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Treatment and clinical outcomes of very elderly (≥ 80 yrs) metastatic castration-resistant prostate cancer (mCRPC) patients (pts): A single-institution retrospective analysis.

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Abstract Disclosures

Background:
The development of mCRPC is generally observed in senior adults and in the daily clinical practice it is frequent to treat pts ≥ 80 yrs. In this population comorbidities can influence the treatment choices and, consequently, the clinical outcomes. The aim of this retrospective study was to describe management and clinical outcomes in mCRPC pts ≥ 80 yrs treated in the daily clinical practice.

Methods:
We retrospectively evaluated all mCRPC pts treated in our Institution from 02/2002 to 06/2015 and recorded their medical history, anticancer treatments and survival outcomes.

Results:
We evaluated a consecutive series of 45 pts aged ≥ 80 yrs: median age was 83 yrs (range 81-90 yrs). At the time of mCRPC development bone, nodal, and lung mets were present in 84%, 60%, and 9% of the cases, respectively; no pts with liver mets were observed. Pain was present 53.3% of the pts, the ECOG PS 2 rate was 17.1%. These baseline characteristics were not statistically different compared to those of the younger counterpart. Most of the elderly pts received docetaxel (78%), although this rate was significantly higher (96%) in the younger population ($p < 0.0001$); similarly elderly pts received less frequently cabazitaxel (CAB) (2% vs 16%, $p = 0.01$). On the contrary elderly population received more frequently only new generation hormonal agents [abiraterone (AA) or enzalutamide ENZ)] without any chemotherapy (22% vs 4%, $p < 0.0001$). The median cumulative overall survival (OS) from the start of the first treatment line for mCRPC was 20.5 mos (compared to 21.1 of younger pts). In the elderly population a significant different median OS was observed by comparing pts who received the new agents [NAs (AA, CAB, ENZ, Radium 223)] e those who did not (22.9 vs 13.0 mos, $p = 0.001$).

Conclusions:
Although the limitation due to its retrospective nature, our analysis showed that mCRPC pts ≥ 80 yrs were managed differently than younger ones. Nevertheless, the survival outcomes did not differ from the

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