

**1106P Treatment patterns in elderly patients with locally advanced head and neck squamous cell carcinoma (LA-HNSCC): Results from an EORTC led survey**

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**Background:** An increase in the number of elderly patients diagnosed with head and neck cancer is expected, but there is no consensus on what is the optimal treatment for patients >70 years with locally advanced disease. Geriatric assessment (GA) is recommended but not validated for guiding treatment decisions. We hypothesized that significant heterogeneity will exist across institutions in patterns of care delivered to elderly patients with LA-HNSCC and in the use of GA and assessment of quality of life (QoL).

**Methods:** Members of the EORTC, the European Head and Neck Society and national groups in Europe were asked to complete a questionnaire about treatment delivered and use of GA and QoL assessment in elderly patients with LA-HNSCC.

**Results:** Investigators from 111 centers replied, including 90 (81.1%) academic centers, 16 (14.4%) community hospitals and 5 (4.5%) private clinics. Large differences in treatment patterns were found. For instance, for oropharyngeal carcinoma, one third of the centers indicate that they treat <5% of elderly patients with chemoradiation, while 18 centers (16.2%) treat >40% of elderly patients with chemoradiation. More than half of the centers hardly or never use cetuximab in elderly patients with hypopharyngeal carcinoma, while one in five centers treat >20% of the elderly patients with cetuximab. Furthermore, 3 centers (2.7%) treat <5% of elderly patients with oral cavity cancer with surgery and postoperative radiotherapy, while 73 centers (65.7%) offer this to at least 40% of their elderly patients. Fourteen centers (12.6%) routinely perform GA while 43 centers (38.7%) never do, and 39 centers (35.1%) sometimes do. QoL is assessed on a routine basis in one fifth of the centers.

**Conclusions:** Large differences exist across institutions in the patterns of care delivered to elderly patients with LA-HNSCC. Prospective studies are required in this population to learn how to use GA, how to improve QoL and ultimately improve treatment outcome. For that, consensus on standard of care is essential.

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