2d Asian meeting
Dr Aapro is a consultant for Amgen, BMS, Celgene, GSK, Helsinn, JnJ Novartis, Merck, Merck Serono, Pfizer, Pierre Fabre, Roche, Sandoz, Teva, Vifor and has received honoraria for lectures at symposia of Amgen, Bayer Schering, Cephalon, GSK, Helsinn, Hospira, Ipsen, JnJ OrthoBiotech, Merck, Merck Serono, Novartis, Pfizer, Pierre Fabre, Roche, Sandoz, Sanofi, Teva, Vifor

No responsibility accepted for involuntary errors or omissions. The list may be incomplete, and does not reflect consultancy for NGOs, Universities, Governmental agencies, and others.
Medial Oncology 2013

Stuart M. Lichtman, MD, FACP
65+ Clinical Geriatric Program
Gynecologic Oncology Disease Mgt Team
Attending Physician
Memorial Sloan-Kettering Cancer Center
Professor of Medicine
Weill Cornell Medical College
Commack and New York, New York

33 SLIDES
I RETAINED SOME
# New Drugs

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Trade Name</th>
<th>Manufacturer</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newly approved agents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Axitinib</td>
<td>Inlyta</td>
<td>Pfizer, New York, NY</td>
<td>For treatment of patients with advanced kidney cancer (renal cell carcinoma) who have not responded to other treatments for this type of cancer</td>
</tr>
<tr>
<td>Vismodegib</td>
<td>Erivedge</td>
<td>Genentech, South San Francisco, CA</td>
<td>For use in patients with locally advanced basal cell cancer who are not candidates for surgery or irradiation and for patients whose cancer has metastasized</td>
</tr>
<tr>
<td>Pertuzumab</td>
<td>Perjeta</td>
<td>Genentech</td>
<td>For use in combination with trastuzumab and docetaxel as first-line treatment for patients with HER2-positive metastatic breast cancer</td>
</tr>
<tr>
<td>Carfilzomib</td>
<td>Kyprolis</td>
<td>Onyx Pharmaceuticals, South San Francisco, CA</td>
<td>For treatment of patients with multiple myeloma whose disease has progressed despite at least two prior therapies, including bortezomib and an immunomodulatory agent</td>
</tr>
<tr>
<td>Ziv-aflibercept</td>
<td>Zaltrap</td>
<td>sanofi-aventis, Bridgewater, NJ; Regeneron Pharmaceuticals, Tarrytown, NY</td>
<td>For use in combination with FOLFIRI for treatment of patients with metastatic colorectal cancer that is resistant to or has progressed after an oxaliplatin-containing regimen</td>
</tr>
<tr>
<td>Enzalutamide</td>
<td>Xtandi</td>
<td>Medivation, San Francisco, CA</td>
<td>For treatment of patients with metastatic castration-resistant prostate cancer who have previously received docetaxel</td>
</tr>
<tr>
<td>Regorafenib</td>
<td>Stivarga</td>
<td>Bayer HealthCare Pharmaceuticals, Wayne, NJ</td>
<td>For treatment of patients with metastatic colorectal cancer that has progressed despite standard treatments</td>
</tr>
</tbody>
</table>
## Expanded Indications

<table>
<thead>
<tr>
<th>Drug</th>
<th>Company</th>
<th>Location</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imatinib mesylate</td>
<td>Gleevec</td>
<td>Novartis, Basel, Switzerland</td>
<td>For adjuvant treatment of adult patients after complete gross resection of Kit (CD117) –positive GISTs</td>
</tr>
<tr>
<td>Pazopanib</td>
<td>Votrient</td>
<td>GlaxoSmithKline, Brentford, United Kingdom</td>
<td>For treatment of patients with advanced soft tissue sarcoma who have received prior chemotherapy</td>
</tr>
<tr>
<td>Cetuximab</td>
<td>Erbitux</td>
<td>ImClone Systems, Bridgewater, NJ</td>
<td>For use in combination with FOLFIRI chemotherapy for first-line treatment of patients with KRAS mutation-negative, EGFR-expressing metastatic colorectal cancer</td>
</tr>
<tr>
<td>Everolimus</td>
<td>Afinitor</td>
<td>Novartis</td>
<td>For use in combination with exemestane to treat certain postmenopausal women with advanced hormone-receptor positive, HER2-negative breast cancer</td>
</tr>
<tr>
<td>Vincristine sulfate liposome injection</td>
<td>Marqibo</td>
<td>Talon Therapeutics, South San Francisco, CA</td>
<td>For treatment of adult patients with Ph-negative acute lymphocytic leukemia in ≥ second relapse or whose disease has progressed after ≥ two antileukemia therapies</td>
</tr>
</tbody>
</table>
Under-Representation of Older Adults in Cancer Registration Trials: Known Problem, Little Progress

Kevin S. Scher and Arti Hurria, City of Hope, Duarte, CA
Hematologic Malignancy

• **AML**
  – Gemtuzumab ozogamicin (Mylotarg) added to standard chemotherapy improves survival of older patients with AML (50-70 years)
    • 40.8% v. 17.1% disease free at 2 years

• **Lymphoma**
  – Bendamustine-rituximab is superior to the standard treatment (ie, CHOP-R) for patients with previously untreated indolent lymphoma and elderly patients with mantle-cell lymphoma. (23% >70 years)
Hematologic Malignancy

- CLL
  - Ibrutinib, which targets Bruton’s tyrosine kinase, was studied in patients with relapsed and treatment-resistant patients with CLL.
Ibrutinib in CLL
Breast Cancer

- New armed antibody (TDM-1; trastuzumab + emtansine) improves survival in HER2-positive metastatic breast cancer
- Pertuzumab: trastuzumab and docetaxel with pertuzumab, another anti-HER2 antibody, in previously untreated patients may overcome or delay resistance
- Everolimus for use in combination with exemestane to treat postmenopausal women with advanced hormone receptor–positive, HER2-negative breast

- AND SEE THIS MEETING
Gastrointestinal Cancer

• SEE THIS MEETING
COLORECTAL

• SEE THIS MEETING
Prostate Cancer

- SEE THIS MEETING
Lung Cancer

- SEE THIS MEETING
Cost
Cost - Medical debt the most common cause of personal bankruptcy in the US
Trial Design Taskforce

End Points and Trial Design in Geriatric Oncology Research: A Joint European Organisation for Research and Treatment of Cancer–Alliance for Clinical Trials in Oncology–International Society of Geriatric Oncology Position Article

Conclusion

• Many advances in medical oncology
• Primarily involve targeted and/or biologic therapy
• Elderly continue to be under represented in studies
• Changes in study design and reporting need to be implemented
• We have to be the advocates!
Advancements in the Field:
A Review of Geriatric Oncology Publications from 2012 - 2013

Update in surgery

Giampaolo Ugolini, MD, PhD
University of Bologna
Policlinico S'Orsola Malpighi

37 slides, I retained a few
Avoiding Surgery in the Elderly

By PAULA SPAN

For the very old and frail, surgery can become a source of danger in itself.

It may take members of our parents’ generation (and our own) a long time to get over thinking of hospitals as refuges of safety and operating rooms as harbinger of better days ahead. But it’s gradually becoming clearer that for the very old and frail, and for nursing home residents in particular, hospitals are places to avoid whenever possible, and surgery can become a source of
To operate or not to operate: that is the question!

Adapted from W. Shakespeare
“It’s easier to make an incision than to take a decision: a good result is 75% decision and 25% incision”

Anonymous
FIT
Relationship Between Asking an Older Adult About Falls and Surgical Outcomes

Teresa S. Jones, MD; Christina L. Dunn, BA; Daniel S. Wu, MD; Joseph C. Cleveland Jr, MD; Deidre Kile, MS; Thomas N. Robinson, MD, MS

Published online October 9, 2013.
Figure 2. Prior Falls and Postoperative Complications in Colorectal Operations

Incidence of $\geq 1$ Postoperative Complications, %

Falls in the 6 mo Prior to a Major Operation, No.

$P = .03$

Slower Walking Speed Forecasts Increased Postoperative Morbidity and One-Year Mortality Across Surgical Specialties

Thomas N Robinson, MD MS¹,⁵, Daniel S Wu, MD¹,⁵, Angela Sauaia, MD PhD², Christina L Dunn, BA¹, Jennifer E Stevens-Lapsley, PT PhD³, Marc Moss, MD², Greg V Stiegmann, MD¹,⁵, Csaba Gajdos, MD¹, Joseph C Cleveland Jr, MD¹,⁵, and Sharon K Inouye, MD MPH⁴
Timed up and go test

- FAST $\leq 10$ sec
- INTERMEDIATE 11-14 sec
- SLOW $\geq 15$ sec
Tailored treatment

Parachute use to prevent death and major trauma related to gravitational challenge: systematic review of randomised controlled trials

SIOG Annual Meeting: Updates in Geriatrics (2012-2013)

William Dale, MD, PhD (US)
University of Chicago

Sections of Geriatrics & Palliative Medicine and Hematology/Oncology
Director, Specialized Oncology Care & Research in the Elderly (SOCARE) Clinic

Website: http://www.uchospitals.edu/specialties/cancer/geriatric-oncology/
Email: wdale@medicine.bsd.uchicago.edu
Twitter: @WilliamDale_MD

21 slides and two retained
As he is the next speaker…
General Themes

• Geriatrics in Oncology Patients (3 studies)

• Cognitive Function (8 studies)
  – Early detection (4)
  – Use of anti-psychotics (3)
  – Associations (1)

• Physical Function (3 studies)
  – Statins (1)
  – Exercise (1)
  – Calcium/Vitamin D (1)
Summary

• **Geriatric-Oncology:** Hormones are older adults “friends” in breast and prostate cancer

• Dementia:
  – Identifying early cognitive impairment is challenging
  – Treating AD is still very difficult
  – Be careful labeling people (use expertise)

• Physical functioning easily compromised
Advances in the field: A review of Geriatric Oncology Publications from 2012-2013

Updates in Radiation Oncology
Jesper Grau Eriksen
Dept. Of Oncology
Odense University Hospital
Denmark

29 slides I retained some
Pubmed search 1-1-2012 to 20-10-2013

Search terms:

Radiotherapy or Radiation Oncology
and
Old or Elderly or +65 years

9084 papers

Select for: Phase II or Phase III

< 44 papers
Meta-analysis of radiotherapy in head and neck carcinomas: an update

P. Blanchard¹, B. Lacas¹, J. Bourhis², A.M. Trotti³, J.A. Langendijk⁴, J. Overgaard⁵, J.P. Pignon¹, on behalf of the MARCH Collaborative Group

¹Institut Gustave Roussy, Villejuif, France, ²CHUV, Lausanne, Switzerland, ³Moffit Cancer Center, Florida, USA, ⁴University of Groningen, Groningen, Netherlands, ⁵Aarhus Universitet Hospital, Aarhus, Danemark

With permission from P. Blanchard
### Subgroup analyses

<table>
<thead>
<tr>
<th>Age</th>
<th>Overall Survival Hazard Ratio [95% CI]</th>
<th>Progression-Free Survival Hazard Ratio [95% CI]</th>
<th>Loco-Regional Control Hazard Ratio [95% CI]</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;50</td>
<td>0.82 [0.73;0.92]</td>
<td>0.79 [0.71;0.88]</td>
<td>0.78 [0.67;0.89]</td>
</tr>
<tr>
<td>50-59</td>
<td>0.97 [0.90;1.05]</td>
<td>0.91 [0.84;0.98]</td>
<td>0.80 [0.72;0.89]</td>
</tr>
<tr>
<td>60-69</td>
<td>0.96 [0.89;1.04]</td>
<td>0.91 [0.85;0.98]</td>
<td>0.86 [0.77;0.96]</td>
</tr>
<tr>
<td>≥70</td>
<td>0.97 [0.87;1.07]</td>
<td>0.97 [0.88;1.07]</td>
<td>0.92 [0.79;1.08]</td>
</tr>
</tbody>
</table>

Test for trend: p=0.19
Test for heterogeneity: p=0.48

Test for trend: p=0.03
Test for heterogeneity: p=0.66

Test for trend: p=0.09
Test for heterogeneity: p=0.78

*With permission from P. Blanchard*
Age vs. 5-year failure or death after RT

DAHANCA database 1971-2006 (15,146 pts)

JCOG phase III: RT vs. CRT in unresectable st. III NSCLC

Eligibility criteria:

NSCLC
Age ≥71 years
Unresectable st. IIIA/B
(not T3N1M0, contralat. hilar nodes, atelectasis of the entire lung, mal. pleural or pericardial effusion)

200 pts from Sept. 2003 to May 2010

Randomize

RT 60Gy/30Fx, 6wks
and
RT 60Gy/30Fx, 6wks
and carboplatin 30 g/m² per day, 5 days a week for 20 days

Atagi S, Lancet Oncol 2012
JCOG phase III: Primary endpoint - overall survival

Grade 3–4 haematological toxicity more frequent in CRT than in RT.

Grade 3 infection more common with CRT (12.5% vs. 4.1%).

Atagi S, Lancet Oncol 2012
“Age is an issue of mind over matter.
If you don’t mind, it doesn’t matter.”

Mark Twain
DECEMBER 5: A JOINT MASCC SIOG SESSION
Chairs: D. Keefe (AUS) ; G. Zulian (CH)

...Bone health: a key factor in elderly and not so elderly patients with cancer  M. Aapro (CH)

...Mucositis and new drugs: to prevent or to treat? D. Keefe (AUS)

...Depression: an issue in survivorship for elderly cancer patients.  L. Balducci (USA)

...Ovarian cancer: issues in the long term for elderly patients  C. Steer (AUS)
Matti Aapro
IMO Genolier (Switzerland)

THANK YOU    MERCI