hyperthermic burns consisting of blisters or ulceration usually as a result of blood flow or nerve sensation loss secondary to surgery. All burns healed with appropriate treatment with long term radiation sequelae no worse than with standard radiation therapy alone.
Conclusion: Hyperthermia is a safe and effective radiosensitizing modality of treatment for geriatric cancer patients at high risk for local-regional control failure. It is FDA approved, has excellent efficacy and safety, but unfortunately remains an underutilized modality of treatment.

Disclosure of Interest: None Declared

Keywords: Targeted therapies

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Track 1 - Solid Tumours in the Elderly
Targeted therapies in elderly cancer patients
P055
Cetuximab plus radiotherapy in elderly patients with unresectable locally advanced squamous cell carcinoma of head and neck region

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Introduction: Chemoradiotherapy for head and neck cancer (SCCHN) is challenging in elderly, multi-morbid patients. Radioimmunotherapy (RIT) with cetuximab provides an option to enhance efficacy of radiotherapy without increased toxicity.
Objectives: To evaluate efficacy, safety of cetuximab associated with radiotherapy in locally advanced head neck cancer in elderly patients, a prospective study was carried on the last four years at Gonesse Hospital Group.
Methods: Patients older than 65 year with locally advanced unresectable (Stage IV) squamous cell carcinoma of head and neck were assigned to receive cetuximab 400 mg/m2 on first cycle and 250 mg/m2 on maintenance for eight weeks with concomitant RT for seven weeks. RT was started one week after the initiating of the chemotherapy protocol. Primary end point was the overall survival at 2 years. Tolerability was defined by toxicity measurement in the end of treatment.
Results: Between March 2008 and January *2012, ten patients (seven men and three women) were enrolled. The median age was 74 years (range between 65-80 years). The geriatric standardized evaluation was favourable to treatment with radiotherapy and cetuximab. The overall survival at 2 year was 76 %. No death case and no evidence of disease progression were recorded one year of follow up after the end of study. Among the ten patients, 100% had a muco-cutaneous toxicity grade 2. Two patients developed an arterial hypertension.
Conclusion: Cetuximab concurrent with radiotherapy is a safe and effective option in advanced head neck cancer elderly patients.

Disclosure of Interest: None Declared

Keywords: Epidemiology, Targeted therapies

Reference

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Track 1 - Solid Tumours in the Elderly
Clinical trials for elderly cancer patients
P056
Impaired cognitive function, depression and fatigue: Risk factors of 30-day mortality in onco-geriatric surgical patients
The PREOP-study

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Introduction: In the onco-geriatric surgical population, frail patients at increased risk of adverse post-operative outcome need to be identified pre-operatively to allow for the implementation of preventive measures and to minimize the risk of over- and under-treatment. Administering the Comprehensive Geriatric Assessment (CGA) in every onco-geriatric surgical patient is too time consuming, therefore more simple screening tools are needed to support the clinicians in their decision making process to assess whether a patient is fit for surgery.
Objectives: The aim was to determine which screening tools are able to predict 30-day mortality risk in a large international cohort of onco-geriatric surgical patients. These results will be compared to the predictive ability of the CGA.
Methods: The PREOP-study is an international and multicenter, prospective cohort study designed to test the predictive value of several screening tools for post-operative adverse events in onco-geriatric surgical patients. Patients ≥70 years undergoing elective surgery for solid tumors were included. Pre-operatively a battery of screening tools and a functional mobility test were administered: Timed Up & Go (TUG), Vulnerable Elders Survey (VES-13), Groningen Frailty Index (GFI), Brief Fatigue Inventory (BFI), Geriatric Depression Scale (GDS), Mini Mental State Examinsation (MMSE), Activities of Daily Living (ADL) and instrumental Activities of Daily Living (iADL). The predictive ability of these tests were analyzed separately and combined into the CGA (ADL, iADL, MMSE, GDS, BFI). The outcome measure was 30-day mortality. Data were analyzed using multivariate logistic regression analyses to estimate odds ratios (OR) and 95% confidence intervals (95% > CI).
Results: Data of 345 patients, with a median age of 76 years (70-96), were analyzed. The majority of patients underwent major surgery (n = 240; 69.6%). A total of 19 patients (5.5%) died within 30 days after surgery. The multivariate logistic regression analyses showed that, adjusted for center and age, the MMSE, BFI and GDS are predictors of 30-day mortality (Table 1).

Table 1
Statistically significant ($p < 0.05$) predictors of 30-day mortality (n = 345).

	30-day mortality[a]		Multivariable log regr[b]
Test	No (n)	Yes (n)	OR (95%CI)
MMSE >26	206 (97.6%)	5 (2.4%)	1
MMSE ≤26	114 (89.1%)	14 (10.9%)	**3.96 (1.26-12.4)**
BFI ≤3	204 (97.1%)	6 (2.9%)	1
BFI >3	117 (90.0%)	13 (10.0%)	**3.21 (1.04-9.92)**
GDS ≤10	306 (95.6%)	14 (4.4%)	1
GDS >10	15 (75.0%)	5 (25.0%)	**4.65 (1.18-18.32)**

[a] Valid percentages were calculated when data were not available from all patients.
[b] Corrected for center and age.