Cisplatin plus Gemcitabine in Elderly patients with advanced biliary tract carcinoma: Torrecardenas Hospital Experience

V.E. Castellon Rubio1, I. Gonzalez Cebrian2, L. Canosa Ruiz1
1Torrecardenas Hospital, Almeria, Spain
2Complejo Hospitalario de Jaén, Jaén, Spain

Introduction: A gemcitabine-cisplatin combination is a standard treatment option for patients with advanced biliary tract carcinoma (BTC). Treatment in this population is an understudied topic, being excluded from most clinical trials. The objectives are to evaluate the efficacy, tolerability and progression-free survival in elderly patients with advanced biliary tract carcinoma treated with this regimen at Torrecardenas Hospital.

Methods: We retrospectively reviewed 20 elderly patients (pts) diagnosed with locally advanced or metastatic BTC. Primary tumour sites of the 20 pts were extrahepatic cholangiocarcinoma (2), intrahepatic (10) and gallbladder (8). Treatment consisted of cisplatin (25 mg per square meter of body-surface area) followed by gemcitabine (1000 mg per square meter), each administered on days 1 and 8, every 3 weeks for 6-8 cycles or until progression or unacceptable toxicities. Tumor response was evaluated using the Response Evaluation Criteria in Solid Tumors (RECIST) criteria every 3 cycles.

Results: The median age of the pts was 74 years old (65-79). 46% pts were women. Previously undergone primary treatment (50% radical surgery, 44% biliary decompression, 6% laparotomy). A median of four cycles per patient was completed (2-7). Have been obtained: 4 partial response (22%), 6 stable disease (33%) and 8 progressed during treatment (44%). Anemia and fatigue were commonly observed, but were easily managed and no decline in quality of life. The major grade III/IV adverse events in the 18 patients included neutropenia (20%), elevated alanine aminotransferase (4%) and infection (18%). There were no treatment-related deaths. The median overall survival was 10.4 months and the median time to progression was 7.3 months.

Conclusion: We confirm that cisplatin plus gemcitabine is a feasible chemotherapy regimen with manageable toxicity in elderly patients with advanced BTC. Response rates and OS were similar to younger patients; therefore cancer in the elderly age should not be a barrier to administer active treatment.