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Redefining the care of elderly patients with renal carcinoma, real world data results from the Spanish RENO study

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INTRODUCTION

More than 50% of new cancer diagnoses and approximately 70% of deaths are in elderly patients[1].

The population is aging with a high level of comorbidities, **but we also find higher levels of healthy aging**. This leads to the need to characterize them adequately so that the more robust ones benefit from optimal treatment and the more fragile ones can have their treatment adapted to their situation [2].

Patients over 70 years old are underrepresented in clinical trials and the correct characterization of their clinical status apart from age is crucial for the best oncological practice.

AIM

The primary objective of this study is to analyze, using real-world data from the RENO Study [3], the **influence of age** on the evolution and outcomes of advanced renal carcinoma (RCC). Specifically, it aims to explore whether there are significant **differences in survival rates**, understood as overall survival and progression-free survival following treatment.

Ultimately, the findings could lead to **more personalized treatment strategies** and improved clinical outcomes for patients over 70 years.

METHOD

Study design and population
RENO was a retrospective observational study in which we included data from patients with Advanced RCC from 14 hospitals in Northern Spain between 2007 and 2019.

Clinical data were collected from health records. The study was approved by the Institutional Review Board and Ethics Committee of all the participant centers and informed consent was obtained.

Data collection
Epidemiological, histological type, tumor characteristics, sites of metastasis, treatment information and outcome data were collected.

Statistical analysis
Patient demographics and study characteristics were analyzed using descriptive statistics. Median Overall Survival (OS) and Progression-Free Survival (PFS) were calculated using the Kaplan-Meier method. Statistical analysis was conducted with IBM SPSS version 26.

RESULTS

We included 826 advanced RCC patients. 74.1% were younger than 70, 20.8% were 71 to 80 and 5.1% were older than 80. IMDC score in patients older than 70: 34,5% low risk; 46,5% intermediate risk; 19% high risk. A tendency towards more patients in the intermediate and high risks in the elderly compared to the younger cohort.

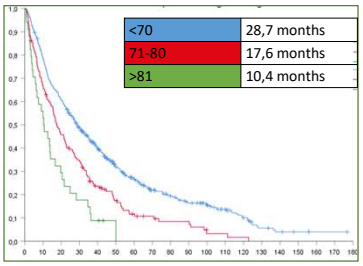
AGE GROUP	FIRST LINE	SECOND LINE	SUBSEQUENT LINES
<70	97%	72%	6% started a 5th line
71-80	93%	45%	8% pts started a 4th line
>81	93%	20%	5% started a 3rd line

AGE GROUP	Full Dose 1st line therapy	Toxicity driven interruptions of SACT
<70	59%	27%
71-80	60%	37%
>81	75%	35%

Fatigue, diarrhea and mucositis were the most frequent AEs in all groups

Table 1. Percentage of patients who initiated each systemic anticancer treatment (SACT) line.
Table 2..Percentage of patients who received full dose SACT and percentage of patients who interrupted SACT due to toxicities

1a



1b

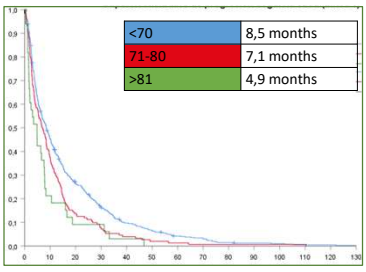


Image 1a. Median overall survival of each age group
Image 1b. Median progression free survival to the first line of treatment by age group

CONCLUSIONS

Stratification by IMDC prognostic groups was not very different between younger and older patients. Slight predominance of IMDC intermediate prognostic and poor prognostic in those >70 years.

Fewer patients over 70 receive SACT but tolerance is not worse than in their younger counterparts. Alas, disease evolution has been worse in our elderly patient series.

It is necessary to tailor therapy to these patients

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