Aim: Although CRT is considered the worldwide standard of treatment in LARC, this strategy in elderly patients (pts ≥70 years) is not often feasible due to morbidity, performance status and compliance.

Methods: We reviewed clinical and pathological features of a large series of elderly pts with T3-T4 N0/N+ rectal carcinoma (within 12 cm from anal verge). All patients received CRT with fluoropyrimidines +/- oxaliplatin concomitant to pelvic radiation (45-50.4 Gy). Surgery was scheduled within 6-8 weeks after the end of CRT. Aim was to evaluate safety and outcome results in a retrospective series of elderly pts with LARC.

Results: 389 pts from 7 centers were collected. Demographic characteristics were as follows: M/F 251/138, median age 74 (range 70-89); clinical stage was T3 in 321 (82%) and T4 in 52 (13%); 207 pts (53%) showed suspicious nodes, while in 12 pts (3%) stage was unknown. Comorbidities were present in 214 out of 294 pts on which the information was known (73%). Cardiovascular diseases, primarily hypertension, affected 132 out of 294 pts while metabolic and neurological disorders was present in 57 and 17 cases respectively. Continuous infusion of 5-FU was given to 208 pts (53%), capecitabine in 86 (22%) while 89 pts (22%) had oxaliplatin-based combination. Any grade toxicities were reported in 307 patients (78%): diarrhoea (48%), skin toxicity (17%) and dysuria (21%) were the most frequently side effects. Surgery was performed in 349 pts (89%): low anterior resection in 247 cases, Miles resection in 75, Hartmann resection in 7, local excision in 19, missing in 1. Pathologic report showed a complete remission in 59 cases (17%), ypT1-T2: 145, ypT3: 119, ypT4: 9, while 81 pts had ypN1-2 tumor. Downstaging rate was 60% and sphincter preserving surgery rate was 77%. At the time of analysis, 76 pts (22%) relapsed locally or at a distant site.

Conclusions: Even though potential bias of selection, this retrospective study suggest that CRT is feasible in elderly patients with mild toxicities with results similar to those reported in younger pts. However prospective trials focusing on the older population are lacking.

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