TOLERABILITY OF FIRST LINE SYSTEMIC THERAPY IN ELDERLY PATIENTS WITH HEPATOCELLULAR CARCINOMA

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INTRODUCTION

Liver cancer is the fourth leading cause of cancer death globally[1], with hepatocellular carcinoma (HCC) representing 90% of primary cancer[2]. The average age of HCC development is 70, with aging being a known risk factor[3]. Population in Italy is older than in other countries with expected increasing incidence of HCC[4]. Most studies support the concept that, in general, all available treatments for primary cancer can also be recommended for elderly patients, keeping comorbidities into account in choosing process[5].

AIMS

We studied patients' **overall survival** (OS), **time to progression** (TTP) represented as therapy duration and **adverse events** (AE) secondary to two different first line systemic therapy agents, namely sorafenib and lenvatinib.

METHODS

We conducted an observational study. Our population was composed by 103 patients affected by HCC, afferent to the Hepatological Clinic of A.O.U. Maggiore della Carità (Novara). **Table 1.** shows patients' characteristics.

Table 1. Patients features	
Median age at diagnosis of HCC	72 [27-88]
Median age at systemic therapy start	73 [27-88]
Male gender	82 (79.6%)
Over 65 years	81 (79.2%)
Over 70 years	61 (59,4%)
Over 80 years	20 (19.6%)
Cirrhotic disease	88 (85.4%)
Viral cirrhotic disease	57 (55.7%)
Alpha-fetoprotein (before systemic therapy)	50,9 [1-61962]

RESULTS

There was no statistically significant difference (p=0,08) in number of patients treated with the two systemic therapies: 21 patients were treated with lenvatinib, with a median age of 76 years at the start of therapy, while 82 patients were treated with sorafenib with median age of 72,5 years. As shown in **Figure 1**, median systemic therapy duration was 4,7 months in sorafenib-patients (SP) and 10 months in lenvatinib-patients (LP) (p=0,003). OS was 15,8 months in SP and 26,4 months in LP (p=0,04). No difference in systemic therapy duration was observed considering age ≥80 years (p=0,63). Patients older than 80 years showed reduced OS as might be expected for age.

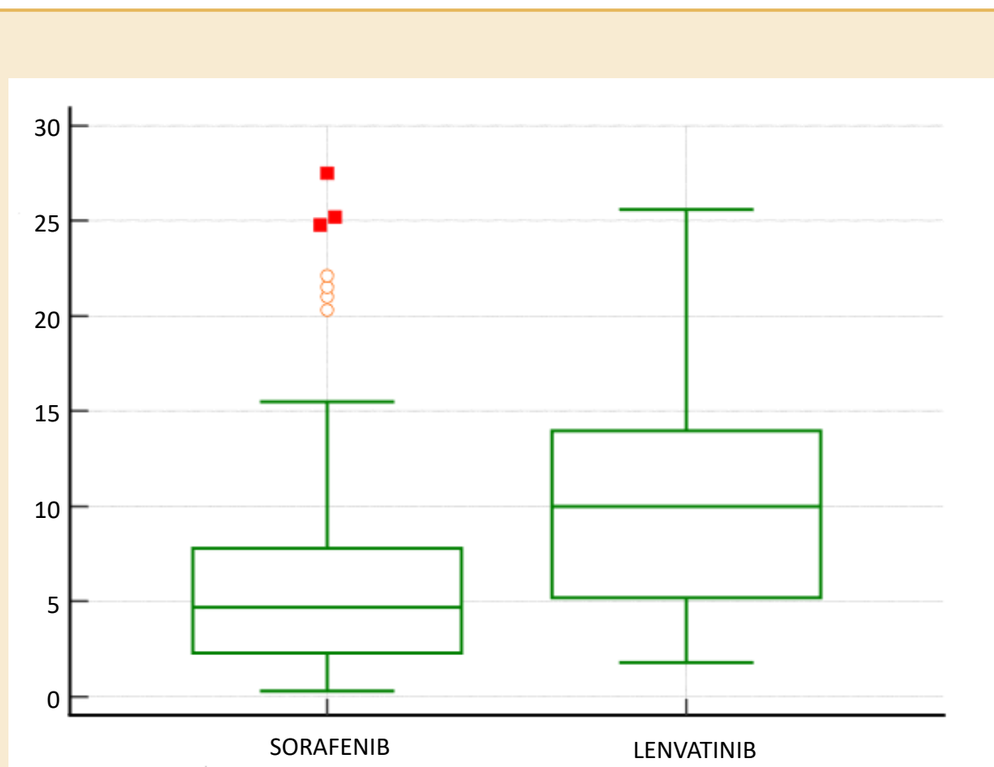

Figure 1. Comparison of systemic therapy duration in months between the two systemic therapies, sorafenib and lenvatinib.

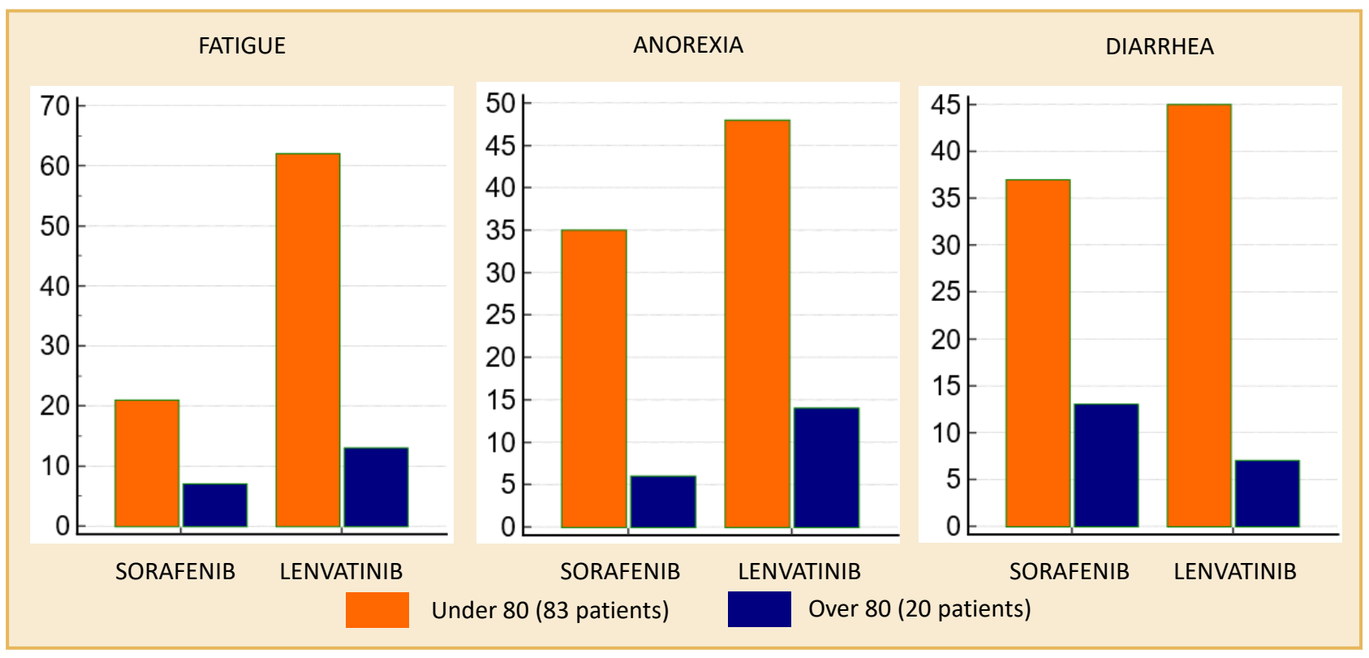

Figure 2. The figure shows the three most frequently reported symptoms during systemic therapy, distinguished between age groups and type of therapy.

Figure 2 shows the most reported AE: fatigue, anorexia and diarrhea. No statistically significant difference in terms of prevalence was present between patients older than 80 and younger ones. Regarding diarrhea and anorexia, no patients over 80 had a Common Terminology Criteria for Adverse Events (CTCAE) grade greater than 1. Patients over 80 did not require dose reduction any more than younger patients.

CONCLUSIONS

Our study demonstrates how elderly patients could be treated safetly with the same intensity as younger patients. Adverse events didn't represent a crucial factor for discontinuing therapy in elderly patients. It is essential to know how to manage adverse events in a timely and precise way, educating the patient to recognize them as such and to report them to the attending physician. Knowing that the epidemiology of HCC will increasingly affect elderly patients, the choice of treatment based on the characteristics of the subject will be decisive, but age alone should not represent a limitation at the beginning of systemic therapy.

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