



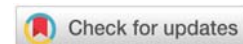
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\*Corresponding author: Turgay Ulas, Near East University, School of Medicine, Department of Internal Medicine, Division of Hematology, Nicosia, Cyprus, E-mail: [turgayulas@yahoo.com](mailto:turgayulas@yahoo.com)

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Letter to Editor

# What is the fittest criterion for giving chemotherapy for an elderly patient diagnosed with follicular lymphoma?

Turgay ULAS<sup>1\*</sup> Mehmet Sinan DAL<sup>2</sup> and Ozan SALIM<sup>3</sup>

<sup>1</sup>Near East University, School of Medicine, Department of Internal Medicine, Division of Hematology, Nicosia, Cyprus

<sup>2</sup>Ankara Oncology Training and Research Hospital, Department of Internal Medicine, Division of Hematology, Ankara, Turkey

<sup>3</sup>Akdeniz University, School of Medicine, Department of Internal Medicine, Division of Hematology, Antalya, Turkey

An 85-year-old British man admitted to our department in July 2018 with enlarged lumps in cervical, axillary and inguinal sites. He was diagnosed with Follicular lymphoma (Stage 3 Grade 3A). In his past history, September 2017, he had undergone percutaneous coronary stent intervention to the left anterior descending coronary artery. Treatment for lymphoma was needed due to the high tumor burden. We did not decide to give chemotherapy because of his age and history of coronary artery disease. The patient has sent me a message via WhatsApp whether I achieved a decision for him. When I looked the patient's WhatsApp profile photo (Picture), I asked him the time of marriage. I have learnt that two months prior to his diagnosis (May 2018) the patient was married, and the patient's Cumulative Illness Rating Scale-Geriatric (CIRS-G) score was low, and then we decided to give age-adjusted chemotherapy (R-miniCHOP). After 4 cycles, the patient responded to the treatment confirmed by PET-CT, but we did not give Vincristin in the last 2 cycles due to the neuropathy. After 6 cycles, the patient achieved complete remission confirmed by PET-CT, and asked me to get a permission to sleep with his wife, I said of course. After 15 months completion of his treatment, he is

now in remission status and followed-up regularly in the out-patient clinic. Even in elderly population with comorbidities, it is important to calculate cancer specific comorbidity indexes to decide giving the treatments.



Picture: Happy Marriage.

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