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Abstracts

Geriatric oncology

TOWARD A NEW PROGNOSTIC-THERAPEUTIC INDEX IN GERIATRIC ONCOLOGY

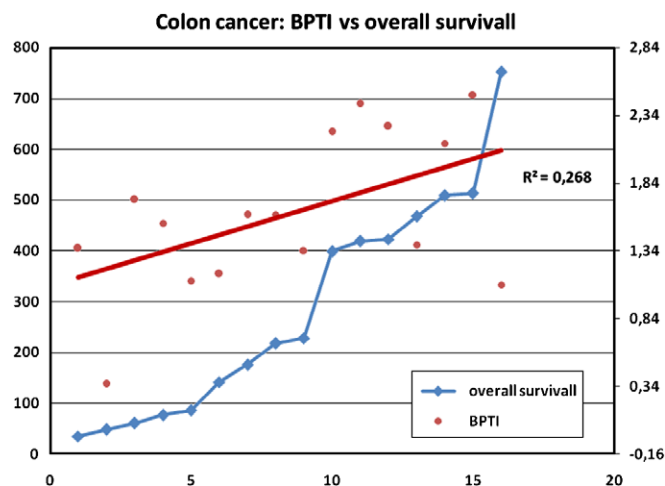
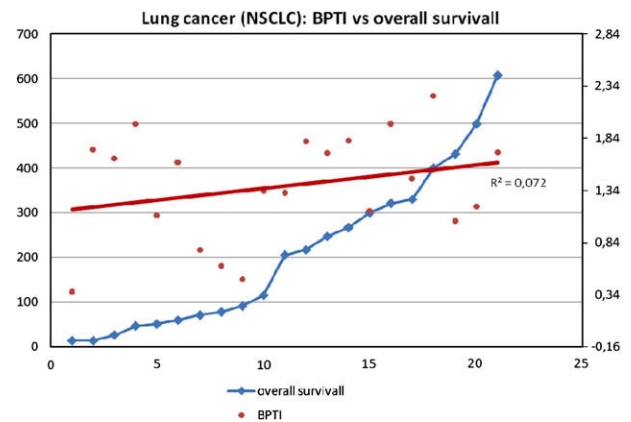
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The elderly is characterised by loss of functional reserve, loss of independence in activity of daily living, loss in social support.² In the elderly population we can observe person who are like younger people (fit elderly) and people who are clearly weak (frail elderly) but there is a lot of intermediate cases more difficult to evaluate.³ If in younger people survival is the most important outcome in older persons often quality of life and symptom management are the first.⁴

To obtain a new prognostic therapeutic Index to use in clinical practice in geriatric oncology we evaluated 54 older cancer patients (25 women, 29 men), age 72 ± 5 receiving chemo by ADL, IADL, social and economic support, handgrip, walking and standing up from a chair velocity, gait balance performance (standing balance, semi-tandem, tandem), Mini Mental state examination, Geriatric Depression Scale short form, CIRS-G Tinetti's test, Mini Nutritional Assessment, FACT, VAS for pain and QoL, Caregiver Burden Inventory (CBI). Then we applied to results the

polar diagram⁵ and obtained a numerical index, correlated to overall survival.

Regard to total cancer population we did not obtain significant correlation with our index and survival. However, when we considered the two most frequent diagnosis, colon cancer and lung cancer (NSCLC) we achieved an interesting relationship which have not statistical significance for the small population considered.



The Comprehensive Geriatric Assessment in Oncology is now usually considered the instrument to evaluate elderly cancer patients, but there is no clear model for practical use of geriatric instruments. We are working to obtain a useful prognostic-therapeutic index easy to use in clinical practice.

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EVALUATION OF FOLFOX TOXICITY IN A CONSECUTIVE SERIES OF ELDERLY CANCER PATIENTS

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Background: The estimated incidence rates for all cancers in European men and women is $2.9 \times 100,000$ in the 70 years or more group and $2.2 \times 100,000$ in the 55–64 age group. Given the great importance of elderly population in cancer, it is interesting to assess their management with modern chemotherapeutic regimens considering tolerability and toxicity. Because elderly patients are frequently excluded from randomized trials, data regarding toxicity and tolerability are lacking.

Aims: To assess incidence of toxicity complications in this setting of patients.

Patients and methods: From October 2004 to March 2008 a total of 30 cancer (12 left colon, 6 right colon, 6 rectal and 6 gastric)

patients older than 70 years, treated with Folfox regimen, were evaluated for chemotherapy-related toxicity. Median age was 71 (range 70–80), 24 (80%) were treated with Folfox4 regimen and 6 (20%) with Folfox6. 26 (87%) patients were stage IV colon and gastric cancer and 4 (12%) were stage III colon cancer. In stage IV cancer, 22 (73%) patient underwent Folfox regimen as first line chemotherapy, 3 as second line and 1 as third line. Toxicity was evaluated according by NCI-CTC version 2.0.

Results: A total of 146 cycles were administered; 16 (54%) patients completed 6 cycles of Folfox, 14 (46%) stopped Folfox administration for PD. The most common comorbidity was hypertension (17 patients 57%), 5 (16.6%) had no comorbidities. Grades 3 and 4 toxicity occurred in 73% of patients. The main toxicities was neutropenia, observed in 64% of patients (afebrile grade 4 in 3 (10%) patients, grade 3 in 6 (20%) patients); sensory neurotoxicity occurred in 70% patients (6 (20%) grade 3 and 15 (50%) grade 2). Grade 3 diarrhoea occurred in 4 (13.3%) patients, 15 (50%) had grade 2 diarrhoea. 3 (10%) patients had grade 3 mucositis and 11 (36.6%) had grade 2. Two patients developed atrial flutter but heart rate and sinus rhythm were restored with medication. No grade 4 neurotoxicity, diarrhoea and mucositis was observed.

Conclusion: In our results therapeutic compliance of patients aged >70 was good. Elderly patients experienced only slightly more toxicity than younger patients in the two most common side effects of Folfox: neutropenia and sensory neuropathy.

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