

Chemotherapy doses often inadequate in elderly patients with lung cancer

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NEW YORK (Reuters Health) - In elderly patients with advanced non-small cell lung cancer (NSCLC), appropriate chemotherapy yields improved response rates and survival, according to two reports in the October issue of Lung Cancer.

However, the first paper points out, chemotherapy doses in elderly lung cancer patients are often inadequate.

"Unfortunately, (oncologists still hold) the opinion that in the elderly, dose intensity may mean heavy toxicity rather than efficacy, a belief frequently leading to unjustified chemotherapy undertreatment," write Dr. A. Luciani and associates at S. Paolo Hospital in Milan, Italy.

Comorbidities, polypharmacy and compromised organ function reserve can make it difficult to treat these patients, the researchers point out. To determine the association between delivered dose intensity and its effect on clinical outcomes, they studied 107 patients age 70 and older treated between 1998 and 2007.

Their subjects had not previously been treated with chemotherapy for their tumors, which had advanced to TNM stage IIIB or IV. The most common treatment regimens were single agent vinorelbine (47%), single agent gemcitabine (17%) and cisplatin in combination with vinorelbine (11%).

In roughly two thirds of patients, the relative dose intensity (RDI) was less than 80% of the originally planned dose, considered suboptimal for tumor shrinkage.

The overall response rate (partial response plus stable disease) was 55% when the RDI was greater than 80% versus 33% when the RDI was less than 80%. Corresponding median overall survival rates were 10 months versus 7 months ($p < 0.0001$).

Multiple regression analysis identified baseline hemoglobin and body mass index as having significant impact on delivered RDI.

Therefore, Dr. Luciani and associates emphasize, "nutritional deficit as well as even mild anemia must be promptly managed in elderly (chemotherapy) candidates."

In the second paper, Spanish researchers report that the benefits of chemotherapy in elderly lung cancer patients are comparable to those for younger patients.

Their conclusion was based on a review of the clinical trials database of the Spanish Lung Cancer Group. Between 1998 and 2005, 1653 patients were treated with chemotherapy in 6 trials. Two hundred eighty (17%) were aged 70 or older.

Treatment was similar between patients younger and older than 70, with similar numbers of cycles and dose intensity.

Furthermore, "There were no statistically significant differences in the distribution of response, disease-free progression, overall survival or the relative survival rates at 1 year or at 2 years between the two groups," report Dr. Mariano Provencio at Hospital Puerta de Hierro in Madrid, and associates.

Time to progression was 4.2 months in the older group and 4.5 months in the younger group, while median survival was 7.5 months and 7.6 months, respectively.

Given the similar response, Dr. Provencio's group counsels physicians that "the choice between the different options must be based on the situation of the patient, performance status, toxicity profile, comorbidity and the patient's own wishes, rather than on chronological age in itself."

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