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SIOG2021-0016
Impact of COVID-19 on Older Women Presenting with Breast Cancer
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Introduction: Hong Kong reported the first case of COVID-19 on 23 January 2020. This study aims to compare the functional and cognitive status, and treatment variations between older women with primary breast cancer presenting before and after the onset of the COVID-19 pandemic.

Objectives: As part of an ongoing study to investigate the demographics, treatment and comprehensive geriatric assessment (CGA) measures among older women with primary breast cancer, comparison was made between those presenting before and after the COVID-19 onset.

Methods: Consecutive new patients, who are aged 70 or above with a diagnosis of early operable breast cancer, were recruited in a university affiliated breast centre. CGA was adopted using a validated cancer-specific tool. The decision of surgical or non-surgical treatment was independently made regardless of the study assessment.

Results and Conclusion: There were 111 patients who fulfilled the inclusion criteria and 99 patients (89.2%) agreed to participate. Sixty-one patients presented before the onset from August 2018 to January 2020 (around 3.4 patients per month), and thirty-eight patients presented between February 2020 and January 2021 (around 3.2 patients per month). Despite the pandemic, the treatment with upfront surgery or primary endocrine therapy did not differ significantly between the two groups (p = 0.206).

Patients presented after the onset had better functional and cognition status (p < 0.005). They also scored better in psychological evaluation (p = 0.014) and social assessment (p < 0.005).

Those who presented after the onset were more robust than those presented before the onset in general. One of the postulations was those frail patients might avoid seeking medical consultations during the pandemic, thus selecting those flavorful patients to be recruited in this study. Ongoing studies are needed to investigate the impact on the presentation of older women with breast cancer.

SIOG2021-0023
Cervical cancer in older women, does age matter?
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Introduction: The second pike of Cervical cancer (CC) incidence is in older women, but few studies are interested in this specific population.

Objectives: The objectives of this study were to provide an overview of demographics and therapeutic cares in CC and then to identify whether age was a prognostic factor.

Methods: This is a Retrospective population-based study from gynecological cancer registry setting in a French Regional University Hospital and Comprehensive Cancer Center. A total of 292 women diagnosed with CC from January 1, 2005, to December 31, 2015, were included. They were divided into younger women (YW) <70 yo (N = 228) and older women (OW) ≥70 yo (N = 64).

Clinical data, including Charlson’s Comorbidity Index (CCI), performance of a comprehensive geriatric assessment (CGA) and Cancer-related data, FIGO stage, histology, treatment received, were recorded. The primary outcome was overall survival (OS).

Results and Conclusion: Compared to YW, OW had more comorbidities (14% vs 7% of CCI ≥2, P < 0.001), more advanced tumors (37.3% vs 19.7% of FIGO IV, P < 0.001), lower treatment rate (81.3% vs 95.6%, P < 0.001), less surgery (37.5% vs 81.7%, P < 0.001), and more radiotherapy (67.2% vs 49.6%, P = 0.01). One-year, 5-year and 10-year OS were: 91.6%, 74.1% and 63.9% for the YW, and 69.9%, 36.4% and 12.3% for OW, respectively (P < 0.001). As assessed by a multivariable Cox model, women above 70 yo with CC showed a twofold increased hazard ratio for death compared to YW (HR = 2.19 [1.41–3.40], P < 0.001), independently from FIGO stage, histology, and comorbidities. CC prognosis depends on age. A G8 screening followed by CGA could be used to offer suitable treatment to older patients.

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Tolerability and feasibility of oxaliplatin-containing adjuvant chemotherapy for elderly patients with colorectal cancer
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Introduction: Even though colorectal cancer (CRC) patients were over 70 years of age, the benefit of adding oxaliplatin (OX) to fluoropyrimidine in the adjuvant setting was shown in the meta-analyses of the previous clinical trials. However, the safety profiles between CAPOX and FOLFOX for elderly patients were not compared in detail. Therefore, we evaluated differences in tolerability, efficacy, and feasibility between CAPOX and FOLFOX in elderly CRC patients.

Objectives: We retrospectively reviewed the medical records of high-risk stage II and stage III CRC patients who received adjuvant CAPOX/FOLFOX with ages over 70 years at our hospital between January 2010 and December 2019.

Methods: We investigated patient characteristics, treatment delivery, and adherence, efficacy, and safety. We compared them between patients who received CAPOX and FOLFOX.

Results and Conclusion: A total of 33 patients were analyzed. Sixteen patients received CAPOX and 17 patients received FOLFOX. The median age was 74.5 and 74 years, male was 56% and 53%, and performance status of 0/1 was 62%/38% and 76%/24%, respectively. The median dose delivery of Capecitabine (Cape)/OX and 5-fluorouracil (5-FU) bolus/5-FU continuous injection (ci)/OX were 88%/64% and 69%/83%/87%, respectively. Approximately 50% of the patients received full planned cycles in both regimens. The 5-year disease-free survival in CAPOX and FOLFOX was 80% and 82%, respectively (hazard ratio [HR] 1.01, 95% confidence interval [CI] 0.20–5.00, p = 0.991). The 5-year overall survival in CAPOX and FOLFOX was 74% and 82%, respectively (HR 0.93, 95% CI 0.21–4.26, p = 0.930). Grade 3–4 of adverse events in CAPOX/FOLFOX were noted: neutropenia was present in 13%/47% (p = 0.007), diarrhea in 13%/6% (p = 0.601), peripheral neuropathy in 19%/6% (p = 0.335),