

gastrointestinal tumours, non-colorectal

650P

Efficacy and tolerability of first-line chemotherapy in elderly patients (age ≥70 years) with metastatic gastric cancer: a multicenter study of the Anatolian Society of Medical Oncology (ASMO)

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Background: Gastric cancer that is generally diagnosed in advanced stages is the second leading cause of cancer-related death worldwide. Although chemotherapy has benefit on quality of life and overall survival (OS) in metastatic gastric cancer (MGC), OS usually remains less than a year. Here, the efficacy and tolerability of first-line chemotherapy in MGC patients aged 70 years and older was investigated

Methods: As a multicenter study of ASMO, 305 patients followed in 17 centers between 2005 and 2015 were included. Patients who were 70 years and older at the time

of MGC diagnosis and who had received at least two cycles of chemotherapy in the first-line setting were evaluated retrospectively.

Results: The clinical and demographical features of the patients were presented in Table 1. Median age was 73 (min-max 70-90). Median follow-up time was determined as 8 months (min-max 1-78), median PFS as 6 months (95%CI: 5.2-6.7) and median OS as 10 months (95%CI: 8.4-11.6). Partial response was achieved in 26.2% and stable disease in 16.7% of the patients. The most common chemotherapy related grade 3-4 hematologic toxicity was neutropenia (22%). Poor ECOG performance status, history of surgical treatment and less number of metastatic organs had statistically significant benefit on PFS and OS ($p < 0.05$). The number of drugs in the regimens was positively correlated with both response rates of treatment and with grade 3-4 neutropenia rates ($p = 0.004$, $p < 0.001$; respectively).

Table: 650P

		n	%
Gender	Male	216	70.8
	Female	89	29.2
ECOG	0	45	14.8
	1	159	52.1
	2	96	31.5
	3	5	1.6
	≥4	0	0
Age (years)	70-74	187	61.3
	74-79	78	25.6
	≥80	40	13.1
	Unknown	0	0
Chemotherapy regimen	1 drug	58	19
	2 drugs	105	34.4
	3 drugs	142	46.6

Conclusions: We observed that first-line chemotherapy was effective and tolerable in elderly patients. The chemotherapy regimen (multiple or single) and the dose reduction at the beginning did not affect treatment response. It is reasonable to choose the minimum toxic and maximum tolerable chemotherapy regimen. It will be more relevant to use physiological age evaluations like ECOG performance status than biological age in treatment decision.

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