorgung 2008-2017 / **Treatment of diffuse large B-cell lymphoma (DLBCL) in routine care 2008-2017**

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Introduction: Treatment strategies and outcome of patients with diffuse large B-cell lymphoma (DLBCL) who receive routine care therapy in Germany are not known.
Methods: All consecutive patients with de novo DLBCL who received treatment between 2008 and 2017 in an oncology group practice in Germany were evaluated retrospectively concerning diagnosis, treatment and outcome. Data were retrieved from patient files, transferred into a database and analysed statistically using SPSS19.
Results: 124 patients were analysed. 52% were male, 48% female. Median age at diagnosis was 69.5 (19-91). IPI-score distribution was: 42% score 0-1, 30% score 2, 23% score 3 and 6% score 4-5. Stage according to Ann Arbor was distributed as follows: 37% stage I, 22% stage II, 22% stage III and 19% stage IV. The median age adjusted Charlson comorbidity score was 5 (2-11). Median time from diagnosis to first cytoreductive therapy was 18 days (0-138). First line therapy consisted of R-CHOP or R-CHOEP in 76% of patients. 23% received R-CHOP/R-CHOEP every 14 days, 53% every 21 days. 11% received CHOP/CHOEP in the period before the approval of rituximab. 11% had chemotherapy + rituximab, 2% rituximab mono and 1% radiation only. 86% of patients achieved a CR, 11% a PR and 3% progressed. With a median observation time of 50 months PFS and OS after 36 months according to IPI were: IPI 0-1 86.5% / 93.4%, IPI 2 85.5% / 90.4%, IPI 3 50.6% / 72.2% and IPI 4-5 47.6% / 71.4%. Median OS of the whole cohort was 10.9 years (0.06-17.9+). Lymphoma relapses after achieving CR occurred in 17 (14%) of the patients. 14 patients could be rescued by different therapeutic approaches (13 chemoimmunotherapy, 1 chemotherapy). 1 patient received an autologous transplantation as second line therapy (3%). 11% of patients received additional involved field radiotherapy. 30% received second line, 16% third line and 10% further lines of cytoreductive therapy. 7% were treated with autologous transplantation. During the entire observation time 32 patients (26%) have died. 22% died due to lymphoma progression, 25% due to comorbidities, 3% due to therapy toxicity, 6% due to other causes and for 44% the cause of death could not be identified.
Conclusion: Patients suffering from DLBCL are treated in routine care as suggested by ASH/ASCO/ESMO-recommendations. Survival data are comparable to randomized controlled trials.