TOXICITY IN CANCER PATIENTS OVER 70 YEARS OF AGE DURING IMMUNOTHERAPY TREATMENT

BACKGROUND AND IMPORTANCE

Immunotherapy is now a common therapeutic option in cancer treatment. Functional changes that may influence the outcome and toxicity. There is a need to assess the toxicity and the frequency of discontinuation of immunotherapy in elderly patients.

AIM AND OBJECTIVES

✓ Analyse the toxicity profile in elderly cancer patients treated with immunotherapy and the need to interrupt or discontinue immunotherapy.

MATERIALS AND METHODS

Retrospective observational study
Secondary care hospital
Started immunotherapy January 2017 - April 2021

RESULTS

N=35 80% male
Median age: 74 years [IQR: 7]
ECOG 0-1: 94.3%
IT 1st line: 31.4%
IT 2nd line: 68.6%
Metastases: 77.1%

75% had toxicity
20% had toxicity

14% had toxicity
23% atezolizumab
63% nivolumab
64% pembrolizumab

COMORBIDITIES

AUTOIMMUNE DISEASE
DIABETES MELLITUS
ARTERIAL HYPERTENSION
DYSLIPIDAEMIA
EX SMOKERS

CANCER TYPE

48,6% NSCLC
22,9% UROTHELIAL
17,1% RENAL

The most frequent toxicities:
- dermatological (14.3%)
- digestive (11.4%)
- endocrine (11.4%)

The main AE: 60% ≥2 AE: 57.1% AE grade ≥3: 8.6%

Treatment interruption due to AE = 48%
Definitive discontinuation = 14%
NO PATIENTS DIED FROM TOXICITY

CONCLUSIONS

CLINICAL TRIALS

- Clinical trials with immunotherapy have not shown an increased incidence of AEs with age.

OUR STUDY

- Immunotherapy was well tolerated.
- Almost half had to discontinue temporarily.
- 14.3% required permanent discontinuation.

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