429P - Management of localized anal cancer and prognostic factors in the elderly: results of the French multicenter cohort FFCD – ANABASE

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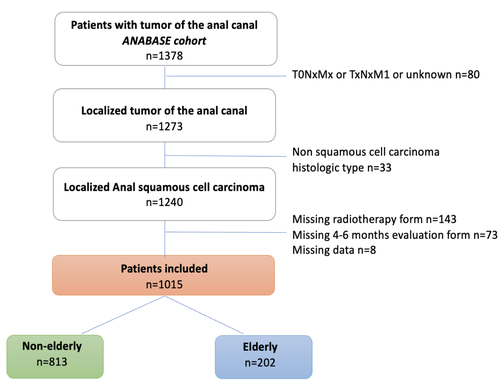
Background

Anal squamous cell carcinoma (ASCC) is rare and 2/3 of patients are >65 years (y) at diagnosis. Standard of care for localized stages is chemoradiotherapy (CRT) but data about elderly are scarce in the literature. We aimed to describe characteristics, therapeutic management and outcomes of elderly patients and compare them to those of younger patients. We also determined prognostic factors in elderly with ASCC.

Patients and methods

All consecutive patients treated between 2015/01 and 2020/04 for a localized ASCC from the French multicenter ANABASE cohort were included. Two groups were defined according to age: elderly (≥75 y) and non-elderly (<75 y).



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Patients and tumor characteristics

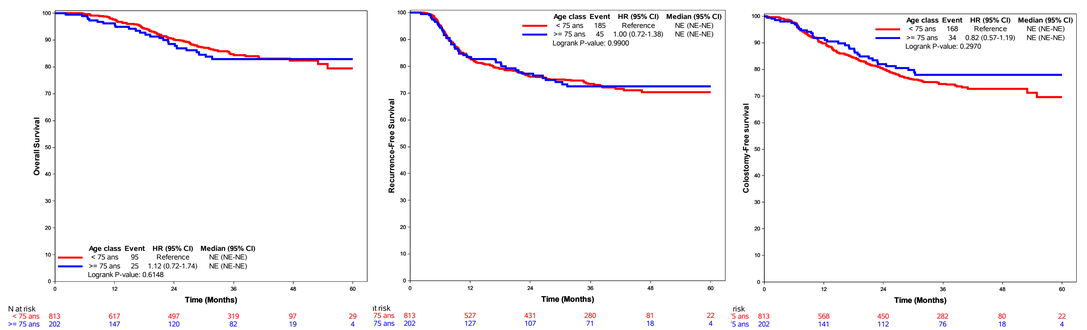
	All patients N=1015	Elderly n=202	Non-elderly n=813	p-value
Patients characteristics				
Age (years)	65.0 [57.0-73.0]	79.0 [77.0-84.0]	62.0 [55.0-68.0]	-
[75-80[		102 (50.5)		
[80-85[		52 (25.7)		
≥85		48 (23.8)		
Sex: Male / Female	248 (24.4) / 767 (75.6)	36 (17.8) / 166 (82.2)	212 (26.1) / 601 (73.9)	**p=0.0145**
BMI (kg/m2)	*n=989*	*n=194*	*n=795*	p=0.31
	23.9 [20.9-26.9]	24.2 [21.6-26.7]	23.8 [20.7-27.1]	
PS 0-1	*n=984*	*n=197*	*n=787*	**p<0.001**
	946 (96.1)	173 (87.8)	773 (98.2)	
Smoking	*n=877*	*n=171*	*n=706*	**p<0.001**
	394 (44.9)	41 (24.0)	353 (50.0)	
HIV positive status	*n=995*	*n=196*	*n=799*	**p<0.001**
	86 (8.5)	4 (2.0)	82 (10.3)	
Tumor characteristics				
Tumor size (mm)	3.7 [2.5-5.1]	3.5 [2.5-5.0]	3.8 [2.5-5.1]	p=0.46
Early-stage tumor (T1-2N0)	440 (43.3)	88 (43.6)	352 (43.3)	p=0.94
Locally-advanced tumor (T3-4 and/or N+)	575 (56.7)	114 (56.4)	461 (56.7)	
p16 immunohistochemistry	*n=576*	*n=112*	*n=464*	p=0.72
positive status	543 (94.3)	103 (92.0)	440 (94.8)	
Location	*n=981*	*n=193*	*n=788*	p=0.69
Anal margin	110 (11.2)	21 (10.9)	89 (11.3)	
Anal canal	790 (80.5)	154 (79.8)	636 (80.7)	
Lower rectum	71 (7.2)	17 (8.8)	54 (6.9)	
Other	10 (1.0)	1 (0.5)	9 (1.1)	
Pre-therapeutic assessment				
ional staging (MRI and/or TAUS)	826 (81.4)	161 (79.7)	665 (81.8)	p=0.49
eral staging (CT-TAP and/or TEP)	887 (87.4)	182 (90.1)	705 (86.7)	p=0.19

Treatment delivered

	All patients	Elderly	Non-elderly	p-value
Radiotherapy				
Total radiotherapy dose (Gy)	60.0 [50.4-64.8]	60.0 [50.4-64.8]	60.0 [50.4-64.8]	p=0.33
Duration (days)	50.0 [43.0-61.0]	50.0 [42.0-64.0]	50.0 [43.0-60.0]	p=0.99
Inguinal areas irradiation	n=961	n=191	n=770	**p=0.04**
	748 (77.8)	138 (72.3)	610 (79.2)	
Treatment interruption	n=996	n=199	n=797	p=0.54
No / Yes	669 (67.2) / 327 (32.8)	130 (65.3) / 69 (34.7)	539 (67.6) / 258 (32.4)	
Brachytherapy boost	n=987	n=196	n=791	p=0.54
	150 (15.2)	27 (13.8)	123 (15.5)	
Concomitant chemotherapy	n=781 (76.9)	n=131 (64.9)	n=650 (80.0)	**p<0.001**
CDDP + 5Fu	24 (3.0)	2 (1.5)	22 (3.3)	
Mitomycin-C + 5Fu	482 (61.1)	73 (55.7)	409 (62.3)	
Mitomycin-C + Capecitabine	203 (25.7)	32 (24.4)	171 (26.0)	
Capecitabine / 5Fu	37 (4.7)	20 (15.3)	17 (2.6)	
Other	35 (3.4)	4 (3.1)	31 (4.7)	

For categorical variables, data are given as percentage (%). For continuous variables, data are given as median [Q1-Q3]

Survival and tolerance



In the elderly group, 3-year overall survival was 82.9% (75.6-88.2), recurrence-free survival 72.4% (64.7-78.8) and colostomy-free survival 78.0% (70.5-83.9). Complete response rate at 4-6 months of treatment was 70.3%. There was no significant difference for all outcomes between elderly and non-elderly groups.

There was no significant difference in toxicity patterns between between elderly and non-elderly groups.

Prognostic factors: multivariate analysis of elderly patients

	Overall survival	Recurrence-free survival	Colostomy-free survival
Sex			
Female	1 (ref)		1 (ref)
Male	2.04 [0.84;4.91], p=0.11		1.98 [0.92;4.27], p=0.08
Performance status			
0-1	1 (ref)	1 (ref)	1 (ref)
≥2	3.39 [1.38 ; 8.3], **p=0.008**	2.37 [1.15;4.9**], p=0.02**	3.78 [1.77;8.06], **p=0.001**
Tumor stagging			
Early-stage	1 (ref)	1 (ref)	1 (ref)
Locally-advanced tumor	2.80 [1.17;7.11], **p=0.03**	3.12 [1.52;6.39], **p=0.002**	3.01 [1.35;6.72], **p=0.007**
Treatment interruption			
No		1 (ref)	
Yes		1.93 [1.06;3.52], **p=0.033**	
Brachytherapy boost			
Yes		1 (ref)	
No		1.56 [0.47;5.0], p=0.15	

Conclusions

In ANABASE cohort, age does not influence tumor and tolerance outcomes of localized ASCC. The optimal curative treatment should be offered to elderly patients after oncogeriatric assessment.