

## posters

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**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**

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**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  $\geq 70$  (cohort I) and their younger counterparts (cohort II).

**Results:** Data were available for 460 pts among which 173 (37.6%) were  $\geq 70$  years. The median age in cohort I and II 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  $\geq$  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.