Management of Cancer in Older People 2
Series Editor: Riccardo A. Audisio

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Management of Gynecological Cancers in Older Women

Springer

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Preface

The aging of the population has resulted in the recognition that all of the subspecialties of oncology will be primarily concerned with the care of older patients. While there is not one precise definition of the age of "geriatric" patients, it is clear that the aging of our society has necessitated a focus on the older segment of the population. It has long been recognized that the most significant risk factor for the development of cancer is aging. This together with the epidemiologic shift has resulted in a marked increase in the number of older patients with cancer. This will markedly increase the cancer burden [1]. Cancer compromises the life expectancy as well as the active life expectancy of older individuals. Cancer and cancer treatment may appear as one of the prime causes of disability in older individuals, not only of mortality.

The traditional ways in which cancer is studied, i.e., clinical trials focusing on younger, healthier patients, has left us with a void in the available data to manage the older patients in an evidenced-based fashion. Not only do these trials often fail to establish the validity of cancer treatment in the elderly, but they also fail to provide information related to the long-term complications of the treatment including decline in function [2]. In the 1988 American Society of Clinical Oncology (ASCO) Presidential Address, Dr. B.J. Kennedy encouraged the study of aging and cancer [3]. He stated, " … Our society need not ration how we will treat our disadvantaged members, but should continue to seek those preventive and positive measures that can shorten our later period of morbidity. A very major cancer load will persist well into the twenty-first century, even if the attempts at prevention are eventually a total success. There is a developing knowledge on aging. Care of the older person needs to be part of medical education and oncology education. Research will help attain a desirable quality of life with aging and a reduced morbidity." We were pointed in the right direction, but these goals have proven to be somewhat elusive.

Since that time, studies of older cancer patients have revealed a significant amount of important clinical information. This has included the degree and severity of comorbidity and its effect on treatment, the role of polypharmacy, and the various social and financial problems facing older patients with cancer. The under-representation of older patients in clinical trials has been amply documented [4]. The adverse outcomes

of inadequate dosing and supportive care in both curative and palliative treatments have been demonstrated in a number of treatment settings. Even when clinical trials are available, barriers to participation of older patients have been shown to be primarily due to physician reluctance due to fear of toxicity, limited expectation of benefit, or agism. A number of important strides have been made in the evaluation of older patients through various methodologies of geriatric assessment. The comprehensive geriatric assessment (CGA) developed by geriatricians is a multidisciplinary evaluation of the older patient encompassing a number of important clinical domains [5]. Researchers in this area have shown that traditional oncology measures of performance are not adequate in older patients and that geriatric-specific measures (i.e., ADL, IADL) have a much greater predictive value [6]. Recent advances in geriatric oncology patient assessment were made by the publication of two important trials [7, 8]. These need to be validated in prospective trials but appear to be predictive and easy to administer.

There has been major interest shown in geriatric oncology by some oncology professional societies and organizations. In 1995, the Cancer and Leukemia Group B organized a Cancer in the Elderly Committee [9]. This has led to a number of completed and published studies in barriers to participation, supportive care, and cancer therapeutics. The newly formed Alliance (CALGB and NCCTG) will strengthen this committee. The Gynecologic Oncology Group has recently formed an Elderly Taskforce and has initiated a clinical trial in ovarian cancer. ASCO has sponsored a clinical practice forum in 2000, "Cancer Care in the Older Patient," as part of their Curriculum series and has incorporated geriatrics in the ASCO University program. The annual meeting has included a number of Education Sessions, Clinical Science Symposia, and oral presentations emphasizing Geriatric Oncology including a Geriatric Oncology track. The International Society of Geriatric Oncology (SIOG) with its headquarters in Switzerland has implemented a number of taskforces to evaluate the current literature and make treatment recommendations. Its annual meeting is a forum for updates and discussions about moving the field forward. The National Comprehensive Cancer Network (NCCN) has published practice guidelines for Senior Adult Oncology. The Cancer and Aging Research Group have been particularly productive in the development of geriatric assessment. A major milestone is the *Journal of Geriatric Oncology*, Elsevier Publ., which began publication in 2010.

Despite all of the changes that have taken place in the past few years there is still much that needs to be done. There needs to be improvement in the assessment of the older patient to allow clinicians to appropriate treatment decisions. An easily administered, predictable measure is critical. Practical treatment questions include whether adjuvant therapy is appropriate based on potential benefit of treatment versus predicted survival; what is the best palliative regimen; when is best supportive care appropriate. Clinical trial participation needs to be encouraged. Clinical trial design, statistical analysis, and trials reporting need to incorporate the specific needs of older patients and provide practical information for the clinician. Endpoints need to be practical to the elderly, i.e., maintenance of independence, avoiding functional decline, and time without symptoms. The publication of large trials in which older

patients have participated should give age-associated data. This is now lacking [10]. When prospective investigations are not appropriate, feasible, or ethical, there is a case for conducting good quality observational studies; these can provide reliable answers to the numerous questions regarding the management of older cancer patients.

The appropriate care of older women with gynecological cancer is of critical importance. Aging is an associated increased risk of gynecological cancer with the exception of cervical cancer. Treatment of these disorders often requires multimodality therapy which requires an integrated team approach. Older women, many of whom have significant comorbidity, are at increased risk of toxicity and undertreatment. It is imperative for clinicians to be acquainted with the various aspects of management and how they apply to older women. This book has been published to address these needs. It can be used as a reference for residents and fellows as well as experienced physicians in surgery, radiation oncology, and medical oncology.

The book covers a broad range of topics. There is an extensive review of geriatrics including background and epidemiology, basic science, geriatric assessment, and pharmacology. The genetics of gynecological cancer and the modalities of radiation and surgery are reviewed. The diseases covered are ovarian, endometrial, cervical, vulvar, and vaginal cancers as well as sarcomas. There are discussions for each entity including primary therapy and relapsed therapy. The quality of life of older patients is emphasized in the chapters on psychological issues, sexual medicine, end of life care, and the role of palliative surgery.

Society has evolved over of the past few decades in terms of how we view aging. Sixty-five years is, for the most part, not considered elderly. People are often very active into their seventies and eighties. Chronologic age should not be the sole parameter utilized in treatment decisions. Physicians caring for older women with gynecological malignancies need to be educated to these very important issues. Older patients need to be systematically evaluated to the degree necessary to make evidence-based decisions. In addition, studies in the basic sciences including the biology of aging need to be explored. As the older patients will become the majority of the patients that we evaluate and treat, they need to become the focus of our endeavors. Our elders deserve nothing less.

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