

AVENTIS REGIONAL MEETING

THE MANAGEMENT OF PS 2 AND ELDERLY PATIENTS WITH BREAST AND LUNG CANCER

On April 15, 2003 Aventis sponsored a Northeast Ohio regional roundtable discussion for members of the oncology community and members of Oncology Associates. The meeting, held in downtown Cleveland, OH discussed the topic, *The Management of PS 2 and Elderly Patients with Breast and Lung Cancer*. Leading the discussion was Dr. Atif Hussein, MD and Director of Clinical Oncology Research at Memorial Regional Cancer Center in Hollywood, FL.

Dr. Hussein began his discussion by explaining that approximately 60% of all cancers occur in persons over the age of 65 years. The definition of elderly is arbitrary. The "frail elderly" is characterized by an age of 85 years or older, mild impairment of activities of daily living, significant comorbidity, and the presence of a geriatric syndrome.

The pharmacokinetic and pharmacodynamic properties of various drugs may differ significantly between older and younger patients, as the result of physical, biochemical, and nutritional factors.

Dr. Hussein described how the treatment of older persons (age of 70 years or older) with lung, prostate and other cancers deserves careful attention. The treatment of older patients with non-small cell lung cancer has been shown to improve the median survival as well as one and two-year survival. In addition, chemotherapy has been shown to improve quality of life. The role of combination chemotherapy among the elderly is still controversial and should be the subject of future clinical research. Chemotherapy among the elderly can be delivered on a weekly basis and will lower incidence of side effects without compromising the efficacy of such agents.

Dr. Hussein explained that although cisplatin-based regimens have become the standard of care in the US for



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Dr. Atif Hussein, MD

advanced non-small cell lung cancer patients with good performance status, concern has been raised about the tolerability and efficacy of cisplatin-based regimens for older persons with the disease. The Eastern Cooperative Oncology Group (ECOG) analyzed one of their trials (ECOG 5592) – a phase III study comparing cisplatin/etoposide to cisplatin/paclitaxel with or without granulocyte colony-stimulating factor support. Of 574 patients enrolled in the trial, 86 (15%) were 70 years of age or older.

In a comparison of outcomes in older patients versus younger patients, no significant differences were found in response rate (22.3% versus 21.5%), time to progression (4.3 versus 4.37 months), and median survival (8.53 versus 9.05 months).

Leukopenia and neuropsychiatric toxicities occurred more commonly among older patients (p<0.01). A similar analysis of two of the Southwest

Oncology Group (SWOG) trials (trials 9308 and 9509) showed a trend survival of 6.9 months compared to 8.6 months for younger patients (p=0.06). The Italian investigators have conducted a series of randomized trials in the older patient population, including the Elderly Vinoreline Italian Study (ELVIS), the Multicenter Italian Lung Cancer in the Elderly Study (MILES), and the Southern Italian Cooperative Oncology Group (SICOG). Those studies have demonstrated the value of single-agent chemotherapy among elderly patients, but the value of combination therapy still remain to be defined.

In addition, patients with hormone-refractory metastatic prostate cancer have been shown to benefit from weekly chemotherapy, such as docetaxel. The combination of weekly docetaxel and estramustine has been shown to be well tolerated and effective in palliating the symptoms.

At the conclusion of Dr. Hussein's presentation, attendees discussed and debated the information as it pertained to the management of PS 2 and elderly patients with breast and lung cancer. Participants concurred that it is easier to maintain a patient when the physician is able to alter the patient's dosing schedule, as reviewed in the segment of Dr. Hussein's talk titled, "The efficacy and the management of some of the side-effects of chemotherapy, both given as every 3-weeks and weekly." The use of weekly regimens is clearly preferred by the audience because they were well tolerated by the patient, as presented by Dr. Hussein in, "The toxicity of such treatments with special emphasis on tolerability." The comment most relevant to the general focus of the roundtable discussion was that age should not affect a person's chemo schedule or performance status, as chemotherapy is more palatable with recent advancements in supportive care.