RESULTS

A total of 23 EGFR mutated patients had been treated in first line in our institution since osimertinib approval in Spain. Figure 1-Table 1 summarize key patient characteristics at the start of osimertinib therapy. Fourteen patients were 80 years or older, of which ten (71.4%) had to interrupt treatment and decrease dose to 40mg due to toxicity and another one discontinued due to a severe adverse event. Only one dose reduction was observed in the < 80 years subgroup.

The most frequently experienced AEs leading to dose reduction were stomatitis, thrombocytopenia, paronychia plus acneiform rash and creatinine elevation (Table 2).

Most elderly patients presented a combination of several grade 2 AEs. The median time to dose reduction was 2.5 months. ORR was 82% in the whole population, and reached 90% in the dose-reduced group. Median PFS and OS were not reached. We did not observe differences in duration of treatment (Figure 2) between the dose-reduced group (mean 432 days) and the standard dose group (mean 373 days, Mann-Whitney's U p=0.786).

CONCLUSIONS

This retrospective data collection shows there is a frequent need to interrupt and modify dosage of osimertinib in elderly patients. After dose reduction, patients tolerated well the continuation of the treatment without new cessation of the drug and the efficacy of the treatment was maintained suggesting dose reduction does not seem to affect the patient’s outcome.

As the toxicity leading to dose reduction had an early onset in our research, we suggest that in aged patients, osimertinib 40 mg could be a starting dose to prevent toxicity and further dose increases could be considered if appropriate. However, this current approach should be validated in a larger cohort.