The use of PC-1W vs. PC-3W was 44.29% vs 47.14% in the elderly compared to 39.03% vs. 60.3% in the control (p<0.0001). Among the elderly mOS was 57.17 vs. 30.00 months for PC-1W and PC-3W respectively (p = 0.0075). No differences in toxicity were shown, when comparing PC-1W to PC-3W in elderly except for grade 2 alopecia – 26.21% vs. 65.18% respectively (p<0.0001), and grade 2 neuropathy – 20.19% vs. 36.61% respectively (p=0.0119).

Conclusions mOS is reduced in elderly, though better than expected, furthermore toxicity is tolerable in elderly. PC-1W was both more abundant and had better mOS in elderly. Therefore PC-1W regimen may offer advantages for elderly in terms of tolerance while retaining efficacy.