

## Overall Survival among Older Patients with Solid Tumors

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**BACKGROUND:** Cancer is a significant health problem in older individuals. With the aging of the population is increasing, the number of older adults diagnosed with cancer grew up substantially. It is estimated that 50% of all cancers cases and 70% of mortality due to cancer occur in individuals aged 65 and over and just in Brazil this number is around 20.000.000 people. In 2040 it is expected 40.000.000 older individuals to have cancer.

The evidence for treating this population is insufficient, by virtue of the older adults is underrepresented in clinical trials and there are no trials specifically designed for older population beyond their heterogeneity in comorbidity and geriatrics conditions.

**HYPOTHESIS:** To evaluate the epidemiological profile and overall survival (OS) of older patients diagnosed with solid tumor in a privative general hospital.

**METHODS:** Retrospective cohort study included patients aged  $\geq 60$  years, diagnosed with solid tumor - excluded brain tumor - between 2009 from 2014. The patients were obtained from the tumor cancer registry; only those with lifetime follow-up until 2015 were included. The OS was calculated using the Kaplan – Meier method. The cohort was conducted in a privative general hospital focused on the treatment of highly complex disease, located in São Paulo – Brazil.

**RESULTS:** The cohort included 884 older patients with solid tumor, 64% (563) were male. The mean age was 77.5 years (60 to 95 years). The most common types were prostate 39% (344/884), breast 18% (155/884), colorectal (91/884) and lung (88/884) cancer (10%), followed by thyroid (45/884), gastric (39/884), bladder (26/884), and pancreas (17/884) cancer  $\geq 5\%$ .

The American Cancer Society (ACS) and *Instituto Nacional do Câncer* (INCA) from Brazil range prostate, breast, colorectal and lung cancer as the five most common types of cancer in all ages, as shown in this study.

After a lifetime follow – up 3.8% (34/884) of the patients died.

Almost 70% of the patients were diagnosed at early stage disease; perhaps the patients were diagnosed in a privative hospital. The worst OS was pancreas 56% (4) followed by lung 58% (10) and colorectal cancer 62% (8). The breast (2) and prostate (1) cancer groups 90% had similar OS with a better life expectance. The OS of Surveillance, Epidemiology, and End Results Programs (SEER) is very close with the percent surviving of the present study, however the OS group of lung and pancreas cancer were 7,2 % and 17.4%. Unfortunately we don't have national data available about OS in Brazil.