Older People with Cancer having Chemotherapy

**Worry**
- How to function day-to-day
- How to cope with side effects
- How to manage finances
- How to care for basic needs during treatment

Managing chemo when elderly, presents unique challenges and obstacles, which an elderly person can often overcome with the right information and resources.

Chemo Toxicity in Older Adults

- Chemotherapy toxicity is common in older adults
  - In prospective study of 500 patients*: 53% experienced at least one grade 3 to 5 toxicity
  - 2% experienced a treatment-related mortality
  - Predictive Model - Geriatric assessment variables independently predicted the risk of toxicity

* Hurria A et al, 2011. JCO 29 (25)3457-3465
** Extermann M et al, 2012 Cancer 118(13):3377-86

Oncologist/Haematologist Perspective

**Impact of Patient Age on Clinical Decision-Making in Oncology**

- ‘Clinicians may be using chronological age as a proxy for other factors when making recommendations on cancer treatment for older patients’
- Some patients may receive less intensive treatment solely on the basis of their chronological age rather than biological age

National Cancer Equality Initiative
http://www.dh.gov.uk/health/2012/02/age-oncology

? Increased Toxicity from Chemotherapy in Older Patients

- "A pooled analysis of adjuvant chemotherapy for resected colon cancer in elderly patients"
- 3,351 patients and compared the performance of patients in four different age groups

Sargent D et al, 2001 NEJM 345:1091-1097
Jury still out?

- "Selected elderly patients with colon cancer can receive the same benefit from chemotherapy as their younger counterparts.
- The five-year overall survival was 71% for those who received chemotherapy and 64% for those who did not receive chemotherapy.
- The toxic effects - nausea or vomiting, diarrhoea, stomatitis and leucopenia in those above 75 years old - not increased compared to other age groups.

Sargent D et al, 2001 NEJM 345:1091-1097

Comorbidities

- In Older People - Cancer ++++
- Discharge records from 41,779 adult cancer patients admitted to hospital for Febrile Neutropenia, showed overall in-patient mortality to be 9.5%.
- The risk of mortality increased significantly for patients with additional co-morbidities; patients with more than one major co-morbidity had a > 20% risk of mortality.

Kuderer NM et al. 2006 Cancer;106:2258–2266

Change of focus...
A patient monitors their condition at home. Their readings are securely transmitted to a study server. The nurse can review prioritised patient data.

Toxicity Monitoring via Mobile Phone

- Developed a monitoring system to alert cancer nurse to presence of toxicities

## Algorithms of Care for common side effects

### Conclusions

- What are the patient expectations?
- Involve the geriatric nurse in MDT for older patients
- Avoiding toxicity is better than treating it
- To avoid toxicity we must have accurate data about risk and severity of side effects by age
- Real-time monitoring of toxicity is optimal
- This requires more age specific trials, or at very least, trials stratified by age
- Simply opening a study up without age restriction isn’t fair to drug or older people