

## gastrointestinal tumours, non-colorectal

710P

### CLINICAL OUTCOME OF ELDERLY (>70Y) ADVANCED PANCREATIC CANCER PATIENTS RECEIVING CHEMOTHERAPY

A. Lanese<sup>1</sup>, A. Bittoni<sup>1</sup>, M. Santoni<sup>1</sup>, K. Andrikou<sup>1</sup>, C. Pellei<sup>1</sup>, A. Conti<sup>1</sup>, P. Bertocchi<sup>2</sup>, A. Brunetti<sup>3</sup>, M. Russano<sup>4</sup>, V. Vaccaro<sup>5</sup>, N. Silvestris<sup>3</sup>, M. Milella<sup>6</sup>, D. Santini<sup>7</sup>, A. Zaniboni<sup>8</sup>, S. Cascinu<sup>9</sup>

<sup>1</sup>Clinica di Oncologia Medica, AOU Ospedali Riuniti Ancona Università Politecnica delle Marche, Ancona, ITALY

<sup>2</sup>Oncologia Medica, Fondazione Poliambulanza, Brescia, ITALY

<sup>3</sup>Medical Oncology Unit, National Cancer Institute "Giovanni Paolo II", Bari, ITALY

<sup>4</sup>Medical Oncology, Campus Bio-Medico di Roma, Rome, ITALY

<sup>5</sup>Medical Oncology, Regina Elena National Cancer Institute, Rome, ITALY

<sup>6</sup>Divisione Di Oncologia Medica A, Regina Elena National Cancer Institute, Rome, ITALY

<sup>7</sup>Medical Oncology, Campus Bio-Medico University, Rome, ITALY

<sup>8</sup>Oncology Department, Fondazione Poliambulanza, Brescia, ITALY

<sup>9</sup>Dipartimento Di Medicina Clinica E Biotecnologie A, AOU Ospedali Riuniti Ancona Università Politecnica delle Marche, Ancona, ITALY

**Aim:** Pancreatic cancer is a disease seen predominantly in elderly patients (pts). However, no standards of care exist for >70y patients. We aimed at evaluating the

outcome of elderly pts treated with chemotherapy for pancreatic cancer and the presence of prognostic factors in this subpopulation.

**Methods:** We reviewed the clinical records of patients with PDAC aged  $\geq 70$ y treated with chemotherapy in four Italian Oncology Units from January 2005 to April 2014. Survival estimates were quantified using Kaplan Meier curves. Tumor stage, ECOG-Performance Status (PS), pre-treatment CEA and CA 19-9, hemoglobin (Hb), neutrophil, lymphocyte and platelet count as well as LDH were included in the Cox analysis to investigate their prognostic significance.

**Results:** 178 pts were included in this analysis. Median age was 74 years (range 70-88); 97 pts (54.5%) were males; 128 pts (71.9%) had metastatic disease. Median overall survival (OS) was 5.6 months. Median first-line PFS was 3.2 months. Folfirinox was the first-line in 10 pts (5.6%); 90 pts (50.6%) were treated with gemcitabine alone, 78 pts (43.8%) gemcitabine-based doublets, without differences in terms of OS ( $p = 0.07$ ). Forty-five pts (25.2%) were treated with second-line chemotherapy; median OS of 4.2 months and a PFS of 2.2 months. No differences in terms of OS and PFS were found between mono (23 pts) vs combined (22 pts) second-line chemotherapy ( $p = 0.42$ ). Only 7 pts (3.9%) underwent third-line chemotherapy, with an OS of 8.1 months and a PFS of 1.7 months. At multivariate analysis, ECOG-PS  $\geq 2$  ( $p = 0.004$ ) and lymphocyte count ( $p = 0.04$ ) were independent prognostic factors for OS. Furthermore, ECOG-PS  $\geq 2$  ( $p = 0.04$ ), Hb ( $p = 0.03$ ), lymphocyte ( $p = 0.01$ ) and neutrophil counts ( $p = 0.04$ ) were significantly associated with PFS.

**Conclusions:** Chemotherapy appears to have a similar activity in elderly patients as compared to younger patients with pancreatic cancer. However, combined chemotherapy does not occur to be more effective than monotherapy.

**Disclosure:** All authors have declared no conflicts of interest.