OBJECTIVO/

MÉTODOS: To compare long-term outcomes of chemoradiotherapy between younger and elderly (>=70 years) oesophageal cancer patients treated with curative intent.

MATERIAL E METODOS: Overall survival (OS), disease-free survival (DFS) and locoregional control were compared between older (>=70 years) and younger oesophageal cancer patients (<70 years). Patients were treated between 1998 and 2013 with neoadjuvant (nCRT) or definitive (dCRT) chemoradiotherapy consisting of 36-50.4 Gy in 18-28 fractions concurrently given with 5-fluorouracil/cisplatin or carboplatin/paclitaxel.

RESULTADOS: Our cohort (n=253) consisted of 177 patients younger than 70 years and 76 patients >=70 years (median age 64 years). Median follow-up was 4.9 years. Most patients had stage IIA-III A disease (83%). Planned treatment was nCRT with surgery for 169 patients and dCRT for 84 patients. In 33 patients planned surgery was not performed (=70 years: 85% vs. 68% (p=0.04)). For the entire study population OS at 3-years was 42%. In the multivariable analysis no difference was found in DFS and OS between the two age groups (old vs. young); OS (HR 0.87, 95% CI 0.60-1.25, p=0.45), DFS (HR 0.88, 95% CI 0.61-1.26, p=0.48).

DISCUSSÃO: Long-term outcomes of elderly oesophageal cancer patients (>=70 years) treated with dCRT or nCRT followed by surgery are as good as to the outcomes of their younger counterparts. Advanced age alone should therefore not be a contraindication for chemoradiotherapy-based treatment in oesophageal cancer patients.

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