Gynecologic cancers in the elderly women

Montréal, 18 octobre 2008

Dr Diane Provencher, 9th meeting of the SIOG

FACTS facing the senior women

• ↑ proportion of women living in their 8th & 9th decade
• ↑ comorbidities that will worsen with age (DB, CV)
• ↑ morbidity & mortality with surgery
• ↑ neuropathy & complications among chemotherapy patient

⇒ ↓ corrected overall survival

However:
• same treatment, same outcome
• underrepresented in clinical trials

Comprehensive geriatric evaluation (time consuming)

- Functional status (Karnofsky index)
- Comorbidity (Charlson index)
- Cognitive function (CMMSE)
- Nutrition
- Psychological status & social support
- Rx

Current treatment paradigm (1)

Ovarian cancer

Ovarian cancer in the octogenarian: Does the paradigm of aggressive cytoreductive surgery and chemotherapy still apply?

Moore KH, Reidl HS, Fonge DH, Myerse TK, Landruma LM, Mouleya KH, Walker 3J, McMaskina S and Mannela RS

Gynecologic Oncology 2008 110(2):133-9

REC.: More prudent APPROACH
Current treatment paradigm (1)

Ovarian cancer in the octogenarian

85 patients (median: 83 y.o.)
- 70%: 1 comorbidity (HT: 36/85; CV: 18/85; DB: 10/85)
- 30%: 2 comorbidities

Postoperative deaths: 9
(MI, aspiration pneumonia, 7-oliguria deterioration)

Chemotherapy: 60 pts (75% carbo/taxol; 25% carbo)
- 51% 6 cycles with dose reduction
- 73% neutropenia grade 3-4 (18% febrile neutropenia)
- 14% grade 3-4 anemia
- 66% grade 3-4 thrombocytopenia

Current treatment paradigm (2a)

Endometrial cancer

Endometrial Carcinoma in Elderly Women
Karen Hoffman K, Nekhlyudov L and Deligdisch L.
Gynecologic Oncology 1995 58(2):198-201

The effects of age and comorbidity on treatment and outcomes in women with endometrial cancer
Truong PT; Kader HA; Lesperance M; MacNeil MV; Barthelet E; McMuttrie E; Alexander S

Current treatment paradigm (2b)

Endometrial cancer

- ↑ Virulence of endometrial cancer (ERC)
- Surgical therapy not influenced by age or comorbidities
- ↑ Relapse

REC.: Chronologic age alone should not preclude patients from consideration of optimal based therapy

Current treatment paradigm (3)

Cancer of the cervix

- Stop HPC screening at age 50?

31.5/1000 Abnormal Pap > 65 y.o.
Ethnic variation

Current treatment paradigm (4)

Cancer of the vulva

- Chemoradiotherapy provides 100% response and allows organ and sphincter preservation
- Acute toxicity acceptable
- Cosmetic result acceptable
- 80% patients have some vaginal function
- Long term follow-up needed

THOUGHTS

Goal of therapy: cure, ↓ symptoms, independence, life expectancy
Impact of functional reserve, tolerance to stress (chronologic age)
- Chemoresistance
- Pharmacokinetics (GI absorption, distribution, volume, metabolism)
- Biology of age on cancer (non-H lymphoma, breast cancer)
Separate standard of care?

Triage

Yes
- ↑ Toxicity
- ↑ M & M Preference

No
- ↓ Overall survival
- Preference