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No conflict of interest.

MEASUREMENT OF HEALTH OUTCOMES OF CHEMOTHERAPY TREATMENT IN COLORECTAL CANCER PATIENTS OLDER THAN 70 YEARS AT A TERTIARY HOSPITAL

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Background

Colorectal cancer (CRC) is the third most common cancer worldwide. It is estimated that 1.8 million new cases of CRC are diagnosed in 2018, with 880,000 deaths worldwide. In Spain, an estimated 20,514 new CRC cases and 8,968 CRC deaths were recorded in 2017. Surgery is the mainstay of treatment, but in case of metastasis chemotherapy is a therapeutic option in elderly patients. The feasibility of adjuvant chemotherapy in elderly patients is not well established, but there is evidence that adjuvant chemotherapy can improve survival in selected elderly patients. The main goal of this study is to measure the health outcomes of chemotherapy treatment in colorectal cancer patients older than 70 years at a tertiary hospital.

Material and methods

A retrospective study was conducted at a tertiary hospital. Patients older than 70 years who received chemotherapy for CRC between January 2015 and December 2018 were included. The main health outcomes measured were effectiveness and adverse reactions.

Results

Thirty patients were included. The mean age was 76 years. The most common chemotherapy regimens were FOLFOX and FOLFIRI. The median number of chemotherapy cycles received was 6. The most common adverse reactions were neutropenia, anaemia, and thrombocytopenia, with a frequency of 20%, 10%, and 5%, respectively. The median overall survival was 18 months.

Conclusion

Chemotherapy treatment in colorectal cancer patients older than 70 years is feasible and safe. Further research is needed to determine the optimal chemotherapy regimen and dose for this population.

No conflict of interest.
Background
Colorctal cancer represents a major health problem in developed countries. The incidence increases with age. Median age at diagnosis is about 70 years. This creates new needs in the treatment antineoplastic, considering the characteristics of this group of patients: functional alterations that increase the toxicity of drugs, high comorbidity and polypharmacy.

Purpose
To describe chemotherapy treatments in elderly patients with colorectal cancer.

Material and methods
Descriptive, retrospective study in which patients selected were older than 70 years who had received chemotherapy treatment for colorectal cancer, in the period January 2016 to October 2017. Data collected: sex, age, treatment schemes, reduction in dosage, duration of treatment and side effects.

Results
Thirty-four patients were included, mean age 72.97 ± 3.36, 58.82% men (n = 20). Baseline ECOG was 0 in 29.42% of cases, 1 in 66.64% and 2 in 2.94%. 64.70% patients were diagnosed with stage-IV, 26.47% stage-III and 8.83% stage-II.

Twelve patients in stage II–III were treated with adjuvant chemotherapy: XELOX (oxaliplatin/capecitabine), FOLFIOX6 (oxaliplatin/fluorouracil/folinolate) or capecitabine monotherapy. Six patients relapsed: median to relapse was 11 months (4–20).

Patients in stage IV: 50% liver metastasis, 27.27% lung-liver metastasis, 9.1% retroperitoneum-liver, 9.1% lung metastasis and 4.53% retroperitoneum metastasis.

7/22 patients received perioperative chemotherapy: XELOX or mFOLFOX6. Four patients relapsed: median to relapse: 3.5 months (3–11).

Twenty-five patients received palliative chemotherapy, median of overall survival 24, (95% CI: 21 to 27). Median of lines of treatments was 3 (1–6). Schemes utilised in first-line: FOLFOX± cetuximab or bevacizumab, FOLFIRI± cetuximab or bevacizumab (trinitocan/fluorouracil/folinolate), XELOX, capecitabine.

Fifty per cent of patients underwent dose reduction and 60% had delays of administration due to toxicity.

Side effects: 56% suffered from asthaenia (grade 2–3), 28% mucositis (grade 1–3), 44% neutropaenia (grade 1–3), 60% diarrhoea (grade 2–3), 20% nausea grade 1, 16% vomit (grade 1–2), 56% cutaneous toxicity associated with anti-EGFR (grade 1–3), 24% thrombocytopaenia (grade 1–2), 20% neurotoxicity (grade 1–3) and 20% paraesthesia (grade 1–2).

Conclusion
There is a tendency to reduce drug doses in the elderly patient, although not always in an established manner. It would be interesting to undertake studies to adapt the chemotherapy for the adult population, as well as to objectify the overall health, quality of life and functionality of the elderly patient.

References

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