Introduction/Background Primary treatment of advanced epithelial ovarian (EO)/fallopian tube (FT) malignancy is cytoreductive surgery followed by adjuvant platinum-based chemotherapy. Prognosis is dependent on the degree of carcinomatosis; with poor outcomes in advanced progression and disseminated peritoneal disease. Cytoreduction is associated with significant morbidity and mortality, and published data has illustrated that age is a significant factor in survival. Despite successful cytoreduction surgery, patients > 75 years have been associated with poor survival rate. The aim of this study was to retrospectively determine outcomes in patients treated with NACT and ICS in elderly females within Northern Ireland (NI).

Methodology Electronic records searched to identify patients with HGSC of Ovary/Fallopian tube treated with NACT and ICS, Northern Ireland Cancer Centre. Data was collected and survival for age groups estimated using the Kaplan-Mayer method.

Results 72 consecutive patients between 2011 and 2016 were identified. All had diagnosis of HGSC and treated with NACT followed by ICS. Age was examined to identify if was this was associated with decreased survival. Mean age was 60.4 years (range 42 – 79 years). Mean number of NACT cycles was 4.5. Optimal cytoreduction was achieved in 59.8% of patients. Mean number of chemotherapy cycles post ICS was 1.5 and mean follow up was 26.7 months. Kaplan-Meier survival plots showed no significant difference in survival between patients stratified for residual disease extent (p=0.483). Advanced age was not associated with worse outcome in those with zero residual disease (p=0.896 HR 1.02 95% CI 0.45-2.3) or in elderly patients with sub-optimal cytoreduction (p=0.0001 HR 0.93 95% CI 0.25 – 3.38).

Conclusion Age did not negatively impact on survival in patients receiving NACT with ICS within NI. Limitations of initial study include small sample size and preliminary retrospective data. Final results will include 2017–2021 data set.