Impact of age on the feasibility and efficacy of neoadjuvant chemotherapy in patients with locally advanced oesophagogastric cancer.

Abstract:
Neoadjuvant chemotherapy (neoCTx) improves the prognosis of patients with localised oesophagogastric adenocarcinoma (EGC), but its value is unknown in elderly patients. Patients who received neoCTx followed by surgery for EGC between 2000 and 2012 were analysed. The aim of this study was to compare the feasibility and outcome between patients aged ≥70 (cohort I) and their younger counterparts (cohort II). Data were available for 460 patients among which 174 (38%) were ≥70 years. Older age was associated with an increased rate of comorbidities (66% versus 42%, p<0.001). As compared to the younger, elderly patients were more likely to receive doublet instead of triplet neoCTx (65% versus 37%, p<0.001) and oxaliplatin-instead of cisplatin-based regimens (60% versus 32%, p<0.001). No significant difference was observed in the rate of ≥grade 3 toxicities for cohort I and II (48% versus 41%) and postoperative morbidity was also not different (24% versus 28%). 90 day mortality for cohort I and II was 6.5% and 3.9%. After a median follow-up of 38 months, median disease-free survival (DFS) was 29.4 months in cohort I and 33.8 months in cohort II, with a 5-years DFS of 37% and 40%, respectively. Median overall survival (OS) was not reached in cohort I and was 58.4 months in cohort II, with a 5-year OS.
of 51% and 50% for cohort I and II, respectively. Despite slightly more adverse events and dose reductions, neoCTx is feasible in elderly patients with EGC. Elderly patients achieve comparable survival outcomes compared with their younger counterparts.