

Ten Best Readings Relating to Senior Adult Oncology

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Jatoi A, Hillman S, Stella P, et al. Should elderly non-small-cell lung cancer patients be offered elderly-specific trials? Results of a pooled analysis from the North Central Cancer Treatment Group. *J Clin Oncol.* 2005;23:9113-9119.

The authors report that a pooled analysis by the NCCTG shows that conducting trials specifically for older patients is appropriate cancer care, targets patients otherwise not studied, and does not compete with accrual in other trials.

Audisio RA, Ramesh H, Longo WE, et al. Preoperative assessment of surgical risk in oncogeriatric patients. *Oncologist.* 2005;10:262-268.

This article shows that a comprehensive geriatric assessment (CGA) is better than the American Society of Anesthesiologists (ASA) physical status system at predicting 30-day postoperative morbidity.

Kimmick GG, Peterson BL, Kornblith AB, et al. Improving accrual of older persons to cancer treatment trials: a randomized trial comparing an educational intervention with standard information: CALGB 360001. *J Clin Oncol.* 2005;23:2201-2207.

Lewis JH, Kilgore ML, Goldman DP, et al. Participation of patients 65 years of age or older in cancer clinical trials. *J Clin Oncol.* 2003;21:1383-1389.

These two articles address the underaccrual of older patients to clinical trials. In the first article, the Cancer and Leukemia Group B (CALGB) conducted a randomized study of an educative intervention targeting physicians, which unfortunately was unsuccessful. In the second article, the authors postulated that the most effective way to improve accrual is to broaden comorbidity restrictions.

Extermann M, Aapro M, Bernabei R, et al. Use of comprehensive geriatric assessment in older cancer patients: recommendations from the task force on CGA of the International Society of Geriatric Oncology (SIOG). *Crit Rev Oncol Hematol.* 2005;55:241-252.

Surbone A, Kagawa-Singer M, Terret C, et al. The illness trajectory of elderly cancer patients

across cultures: SIOG position paper. *Ann Oncol.* Oct 6, 2006. Epub ahead of print.

The first article, by a task force from the International Society of Geriatric Oncology (SIOG), reviews evidence on the use of a comprehensive geriatric assessment. The second article offers recommendations concerning the multicultural aspect of caring for the older cancer patient.

Andersen SL, Terry DF, Wilcox MA, et al. Cancer in the oldest old. *Mech Ageing Dev.* 2005;126:263-267.

An analysis of cancer patterns in more than 1,000 nonagenarians and centenarians from the New England Centenarian Study concludes that the age of diagnosis of cancer is relatively delayed in those who live to 100 years.

Hurria A, Rosen C, Hudis C, et al. Cognitive function of older patients receiving adjuvant chemotherapy for breast cancer: a pilot prospective longitudinal study. *J Am Geriatr Soc.* 2006;54:925-931.

Eberhardt B, Dilger S, Musial F, et al. Medium-term effects of chemotherapy in older cancer patients. *Support Care Cancer.* 2006;14:216-222.

These two papers analyze the cognitive impact of chemotherapy in older cancer patients.

Sehn LH, Donaldson J, Chhanabhai M, et al. Introduction of combined CHOP plus rituximab therapy dramatically improved outcome of diffuse large B-cell lymphoma in British Columbia. *J Clin Oncol.* 2005;23:5027-5033.

The authors report good news for elderly individuals with lymphoma: older patients appear to benefit most from adding rituximab to the CHOP regimen in this British Columbia Registry series.