REAL WORLD DATA OF IMMUNOTHERAPY IN PATIENTS OVER 65 YEARS OLD WITH LUNG CANCER

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Background

Immunotherapy (IO) has become one of the leading treatments for advanced lung cancer. The number of elderly patients treated in routine clinical practice contrasts with their low representation in clinical trials.

The aim of the study is to establish clinical differences between patients older and younger than 65 years treated with IO.

Methods

Single centre retrospective study including 137 patients treated with IO in Puerta de Hierro University Hospital (Madrid) between 2014 and 2019.

We collected information regarding epidemiology, treatments, response and survival patterns and we performed a comparative analysis between patients <65 and ≥ 65 years.

Results

Clinical data, toxicities, treatments and survival are shown in Table-1. There were no differences in high grade toxicities (9.1% vs 10.4%) or treatment interruption (20.3% vs 17.6%, p=0.576). No OS (16.0 vs 17.0) differences were found between both groups.

Figure 1 and 2 show PFS of first and second line. Figure 3 shows global OS.

	<65 (69)	>65 (68)	Long rank (p)
Sex			
M	54.5%	74.6%	
F	45.6%	25.4%	
Age	58	72	
ECOG			
0-1	93.2%	97.0%	
≥2	4.5%	3.0%	
Histology			
Adenocarcinoma	59.1%	56.7%	
Squamous	27.3%	25.4%	
Small cell	2.3%	4.5%	
Others	11.4%	13.4%	
Toxicity type			
Asthenia	11.4%	13.4%	
Pneumonitis	14.8%	11.9%	
Thyroid disorders	10.2%	11.9%	
Skin	9.1%	9.0%	
Others	24.9%	19.5%	
Grade			
1-2	23.8%	28.3%	
≥3	9.1%	10.4%	0.99
Treatments (CI, 95%)			
Median OS	16.0 (9.1-22.9)	17.0 (7.5-26.5)	0.825
1º line			
Median PFS	3.0 (0-6.8)	7.0 (1.2-12.8)	0.164
Duration (median)	3.0	3.0	
2º line			
Median PFS	11.0 (9.6-12.4)	11.0 (5.1-16.9)	0.837
Duration (median)	9.5	4.0	
3º line			
Median PFS	2.0 (1.2-2.8)	2.0 (0.1-3.9)	0.338
Duration (median)	2.0	2.0	

Tabla-1. Clinical data, toxicities and survival

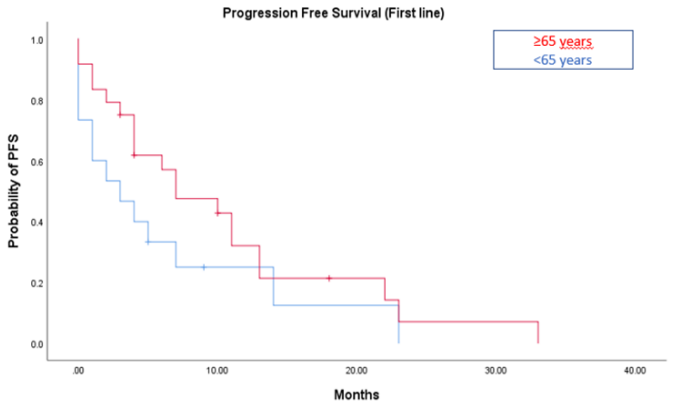

Figure 1. Progression Free Survival (First line)

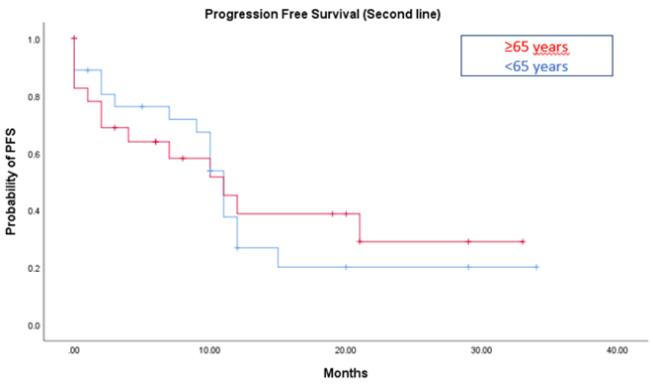

Figura-2. Progression Free Survival (Second Line)

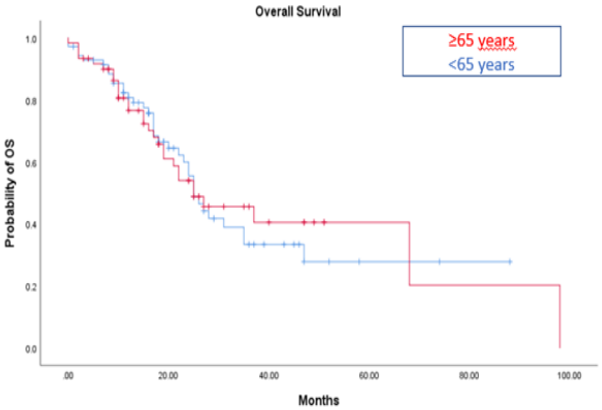

Figure-3. Overall Survival

Conclusions

Our results show that IO has an adequate safety profile in patients ≥65 years and survival results are similar to young patients.

Therefore, in our opinion, IO represents a valid and safe option for advanced lung cancer treatment in patients ≥65 years, but must be evaluated in randomized trials.

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