









Pattern of practice in late elderly patients with HPV positive oropharyngeal cancer: a multicenter retrospective study

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DICHIARAZIONE

Relatore: Andrea Romei

- Posizione di dipendente in aziende con interessi commerciali in campo sanitario (Niente da dichiarare)
- Consulenza ad aziende con interessi commerciali in campo sanitario (Niente da dichiarare)
- Fondi per la ricerca da aziende con interessi commerciali in campo sanitario (Niente da dichiarare)
- Partecipazione ad Advisory Board (Niente da dichiarare)
- Titolarità di brevetti in compartecipazione ad aziende con interessi commerciali in campo sanitario (Niente da dichiarare)
- Partecipazioni azionarie in aziende con interessi commerciali in campo sanitario (Niente da dichiarare)











INTRODUCTION

In contrast to the prevalent population of young patients in good general conditions with Human Papilloma Virus positive oropharyngeal cancer, recent epidemiologic trends highlighted a rise of the disease incidence in the elderly population.

Patients with more than 75 years of age are considered as "late elderly".











AIM OF THE STUDY

The purpose of our work was to assess the **pattern of practice** across Italian centers in this patient group.

This is an **observational**, **non-interventional**, **multicenter**, **retrospective** study. Patients were included if had a histologically-confirmed diagnosis of squamous cell oropharyngeal cancer, age more than 75 years at time of initial diagnosis.









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Characteristic	No. of patients (%), n = 95	
Median age, years (range) <80 <u>></u> 80	78 years (75-88) 55 (57,9%) 40 (42,1%)	
Sex Male Female	71 (74,,7%) 24 (25,3%)	
0 1 2	44 (83.6%) 44 (16.4%) 7 (16.4%)	
Charlson Comorbidity Index (age-adjusted) <4 4-7 <u>></u> 8	10 (10,5%) 64 (67,4%) 15 (16,8%)	
Smoking history (pack/years) 0 <10 10-20 >20	36 (75,8%) 20 (21,1%) 12 (12,6%) 27 (28,4%)	

POPULATION





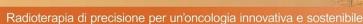


Characteristic	No. of patients (%), n = 95	
Primary tumor site		
Tonsil Base of Tongue Soft Palate Posterior Wall No primary identified (cT0)	59 (62,1%) 28 (29,5%) 4 (4,2%) 2 (2,1%) 1 (1,1%)	
AJCC stage (VIIth ed)		
II III IVA IVB	10 (10.51%) 26 (27.3%) 55 (57.9%) 4 (4.3%)	
Treatment modality RT alone conc. cisplatin-RT ICT followed by CRT ICT followed by RT BRT ICT followed by BRT	48 (50,5%) 25 (26,3%) 3 (3,2%) 5 (5,3%) 14 (14,7%) 0 (0%)	

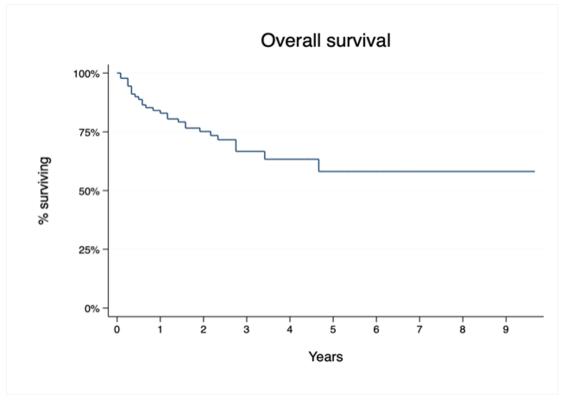








RESULTS



At a median follow-up of 25 months (range: 0-116), 64 patients were alive (67.3%). The one and two-year OS rates were 83% and 75%, respectively, whereas the median OS was not reached.

Age >80 years was associated with a worse OS (p=0.0429; HR for death, 2.15, 95% CI 1.00-4.60)

No impact on survival was associated with the smoking history (p=.011), treatment modality (p=0.32) and presence of caregiver (p=0.65).











TOXICITY

grading (CTCAE)	Mucositis	Dermatitis Radiation	Dysphagia
G1	14.73%	33.05%	29.47%
G2	52.63%	40.00%	45.26%
<u>></u> G3	24.21%	11.58%	9.47%









CONCLUSIONS

Our retrospective study confirms that definitive IMRT or RTCT are utilized in late elderly pts with HPV-positive OPC, as in their younger counterparts, with similar rates of acute toxicity and oncological outcomes.

Prospective studies in larger cohorts of geriatric pts are warranted in order to confirm our findings.

Further analyses on radiation dose, target volumes and pattern of failure will be reported













THANKS FOR THE ATTENTION











