



TEN BEST READINGS ON CANCER IN THE ELDERLY

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The 10 best recent articles in the medical literature relating to cancer in the elderly are reviewed here.

Frasci G, Lorusso V, Panza N, et al. Gemcitabine plus vinorelbine versus vinorelbine alone in elderly patients with advanced non-small cell lung cancer. *J Clin Oncol.* 2000;18:2529-2536.

This randomized multicenter study demonstrates the effectiveness of a non-platinum-based regimen in older patients. The well-tolerated regimen is a promising treatment for these patients. The study also includes an evaluation of comorbidity.

Extermann M, Overcash J, Lyman GH, et al. Comorbidity and functional status are independent in older cancer patients. *J Clin Oncol.* 1998;16:1582-1587.

This article demonstrates that the ECOG performance status provides limited information as to the health status of older cancer patients. Other indicators need to be integrated in the analysis of these patients.

Hutchins LF, Unger JM, Crowley JJ, et al. Underrepresentation of patients 65 years of age or older in cancer-treatment trials. *N Engl J Med.* 1999;341:2061-2067.

Patients aged 65 or older are substantially underrepresented in studies of cancer treatment. This article highlights the necessity of enrolling more older patients into clinical trials.

Fernandez-Pol JA, Douglas MG. Molecular interactions of cancer and age. *Hematol Oncol Clin North Am.* 2000;14:25-44.

This article provides an excellent review of the molecular features that are relevant to both can-

cer and aging. This entire issue of *Hematology/Oncology Clinics of North America* addresses cancer in the elderly.

Saltzstein SL, Behling CA, Baergen RN. Features of cancer in nonagenarians and centenarians. *J Am Geriatr Soc.* 1998;46:994-998.

This epidemiological article on cancer among the very elderly in the United States describes the incidence rates and sites of cancer, the causes of death, and gender/ethnic variations in this age group.

Murray KJ, Scott C, Zachariah B, et al. Importance of the minimal status examination in the treatment of patients with brain metastases: a report from the Radiation Therapy Oncology Group protocol 91-04. *Int J Radiat Oncol Biol Phys.* 2000;48:59-64.

This article is an excellent example of how tools created for geriatric use can fruitfully be integrated in oncologic decision making.

Tirelli U, Errante D, Van Glabbeke M, et al. CHOP is the standard regimen in patients > or = 70 years of age with intermediate-grade and high-grade non-Hodgkin's lymphoma: results of a randomized study of the European Organization for Research and Treatment of Cancer Lymphoma Cooperative Study Group. *J Clin Oncol.* 1998; 16:27-34.

This key study demonstrates unequivocally that older patients should not be denied standard chemotherapy in non-Hodgkin's lymphoma.

Extermann M. Measuring comorbidity in older cancer patients. *Eur J Cancer*. 2000;36:453-471, and

Extermann M. Measurement and impact of comorbidity in older cancer patients. *Crit Rev Oncol Hematol*. 2000;35:181-200.

These twin articles review the available tools and data on comorbidity for the clinical investigator who intends to design studies addressing the issue of comorbidity in older cancer patients.

Payne R, Mathias SD, Pasta DJ, et al. Quality of life and cancer pain: satisfaction and side effects with transdermal fentanyl versus oral morphine. *J Clin Oncol*. 1998;16: 1588-593.

Not all opiates are equivalent. Side effects, notably constipation, which can create significant problems in the elderly, need to be taken into account when assessing treatment options.