

The Comprehensive Geriatric Assessment in Oncology is now usually considered the instrument to evaluate elderly cancer patients, but there is no clear model for practical use of geriatric instruments. We are working to obtain a useful prognostic-therapeutic index easy to use in clinical practice.

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EVALUATION OF FOLFOX TOXICITY IN A CONSECUTIVE SERIES OF ELDERLY CANCER PATIENTS

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Background: The estimated incidence rates for all cancers in European men and women is $2.9 \times 100,000$ in the 70 years or more group and $2.2 \times 100,000$ in the 55–64 age group. Given the great importance of elderly population in cancer, it is interesting to assess their management with modern chemotherapeutic regimens considering tolerability and toxicity. Because elderly patients are frequently excluded from randomized trials, data regarding toxicity and tolerability are lacking.

Aims: To assess incidence of toxicity complications in this setting of patients.

Patients and methods: From October 2004 to March 2008 a total of 30 cancer (12 left colon, 6 right colon, 6 rectal and 6 gastric)

patients older than 70 years, treated with Folfox regimen, were evaluated for chemotherapy-related toxicity. Median age was 71 (range 70–80), 24 (80%) were treated with Folfox4 regimen and 6 (20%) with Folfox6. 26 (87%) patients were stage IV colon and gastric cancer and 4 (12%) were stage III colon cancer. In stage IV cancer, 22 (73%) patient underwent Folfox regimen as first line chemotherapy, 3 as second line and 1 as third line. Toxicity was evaluated according by NCI-CTC version 2.0.

Results: A total of 146 cycles were administered; 16 (54%) patients completed 6 cycles of Folfox, 14 (46%) stopped Folfox administration for PD. The most common comorbidity was hypertension (17 patients 57%), 5 (16.6%) had no comorbidities. Grades 3 and 4 toxicity occurred in 73% of patients. The main toxicities was neutropenia, observed in 64% of patients (afebrile grade 4 in 3 (10%) patients, grade 3 in 6 (20%) patients); sensory neurotoxicity occurred in 70% patients (6 (20%) grade 3 and 15 (50%) grade 2). Grade 3 diarrhoea occurred in 4 (13.3%) patients, 15 (50%) had grade 2 diarrhoea. 3 (10%) patients had grade 3 mucositis and 11 (36.6%) had grade 2. Two patients developed atrial flutter but heart rate and sinus rhythm were restored with medication. No grade 4 neurotoxicity, diarrhoea and mucositis was observed.

Conclusion: In our results therapeutic compliance of patients aged >70 was good. Elderly patients experienced only slightly more toxicity than younger patients in the two most common side effects of Folfox: neutropenia and sensory neuropathy.

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