

Response to concurrent chemoradiotherapy as a prognostic marker in elderly patients with locally advanced esophageal cancer

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ABSTRACT

Aims and background. Little is known about chemoradiotherapy in elderly patients with locally advanced esophageal cancer. We compared the efficacy and toxicity of chemoradiotherapy in elderly and non-elderly patients with locally advanced esophageal cancer and determined the variables affecting the treatment outcome in the elderly patients with locally advanced esophageal cancer who had received chemoradiotherapy.

Methods. Fifty-seven elderly patients (age ≥ 65 years) and 30 non-elderly patients (age < 65 years) were reviewed retrospectively.

Results. The median age of the elderly group was 69 years and in the non-elderly group, 56.5 years. Although treatment compliance appeared to be poor, the response rate and median survival were similar in both the groups (elderly *versus* non-elderly; 84.4% *vs* 87.5%, and 11.2 months *vs* 11.3 months) and so were G3/4 hematologic and non-hematologic toxicities. The treatment-related mortality of the elderly patients appeared to be higher than that of the non-elderly group (7.0% *vs* 3.3%), but did not reach statistical significance. In prognostic factor analysis, a major response to chemoradiotherapy was a good prognostic indicator in the elderly group (response *versus* non-response; median overall survival times of 19.5 *vs* 5.4 months, respectively, $P < 0.001$).

Conclusions. The study suggests that chemoradiotherapy for locally advanced esophageal cancer in elderly patients, even though treatment compliance appears to be poor, is as safe and effective as in non-elderly patients and that the response to chemoradiotherapy is related to prognosis in elderly patients.

Key words: concurrent chemoradiotherapy, elderly, esophageal neoplasms.

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