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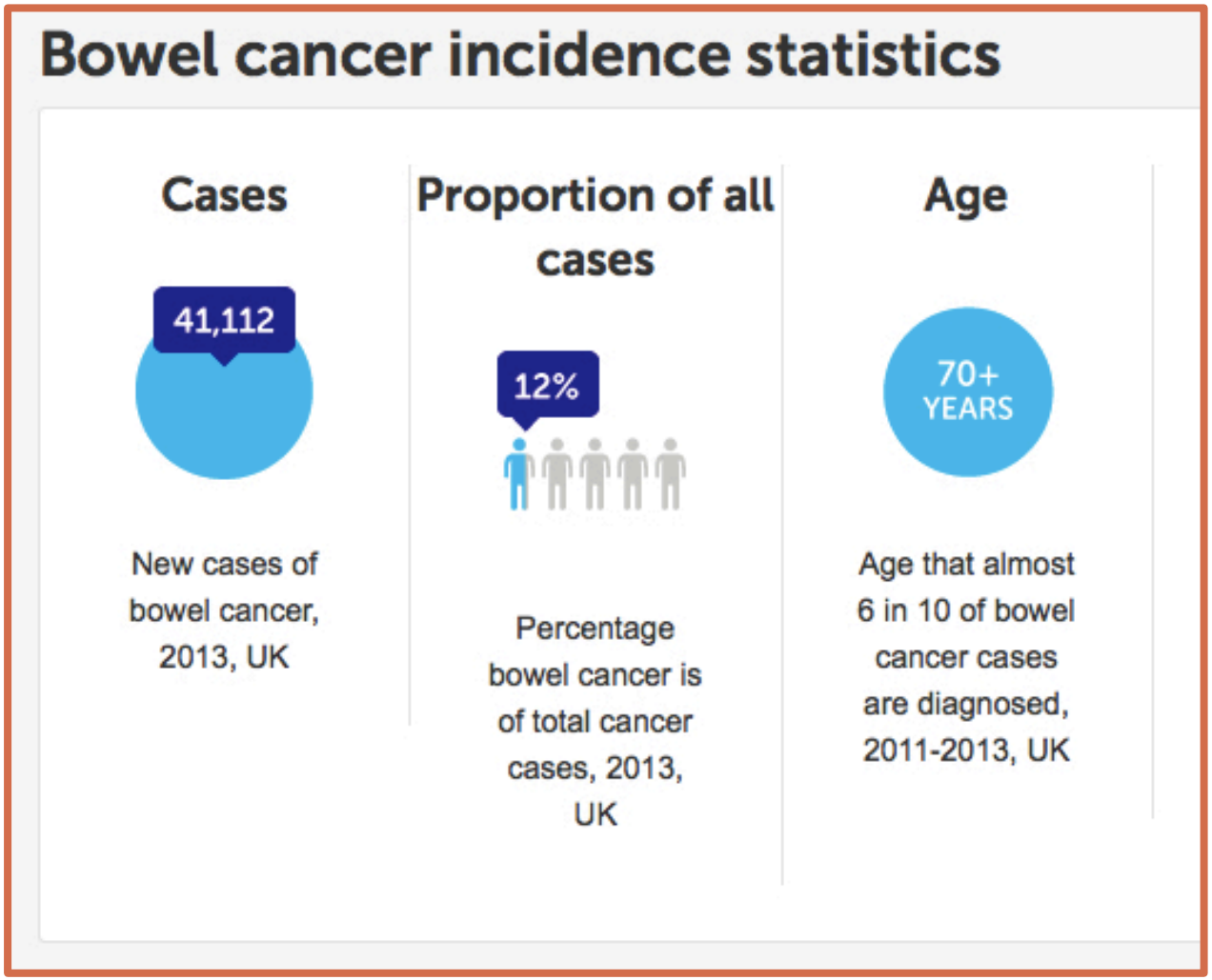
1. How to treat (or not) elderly colorectal cancer patients
2. Unfit: a relative concept

by Ass. Prof. Fotios Loupakis, Prof. Hans Prenen
and Ass. Prof. Joleen Hubbard

HOW TO TREAT (OR NOT) ELDERLY COLORECTAL CANCER PATIENTS

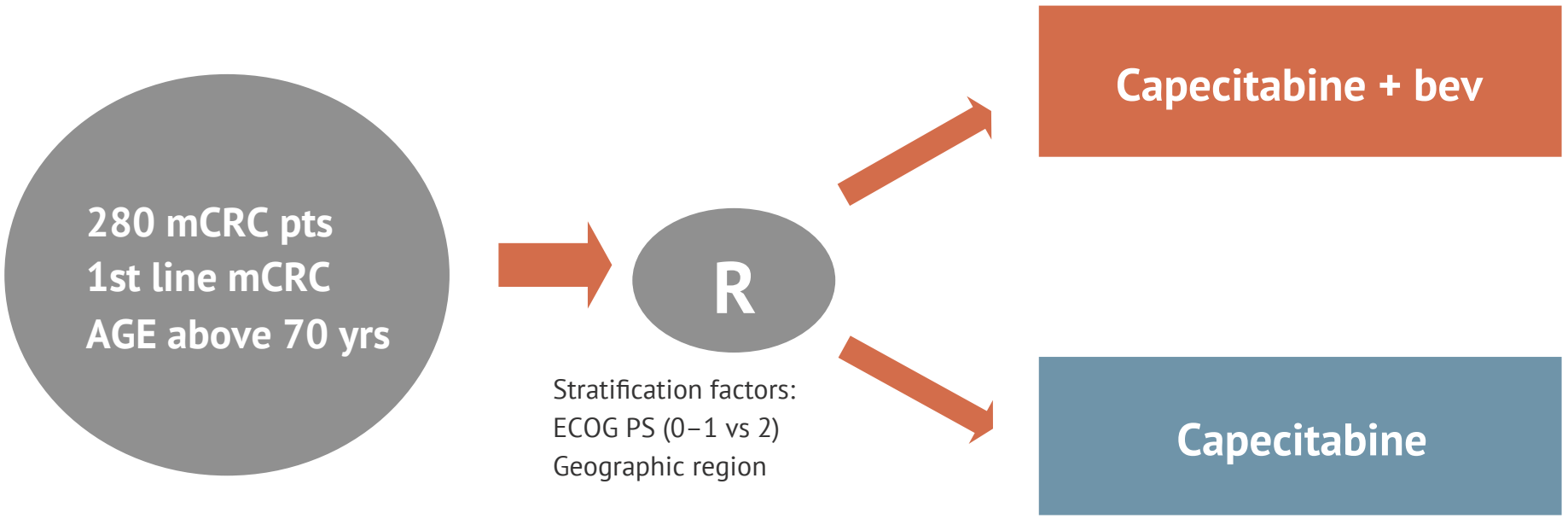
by Ass. Prof. Fotios Loupakis
Azienda Ospedaliero-Universitaria Pisana
Pisa, Italy

ELDERLY: A SUBGROUP?



http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/bowel-cancer/incidence

THE AVEX STUDY



Key inclusion criteria

- ECOG PS 0–2
- Prior adjuvant chemotherapy allowed if completed >6 month before inclusion
- Not optimal candidates for a combination chemotherapy with irinotecan or oxaliplatin

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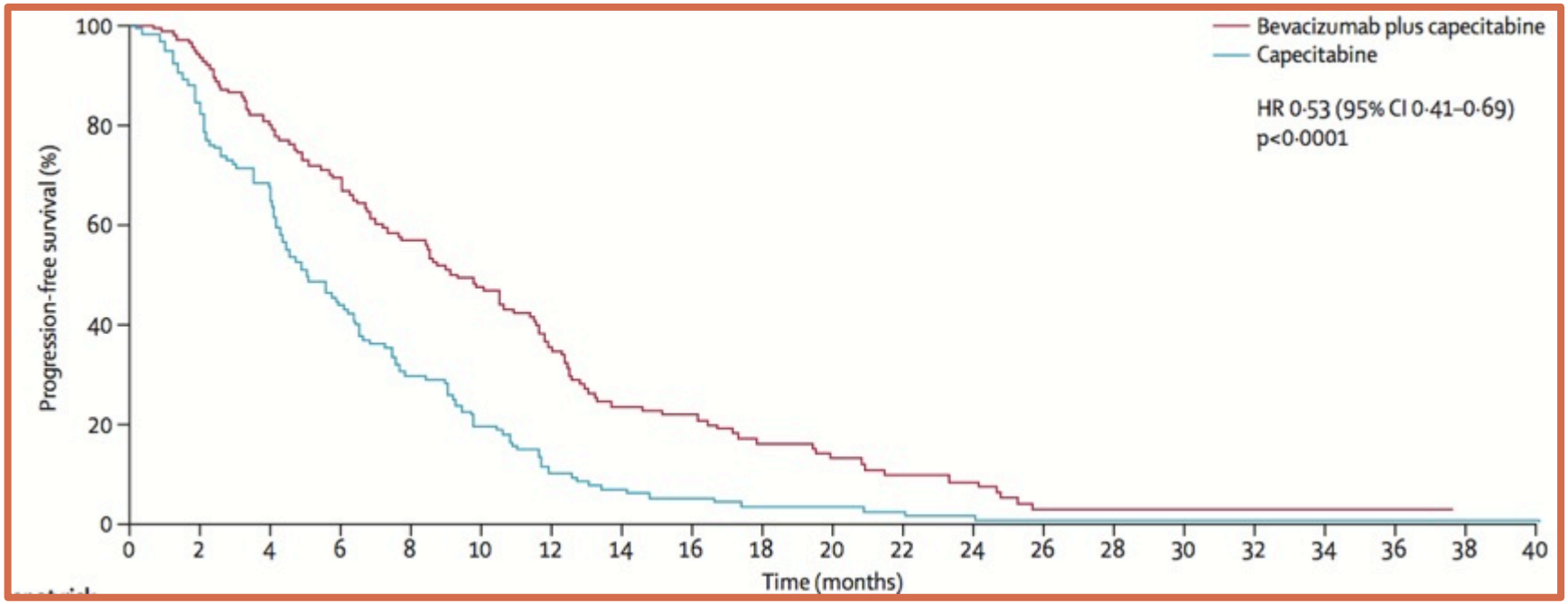
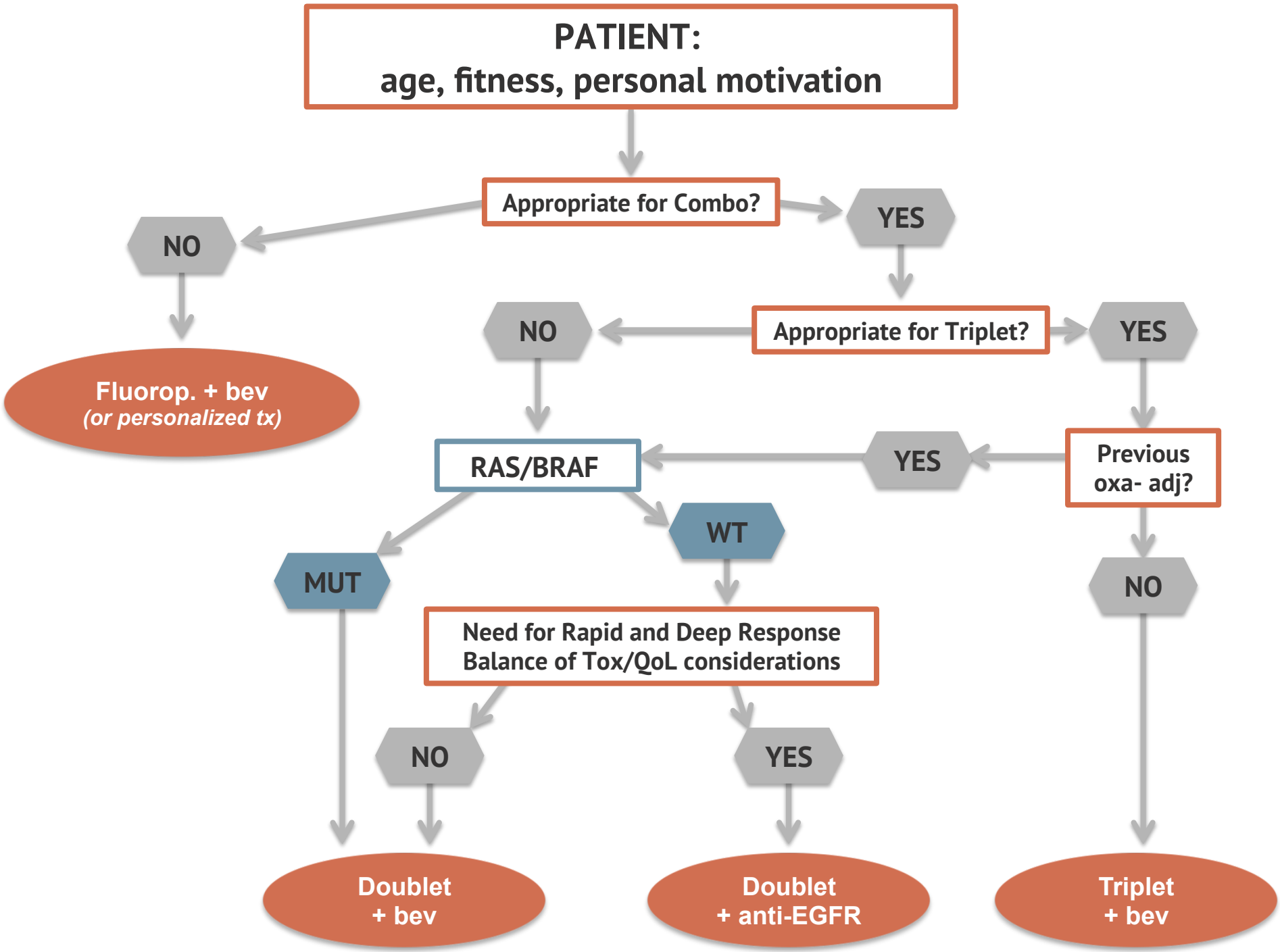
Cunningham D. et al, Lancet Oncol '13

AVEX - PROGRESSION FREE SURVIVAL



Cunningham D. et al, Lancet Oncol '13

Cremolini et al. Nat Rev Clin Oncol '15


PATIENT:
age, fitness, personal motivation
Appropriate for Combo?
NO
YES
Fluorop. + bev
(or personalized tx)
NO
Appropriate for Triplet?
YES
RAS/BRAF
YES
Previous
oxa- adj?
MUT
WT
NO
Need for Rapid and Deep Response
Balance of Tox/QoL considerations
NO
YES
Doublet
+ bev
Doublet
+ anti-EGFR
Triplet
+ bev

PERSONALIZED TREATMENT?

The Oncologist®

Geriatric Oncology

Single-Agent Panitumumab in Frail Elderly Patients With Advanced *RAS* and *BRAF* Wild-Type Colorectal Cancer: Challenging Drug Label to Light Up New Hope

Age	
Median (range)	81 (76–90)
75–79 years	15 (38)
80–84 years	21 (52)
85–89 years	3 (8)
90–94 years	1 (2)

Outcome	Overall population ($n = 40$)
Objective response rate, *n* (%)	13 (32.5%)
Disease control rate, *n* (%)	29 (72.5%)
Progression-free survival, median (95% CI)	6.4 months (4.9–8)
Overall survival, median (95% CI)	14.3 months (10.9–17.7)

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Pietrantonio F. et al, The Oncologist '15

OPEN ISSUES: SCORES AND CHEMO-INTENSITY

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

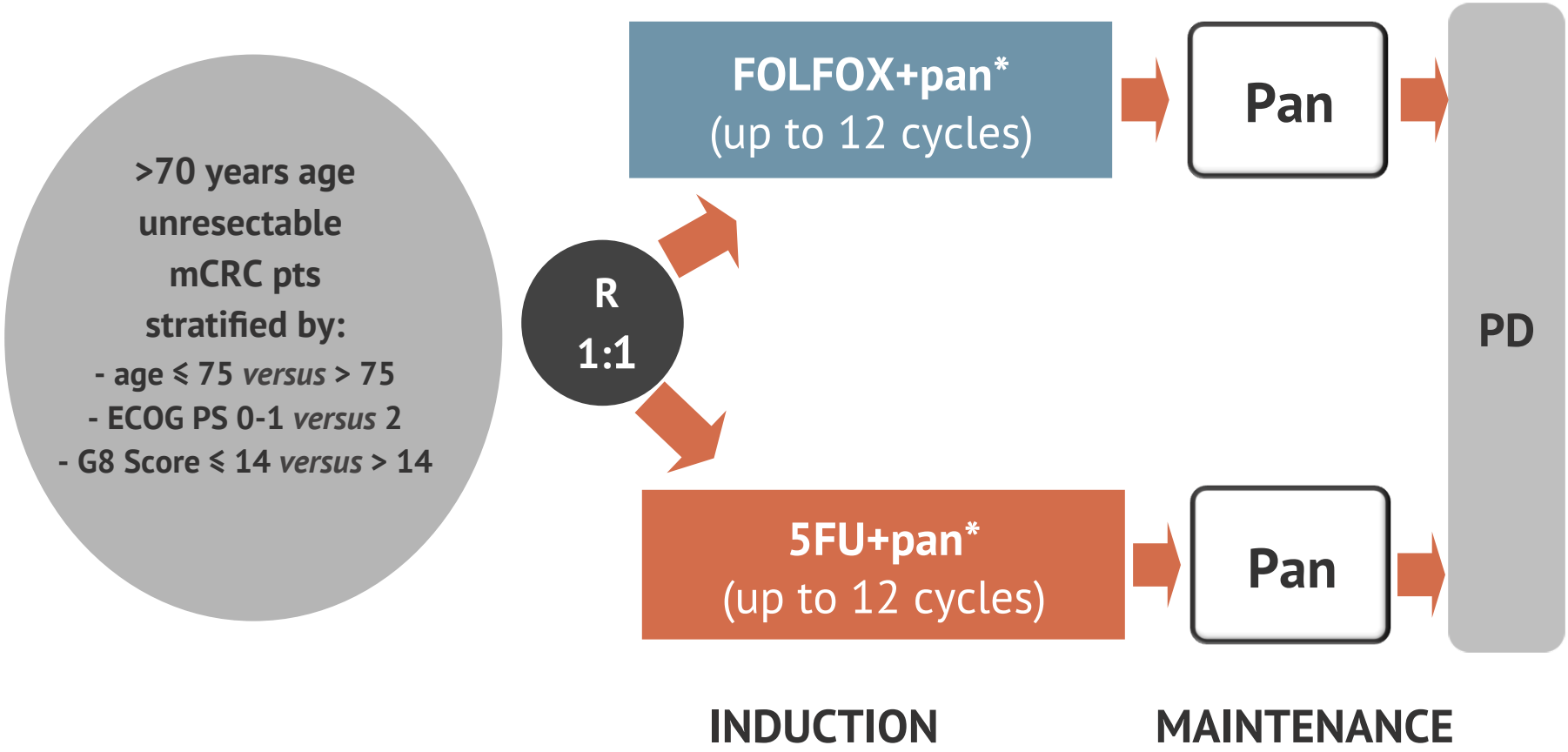
Geriatric Factors Predict Chemotherapy Feasibility: Ancillary Results of FFCD 2001-02 Phase III Study in First-Line Chemotherapy for Metastatic Colorectal Cancer in Elderly Patients

Thomas Aparicio, Jean-Louis Jouve, Laurent Teillet, Dany Gargot, Fabien Subtil, Valérie Le Brun-Ly, Jacques Cretin, Christophe Locher, Olivier Bouché, Gilles Breysacher, Jacky Charneau, Jean-François Seitz, Mohamed Gasmi, Laetitia Stefani, Mohamed Ramdani, Thierry Lecomte, and Emmanuel Mitry

Randomized phase III trial in elderly patients comparing LV5FU2 with or without irinotecan for first-line treatment of metastatic colorectal cancer (FFCD 2001–02)†

T. Aparicio[1*], S. Lavau-Denes[2], J. M. Phelip[3], E. Maillard[4], J. L. Jouve[5], D. Gargot[6], M. Gasmi[7], C. Locher[8], X. Adhoute[9], P. Michel[10], F. Khemissa[11], T. Lecomte[12], J. Provençal[13], G. Breysacher[14], J. L. Legoux[15], C. Lepère[16], J. Charneau[17], J. Cretin[18], L. Chone[19], A. Azzedine[20], O. Bouché[21], I. Sobhani[22], L. Bedenne[4,5] & E. Mitry[23,24] for FFCD investigators

STUDY DESIGN



*repeated every 2 weeks **for up to 12 cycles (6 months)**
followed by **maintenance** with **pan** until PD

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MAIN MESSAGES

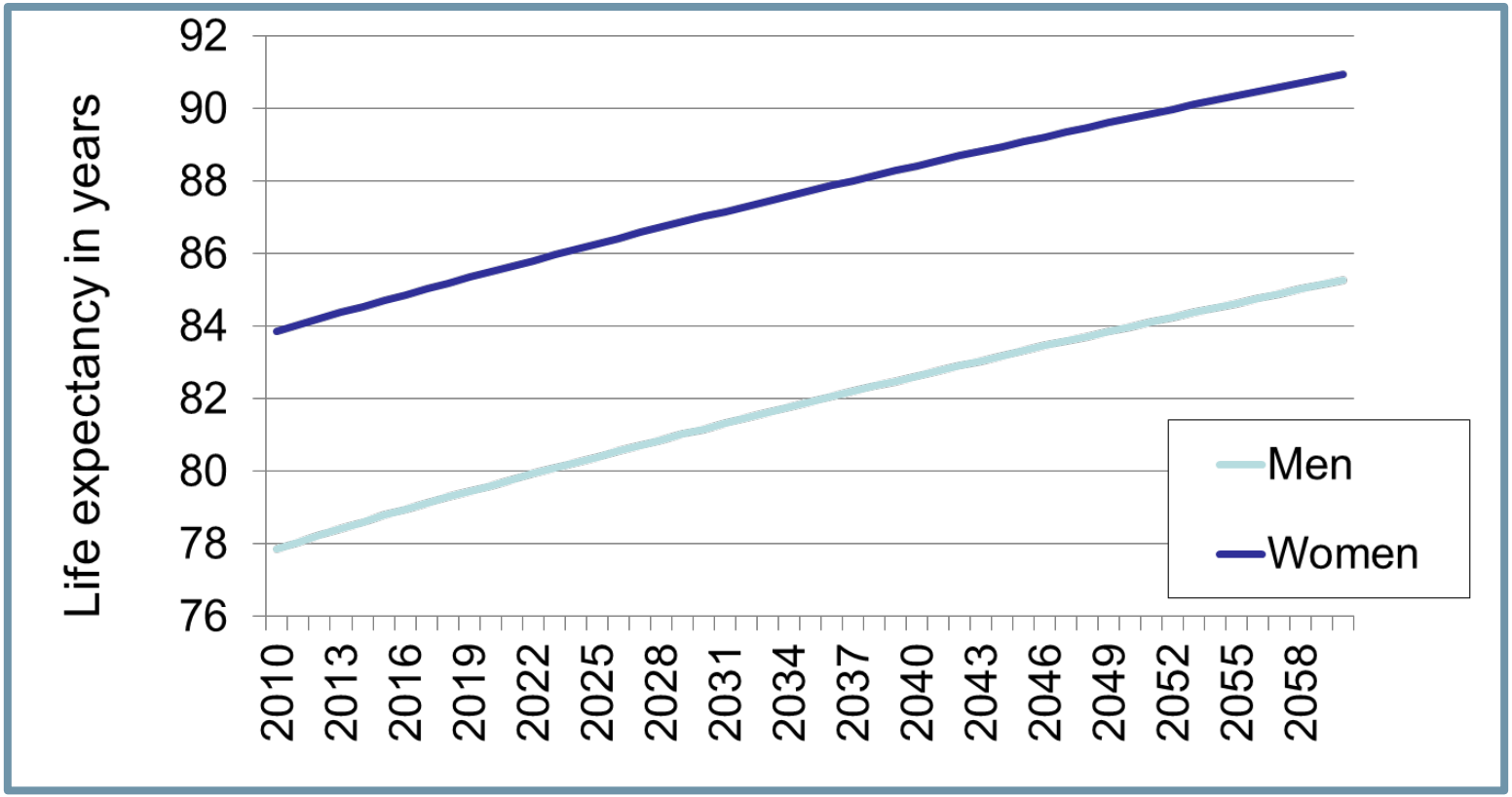
- Advanced age patients are not a “subgroup” of mCRC
- Current data support capecitabine plus bev as reasonable approach for the majority of elderly mCRC
- Data from small series support “personalized” approaches to selected pts
- Enrollment in clinical studies is strongly recommended
- Adapted chemo-intensification is under investigation
- Geriatric Scores (G8, CRASH, MMSE, IADL) should be implemented more and more in trials and in the clinic

UNFIT: A RELATIVE CONCEPT

by Prof. Hans Prenen
University Hospitals Leuven
Leuven, Belgium

LIFE EXPECTANCY

2010 - 2060



Source: www.statbel.fgov.be

GERIATRIC SCREENING IN THE OLDER CANCER PATIENTS

Elderly = heterogeneous population

'People are never more alike than they are **at birth**, no more different or unique than when they enter **the geriatric era**'

Slide provided by C. Kenis

GERIATRIC POPULATION: QUESTIONS TO BE ASKED

= a challenge!

- Does a geriatric assessment have therapeutic **consequences** with this patient?
- Is(n't) the patient **'to old'** for therapy?
- What is his/her **life expectancy**?
- Will he/she **tolerate the therapy**?
- Does the patient have **adequate social support** to sustain the treatment?
- …

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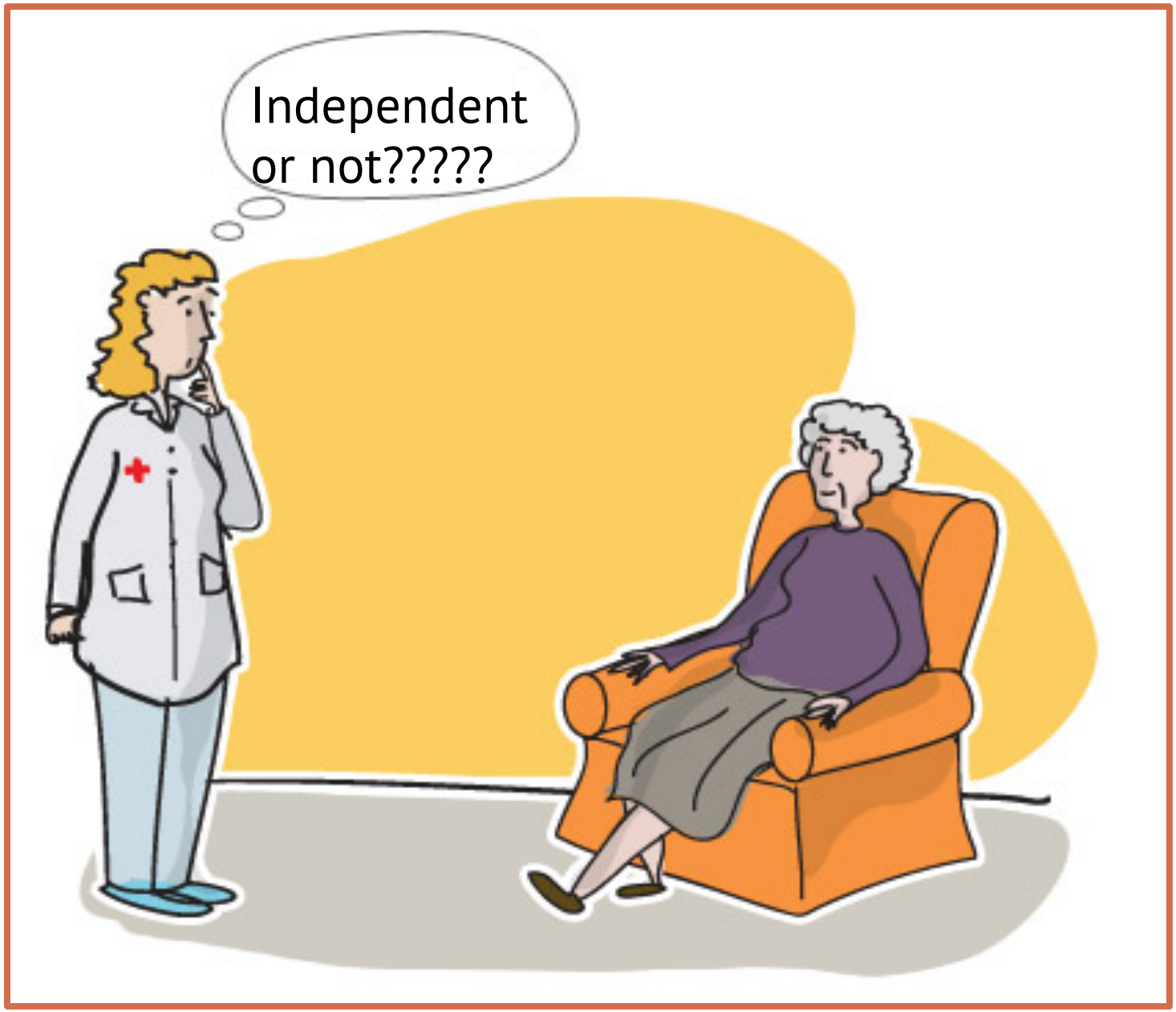
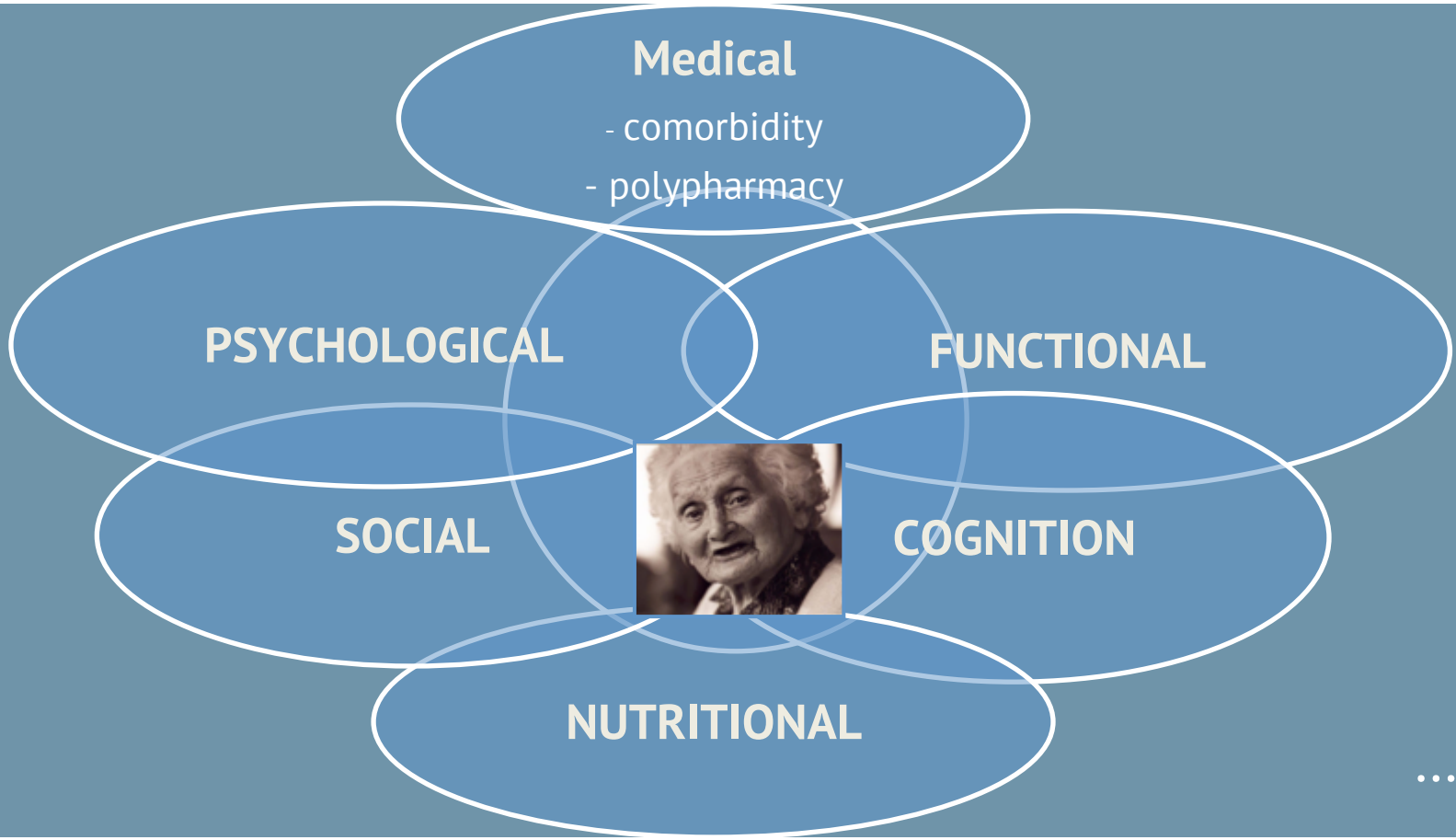

Independent
or not?????



Fit → Unfit

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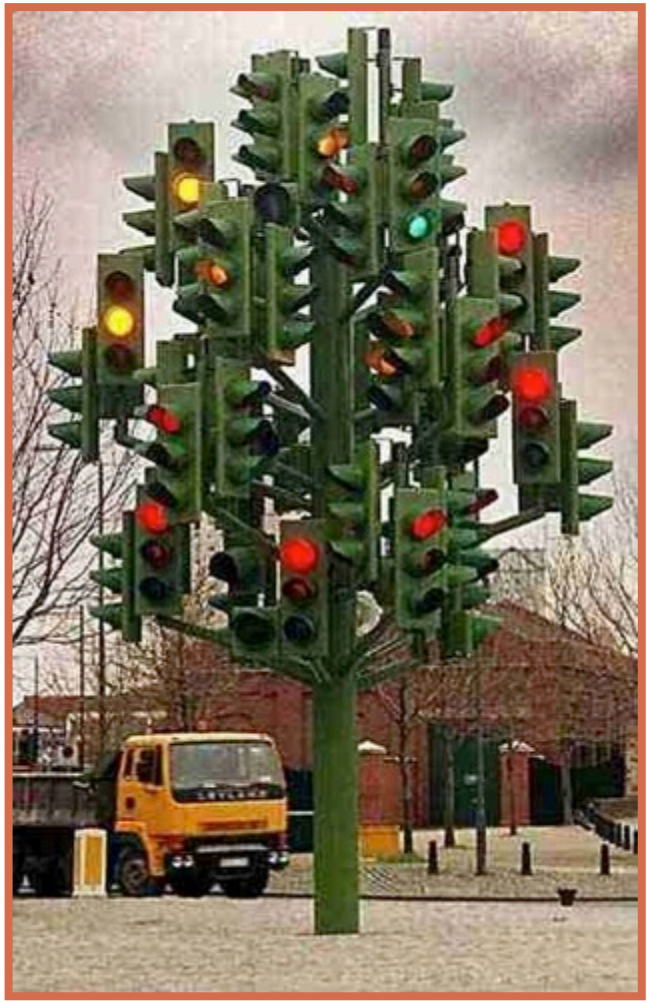
Rubenstein et al 1991; Ellis & Langhorn, 2005

SCREENING FOR 'UNFIT'

ITEM	INSTRUMENT
Screening	Geriatric Risk Profile Instrument (GRP) G8 Groninger Frailty Index (GFI) Vulnerable Elders Survey-13 (VES-13) Senior Adult Oncology Program-2 (SAOP-2) Abbreviated CGA (aCGA) …

AND WHAT NEXT...?



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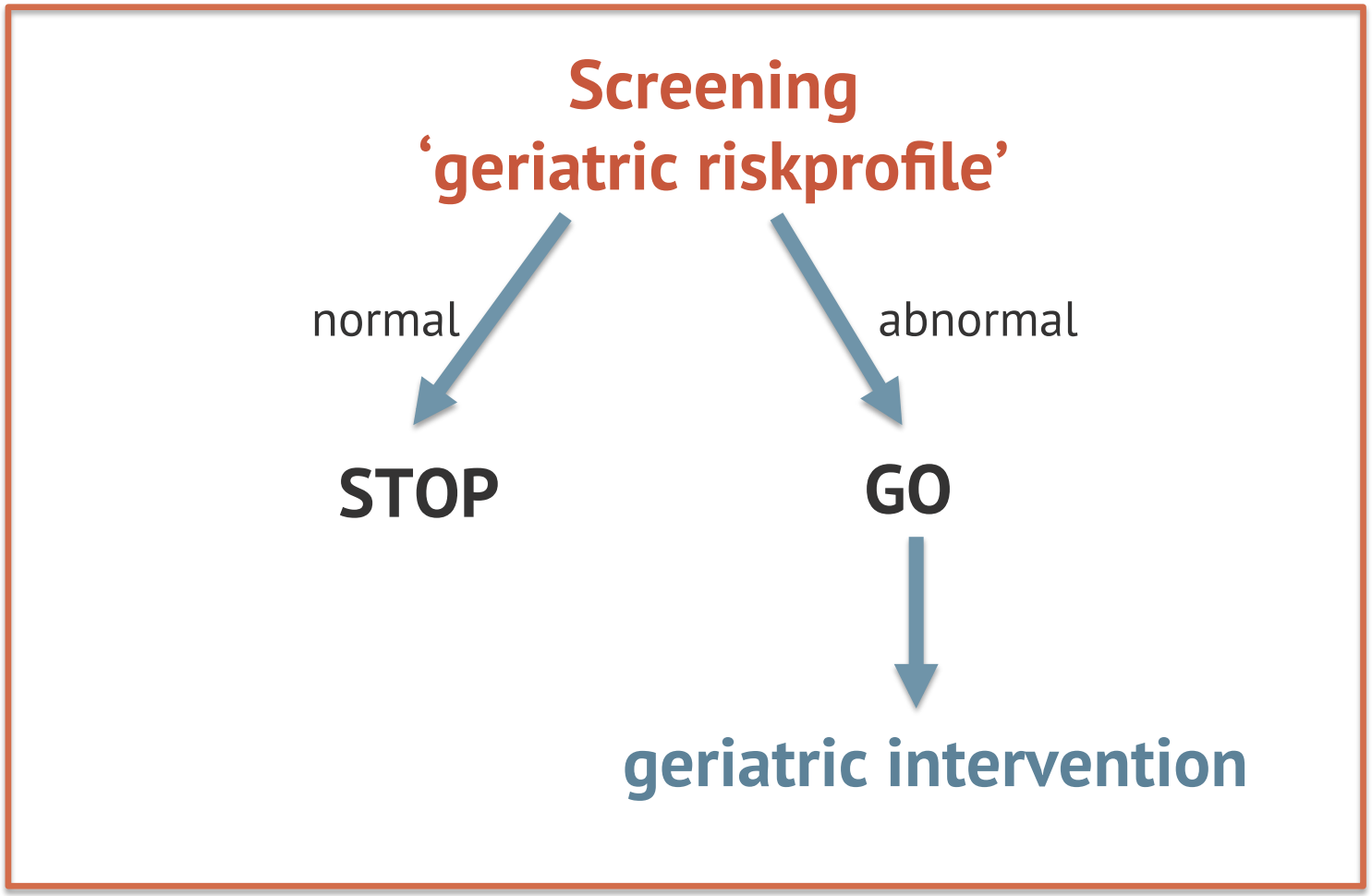
APPROACH IN THREE STEPS



GERIATRIC INTERVENTIONS

Contact other professional caregivers:

- General practitioner
- Social assistant
- Occupational therapist
- Physiotherapist
- Geronto-psychiatrist
- Dietician
- Psychologist
- …

TAKE HOME MESSAGE

“It is better to do some kind of imperfect geriatric screening and assessment than doing no assessment at all…”

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