

## Background

4CPS-104

**Colorectal 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-October 2017**. Data collected: **sex, age, treatment schemes, reduction of dosage, duration of treatment and side-effects**.

## Results

**34 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**.

12 patients in stage II-III were treated with **adjuvant-chemotherapy**: XELOX (oxaliplatin/capecitabine), FOLFOX6 (oxaliplatin/fluorouracil/folinate) 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, 4.53% retroperitoneum metastasis.

7/22 patients received **perioperative-chemotherapy**: XELOX or mFOLFOX6. Four patients relapsed, **median to relapse: 5.5 months** (3-11).

25 patients received **palliative-chemotherapy**, **median of overall survival 24**, (95% interval-confidence (21-26.98). Median of lines of treatments was 3 (1-6). Schemes utilized in first-line: FOLFOX±cetuximab or bevacizumab, FOLFIRI ±cetuximab or bevacizumab (irinotecan/fluorouracil/folinate), XELOX, capecitabine.

50% patients underwent doses reduction and 60% had delays of administration due to toxicity.

**Side-effects**: 56% suffered from asthenia (grade 2-3), 28% mucositis (grade 1-3), 44% neutropenia (grade 2-3), 60% diarrhoea (grade 2-3), 20% nausea grade 1, 16% vomit (grade 1-2). 56% cutaneous-toxicity associated to anti-EGFR drug (grade 1-3), 24% thrombocytopenia (grade 1-2), 20% neurotoxicity (grade 1-3) and 20% paraesthesia (grade 1-2).

## Conclusions

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 intravenous chemotherapy treatment differently to the rest of the adult population, as well as to objectify the overall health, quality of life and functionality of the elderly patient.

