IMPACT OF AGE ON THE FEASIBILITY AND EFFICACY OF NEOADJUVANT CHEMOTHERAPY IN PATIENTS WITH LOCALLY ADVANCED GASTROESOPHAGEAL CANCER: A RETROSPECTIVE POOLED ANALYSIS OF INDIVIDUAL PATIENT DATA

Lorenzen Sylvie1, Spörl Silvia2, Al-Batran Salah-Eddin3, Novotny Alexander2, Loddick Florian4, Thuss-Patience Peter2, Haller Bernhard2, Feith Markus2
1National Center of Tumor Diseases, University of Heidelberg, Heidelberg, Germany
23rd Department of Internal Medicine (Hematology/Medical Oncology) Klinikum rechts der Isar, Technische Universität München, Munich, Germany
3Krankenhaus Nordwest, Frankfurt, Germany
4University Cancer Center Leipzig, University Clinic Leipzig, Leipzig, Germany

Introduction: Neoadjuvant chemotherapy (neoCTx) improves the prognosis of patients (pts) with locally advanced esophagogastric adenocarcinoma (EGC), but its value is unknown in elderly patients (pts).

Methods: Pts from 4 institutions who received neoCTx followed by surgery for EGC between 2000 and 2012 were analyzed. We compared the feasibility and outcome of neoCTx in pts aged ≥70 (cohort I) and their younger counterparts (cohort II).

Results: Data were available for 460 pts among which 173 (37.6%) were ≥70 years. The median age in cohort 1 and 2 was 59 and 73 years, respectively. Older age was associated with an increased rate of comorbidities (66.0% vs. 42.1%, p < 0.001). As compared to the younger, elderly pts were more likely to receive doublet instead of triplet neoCTx (64% vs 38%, p < 0.001) and oxaliplatin- instead of cisplatin-based regimens (60% vs 32%, p < 0.001). Of the 460 pts who started neoCTx, 83% and 90% in cohort I and II completed neoCTx without major alterations. Dose reductions to < 80% were necessary in 27% and 20% in cohort I and II (p = 0.129). No significant difference was observed in the rate of ≥ grade 3 toxicities for cohort I and II (47% vs. 41%) and postoperative morbidity was also not different (24% vs. 28%). 60 day mortality for cohort I and II was 1.8% and 3.5%. After a median follow up of 30.4 months, median DFS in cohort I and II was 30 and 31 months, with a 3-years DFS of 48% and 46%, respectively. Median OS was 78 and 81 months, with a 3-year OS of 69% and 65%, respectively. On multivariate analysis, age was not significantly correlated with overall survival after adjustment for the rate of co-morbidities, gender and the number of neoCTx drugs applied (HR for age: 0.947; p = 0.80).

Conclusion: Despite slightly more adverse events and dose reductions, neoCTx is feasible in elderly pts with EGC. Elderly pts achieve comparable survival outcomes compared with their younger counterparts.

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