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## Primo autore

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## Area tematica

Genitourinary tumours

## Titolo

An Italian survey on 455 elderly pts over 70 with metastatic renal cell carcinoma (mRCC) treated with target therapies (TT) in the community setting.

## Testo

**Background:** Limited information is still available on the role of TT for mRCC in elderly pts to inform their use in clinical practice.

**Patients and Methods:** Individual data of 455 pts over 70 out of 1238 pts (36.7%) treated with TT from mid 2007 to December 2012 were obtained from 35 Italian Institutions.

**Results:** Median age was 75 yrs (range 70-91) and median overall survival (mOS) 23 mo. Comorbidities were 0-1 in 52%, 2 in 24%,  $\geq 3$  in 24% of the pts. 62% of pts presented with  $\leq 2$  metastatic sites. PS was 0 in 45%, 1 in 41%,  $\geq 2$  in 10%, ne in 4% of the pts with a relevant difference in mOS among the subgroups.

1<sup>st</sup> line (ln) treatment (tx) was: sunitinib (su) 74%, sorafenib (so) 15.5%, temsirolimus (tem) 5%, others 5.5%. mOS was 27 mo and median 1<sup>st</sup> ln PFS 10 mo. 42% of the pts received 2<sup>nd</sup> ln tx; from starting 2<sup>nd</sup> ln, mOS was 15.4 mo and mPFS 3.3 mo. Data are reported in the table. Disease control rate was 64% (293 pts). Toxicities for su/so (% of all grades) were as follows: mucosites (42/31), hypertension (41/25), haematological (54/4), diarrhea (14/25), fatigue (50/53), rash (10.5/24), HFS (17/39). Main G3 toxicities were hypertension (11%) and fatigue (8%); G4 were < 1%. Dose reduction and tx interruption were required in 60%-65% and 32%-38% of the pts on su and so, respectively, and were due mostly to toxicity (44%) or prudential reasons/declining PS (21%). 73 pts (16%) received  $\geq 3$  lines of tx. mOS was 39 mo: VEGFi VEGFi mTORi 45.8 mo (21 pts), VEGFi mTORi VEGFi 35.5 mo (19 pts), VEGFi VEGFi VEGFi 63.6 mo (11 pts), others 26.8 (22 pts). 65 pts (14%) experienced tx holiday for at least 6 mo; this group had a mOS of 64 mo. At Cox multivariate analysis, CC histology, nephrectomy, good PS, response, duration of 1<sup>st</sup> ln tx >6 mo, execution of 2<sup>nd</sup> ln tx were favourable prognostic factors for OS.

	mOS (mo)	p	mPFS (mo)	p
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Comorbidities	23 / 29 / 26	NS		
0-1 vs 2 vs ≥3				
metastatic sites	28 / 16	<0,001		
≤2 vs ≥3				
PS 0 vs 1 vs ≥2	36 / 16 / 5	<0,001		
1 <sup>st</sup> line su vs so vs tem	26.7 / 21 / 4	su vs so: NS	12, 3 / 7,2 / 1,9	su vs so: =0.02 so vs tem: <0.001
2 <sup>nd</sup> line su vs eve vs so vs other			4,5 / 4 / 3 / 2,7	eve vs so: = 0.02 su vs so: = 0.04

**Conclusion:** This survey shows that i) TT were feasible in elderly with acceptable toxicities, ii) outcome was comparable to that of younger pts, iii) su showed superior PFS both in 1<sup>st</sup> and 2<sup>nd</sup> ln of tx, iv) clinical prognostic factors were identified at multivariate analysis.

## Parole Chiave

1. mRCC
2. elderly
3. target therapies

## Co-autori

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ONCOLOGIA, OSPEDALE SANTA MARIA DELLA MISERICORDIA - ROVIGO
2. **MARUZZO MARCO** ( - Età uguale o inferiore a 40 anni)  
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