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### **Introduction**

Current appointment: Director, Department of Medical Oncology at the Cyprus Oncology Centre in Nicosia. Appointment held since 2000.

Medical degree: MB BS University of London - 1987

Member of the Royal College of Physicians (MRCP) in 1991.

Subsequently trained in Medical Oncology at the Royal Marsden and St Bartholomew's Hospitals in London.

Fellow, Royal College of Physicians (FRCP)

Main clinical and research interests include gastrointestinal cancer and colorectal cancer in the elderly.

### **Education/Research/Clinical Activities**

Education: 2<sup>nd</sup> Athens Symposium - Advances and Perspectives in Geriatric Oncology 5-7 March 2015

Chair of scientific Committee

Chaired a session and gave a lecture

Research Projects

#### **Validity of Adjuvant! Online program in Elderly Patients with Stage III Colon Cancer Based on 2,794 Patients from the ACCENT Database.**

Adjuvant Online is a prediction tool that can be used to aid clinical decision making in patients with breast and colon cancer. Its development is based on a patient population that includes small numbers of patients with colon cancer over 70. Subsequent validation studies included even smaller numbers of patients over this age. A recent report from the ACCENT database collaborators has suggested reduced benefit from combination chemotherapy in the adjuvant setting for the over 70s but retained efficacy for single agent fluoropyrimidines. It is currently unclear as to whether Adjuvant! Online can correctly predict outcomes for patients with early colon cancer over 70 years who received adjuvant single agent or combination chemotherapy.

The assessment of remaining life expectancy without recurrence and its impact on cost/benefit ratio of adjuvant therapy in older patients needs to be considered very carefully. In view of the potential for increased serious adverse events (AEs) associated with combination chemotherapy regimens, the choice of whether to treat older patients with oxaliplatin-containing combination therapy or fluoropyrimidine monotherapy should depend on the treating physician's clinical judgment and the individual patient's risk of recurrence. More data are required to guide such complex decision making.

#### **Study to Estimate the Toxicity, Dose-Intensity, and Benefit of Cetuximab-Based Treatment in Elderly Patients with Advanced Colon Cancer**

Limited information is available for the use of cetuximab in older patients with RAS wild-type mCRC. Recent important randomized trials testing the use of cetuximab in the context of combination chemotherapy in mCRC have been presented either in abstract form or have appeared as full publications. These include COIN, COIN B, FIRE-3, CALGB 80405. It is likely that a fair number of patients over 70 have been included in these trials. It may well be therefore, that additional useful information can be obtained by pooling data from all patients treated with cetuximab-based therapies in these trials to look at toxicity and efficacy outcomes for the over and under seventies.

**Conclusions:** Continues to maintain an active interest in the field of Geriatric Oncology, especially colorectal cancer.

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