Treatment Outcomes in Older Adults (≥80 Years) with Nasopharyngeal Carcinoma

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Introduction

The optimal treatment strategy for nasopharyngeal carcinoma (NPC) in older adults, particularly in those aged ≥80 years, remains controversial. Concerns exist regarding tolerability of radical radiotherapy (RT) in this population, and outcomes are rarely reported.

Objective

To report the treatment outcomes and toxicity in octogenarians with NPC.

Materials and Methods

We conducted a retrospective review of medical records of NPC patients who received care in Tuen Mun Hospital from January 1, 2009, to December 31, 2023. Patients who had histologically diagnosed NPC and were aged ≥80 years at diagnosis were included in the study. Patients who presented with distant metastasis at initial diagnosis were excluded.

Patients were divided into two cohorts: those received radical RT (cohort A) and those who did not (cohort B).

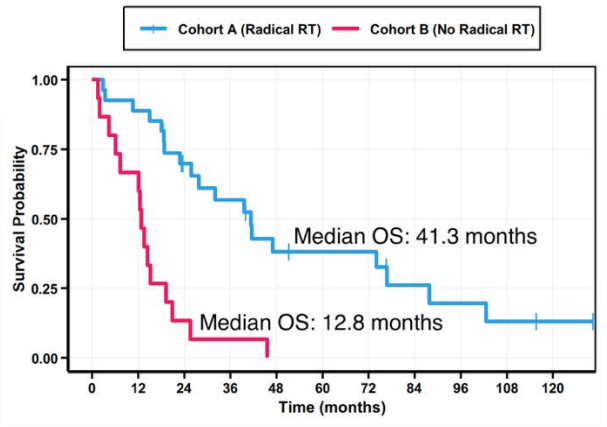
Results

A total of 42 patients were included.

In cohort A, the median OS was 41.3 months (95% CI 27.7-55.0), with 5-year OS and CSS rates of 38.1% and 44.7% respectively.

Grade ≥3 acute toxicities occurred in 22.2% of patients, and one patient died due to treatment-related toxicities (3.7%). Majority of deaths in cohort A were due to other illnesses (57.9%).

In cohort B, the median OS was 12.8 months. The median CSS was 14.4 months (95% CI 6.7-22.1). Majority of deaths in cohort B were due to NPC (57.9%).



	Cohort A n (%)	Cohort B n (%)
Total deaths	19 (100)	15 (100)
NPC	5 (26.3)	10 (66.7)
Other illness	11 (57.9)	2 (13.3)
Myocardial infarction	1 (5.3)	0 (0)
Stroke	2 (10.5)	0 (0)
Chest infection	6 (31.6)	2 (13.3)
Second cancer	2 (10.5)	0 (0)
Treatment-related death	1 (5.3)	0 (0)
Unknown	2 (10.5)	3 (20)

Conclusion

In selected NPC patients aged ≥80 years, radical RT with modern IMRT technique is a viable treatment option and results in reasonable survival with an acceptable toxicity profile. Chronological age alone should not preclude radical treatment in NPC.

Reference: [1] Yang G et al. (2023). *Cancer Medicine.* 12(19):19523–9; [2] Sze HCK et al. (2012). *Oral Oncology.* 48(2):162–7; [3] Huang Y et al. (2018). *Cancer Medicine.* 7(4):1093–101; [4] Lyu Y et al. (2021). *Eur Arch Otorhinolaryngol.* 278(7):2549–57.