TEN BEST READINGS RELATING TO GERIATRIC ONCOLOGY
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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.


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.


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.


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.


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.


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.


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.


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.


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.