



The 10 best recent articles in the medical literature relating to geriatric oncology are reviewed here.

TEN BEST READINGS RELATING TO GERIATRIC ONCOLOGY

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McCorkle R, Strumpf NE, Nuamah IE, et al. A specialized home care intervention improves survival among older post-surgical cancer patients. *J Am Geriatr Soc.* 2000;48:1707-1713.

This is the first randomized study of postsurgical cancer patients to link a specialized home care intervention by advanced practice nurses with improved survival. Additional research is needed to test home care interventions aimed at maintaining quality of life outcomes and their effects on survival of these patients.

Kemeny MM, Peterson BL, Kornblith AB, et al. Barriers to clinical trial participation by older women with breast cancer. *J Clin Oncol.* 2003;21:2268-2275.

This study tested whether older patients were offered trials less often than younger patients and whether older patients who were offered trials were more likely to refuse participation than younger patients. In a multivariate analysis that included comorbid conditions, age and stage were the only predictors of whether a patient was offered a trial. The greatest impediment to enrolling older women onto trials in the setting of this study was the physicians' perceptions about age and tolerance of toxicity.

Extermann M, Albrand G, Chen H, et al. Are older French patients as willing as older American patients to undertake chemotherapy? *J Clin Oncol.* 2003;21:3214-3219. See also editorial comments in *J Clin Oncol.* 2003;21:3189-3190. *Lancet.* 2003;362.

Addressing the barriers to treatment in older cancer patients, the authors compare the willingness of elderly cancer patients in France and the United States to consider chemotherapy. While older French individuals without cancer are more reluctant than older Americans to consider chemotherapy, older cancer patients in both countries have the same amenability to treatment.

Yancik R, Wesley MN, Ries LA, et al. Effect of age and comorbidity in postmenopausal breast cancer patients aged 55 years and older. *JAMA.* 2001;285:885-892.

Bouchardy C, Rapiti E, Fioretta G, et al. Undertreatment strongly decreases prognosis of breast cancer in elderly women. *J Clin Oncol.* 2003;21:3580-3587

These two population registry studies explore the impact of comorbidity on breast cancer prognosis and treatment. The latter shows that even for women in their 80s, adequate adjuvant treatment of breast cancer is associated with better survival.

Schild SE, Stella PJ, Geyer SM, et al. The outcome of combined modality therapy for stage III non-small-cell lung cancer in the elderly. *J Clin Oncol.* 2003;21:3201-3206.

The North Central Cancer Treatment Group performed a phase III trial to determine whether chemotherapy plus either b.i.d. radiation therapy (RT) or daily RT resulted in a better outcome for patients with stage III non-small-cell lung cancer (NSCLC). Toxicity, especially myelosuppression and pneumonitis, was

more pronounced in the elderly patients receiving combined-modality therapy.

Langer CJ, Manola J, Bernardo P, et al. Cisplatin-based therapy for elderly patients with advanced non-small-cell lung cancer: implications of Eastern Cooperative Oncology Group 5592, a randomized trial. *J Natl Cancer Inst.* 2002;94:173-181.

Response rate, toxicity, and survival in fit, elderly NSCLC patients receiving platinum-based treatment appear to be similar to those in younger patients, although patients 70 years of age or older have more comorbidities and can expect more leukopenia and neuropsychiatric toxicity. Advanced age alone should not preclude appropriate treatment for NSCLC.

Gridelli C, Perrone F, Gallo C, et al. Chemotherapy for elderly patients with advanced non-small-cell lung cancer: the Multicenter Italian Lung Cancer in the Elderly Study (MILES) phase III randomized trial. *J Natl Cancer Inst.* 2003;95:362-372.

The authors compared the effectiveness and toxicity of the combination of vinorelbine plus gemcitabine with those of each drug given alone in an open-label, randomized phase III trial in elderly patients with advanced NSCLC. The combination of vinorelbine plus gemcitabine was not more effective than single-agent vinorelbine or gemcitabine in the treatment of elderly patients with advanced NSCLC. Selected older patients with lung cancer can tolerate standard treatments.

Sargent DJ, Goldberg RM, Jacobson SD, et al. A pooled analysis of adjuvant chemotherapy for resected colon cancer in elderly patients. *N Engl J Med.* 2001;345:1091-1097.

Selected elderly patients with colon cancer can receive the same benefit from fluorouracil-based adjuvant therapy as their younger counterparts, without a significant increase in toxic effects.

Alibhai SM, Naglie G, Nam R, et al. Do older men benefit from curative therapy of localized prostate cancer? *J Clin Oncol.* 2003;21:3318-3327.

This decision analysis study explores the treatment of localized prostate cancer with the goal of providing decision tables for individual cancer patients. Potentially curative therapy results in significantly improved life expectancy and quality-adjusted life expectancy for older men with few comorbidities and moderately or poorly differentiated localized prostate cancer. Age should not be a barrier to treatment in this group.