



Quality of Life after treatment:  
Can older patients return to active life  
after treatment?



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# Elderly cancer patients



Often suffer from other chronic diseases (comorbidity)

→ complex treatment

Clinical trials often only include relatively healthy elderly

→ Uncertainties with respect to:

- Tolerance/safety of treatment
- Efficacy of treatment

→ This uncertainty may lead to:

- Life-threatening toxicity induced by standard treatment in vulnerable patients
- Inadequate cancer treatment of healthy elderly

Predictive models may help physicians to:

- Identify risk factors for serious side effects

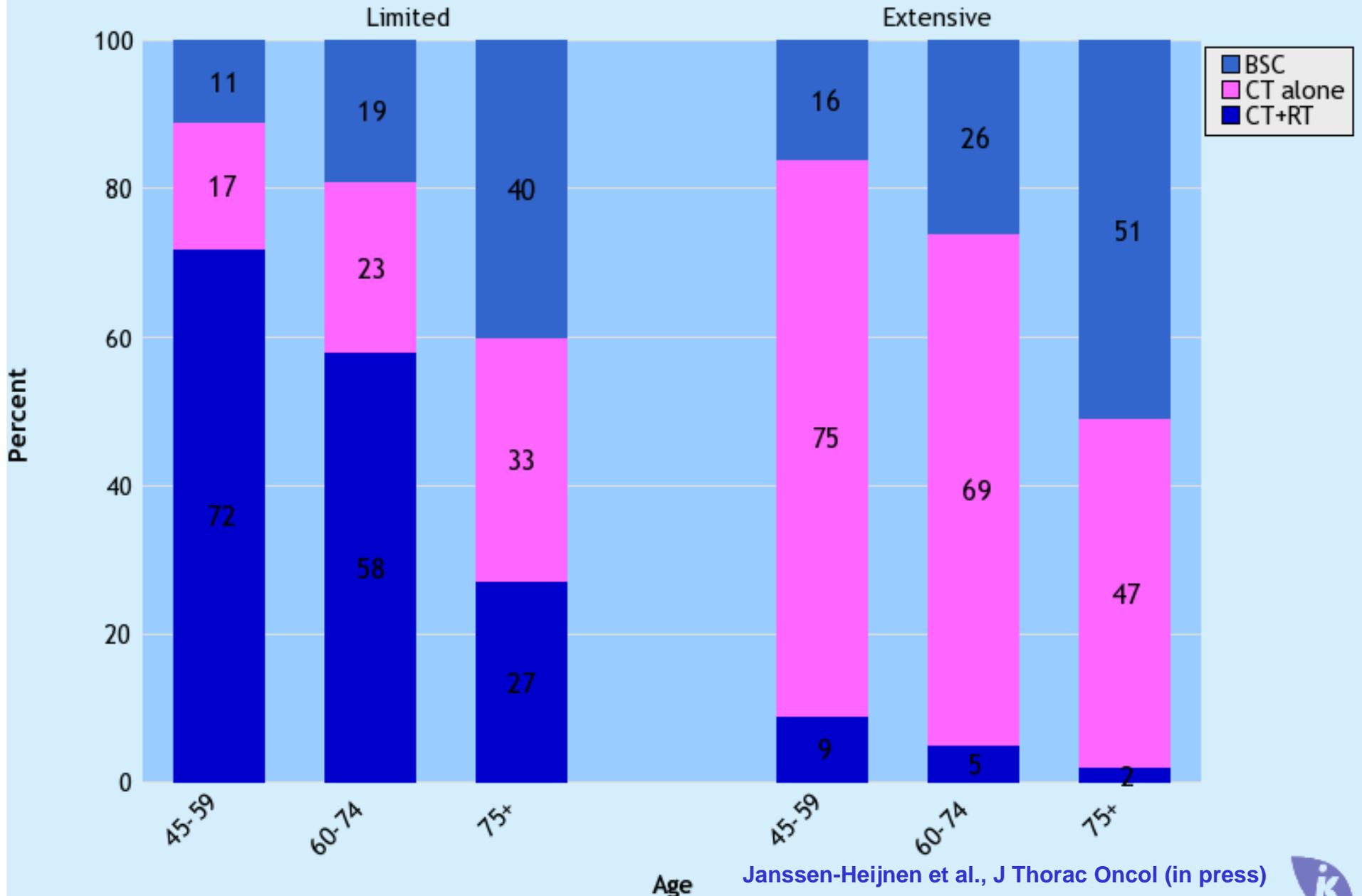
→ Choose between

- Standard treatment
- Alternative treatment, including supportive care or dose reductions

Ultimate goal:

- Not only to improve survival,
- But also to maintain an optimal quality of life

## Small cell lung cancer primary treatment by stage and age



Janssen-Heijnen et al., J Thorac Oncol (in press)

Source: Netherlands Cancer Registry (NCR) (c) 31-08-2011



# Treatment limited SCLC age 75+



Large proportion no chemotherapy

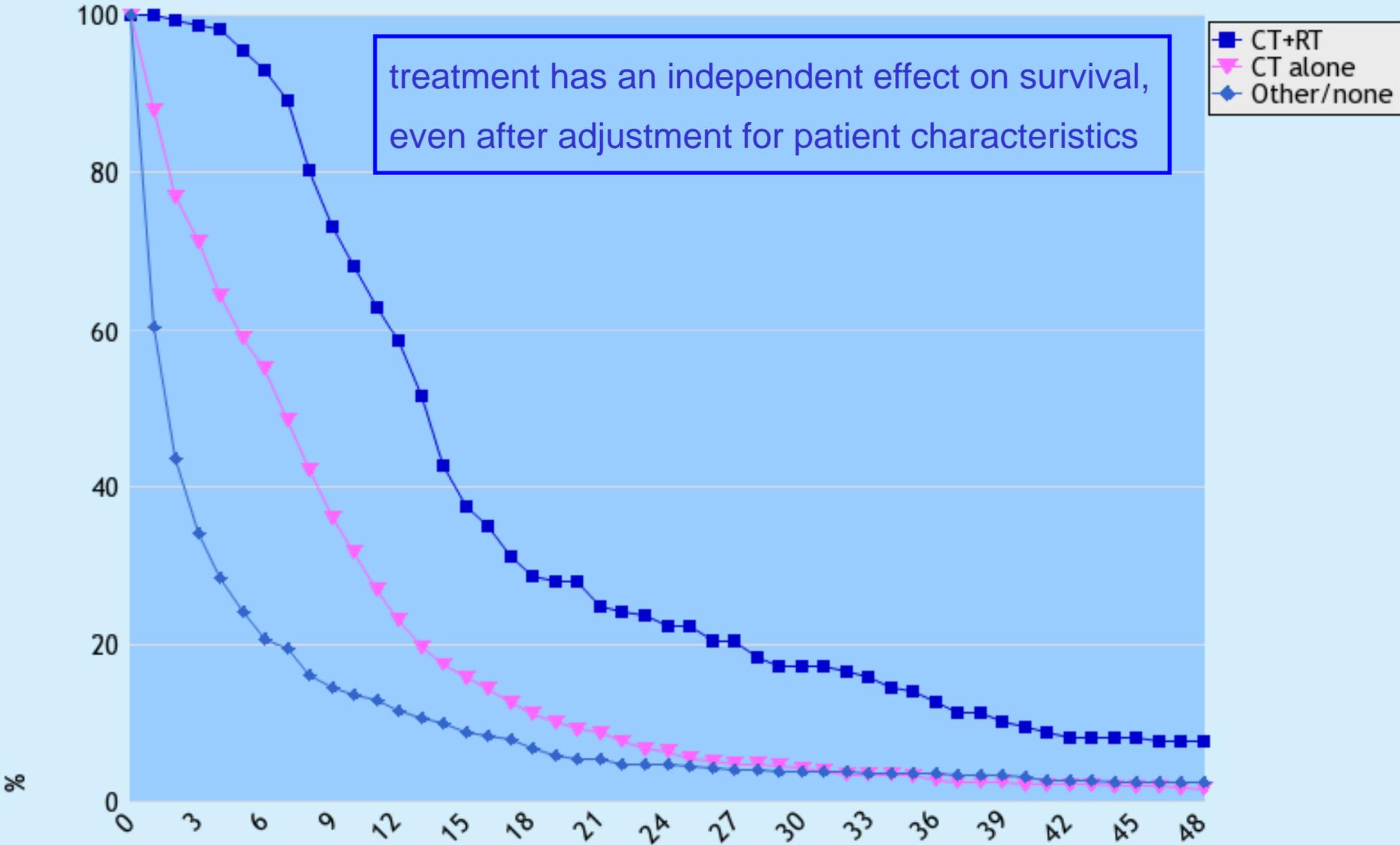
Most common motives for withholding chemotherapy:

- High age, comorbidity or poor performance status (31%)
- Refusal by patient or family (29%)
  
- Almost 70% develops grade 3 or 4 toxicity
- Over half of patients receiving chemotherapy cannot complete at least 4 cycles, mainly due to haematological toxicity

But:

*Janssen-Heijnen et al., Ann Oncol 2010*

# Lung cancer, small cell limited 75+ survival by treatment



Month after diagnosis  
Source: Eindhoven Cancer Registry (IKZ) © 08-04-2011



# Quality of life after treatment



As said before: the ultimate goal is:

- Not only to improve survival,
- But also to maintain an optimal quality of life

## **Literature:**

Sanoff et al., Clin Colorectal Cancer 2007: systematic review:

- Decline in physical functioning immediately after surgery
- Little information is available on the effect of chemotherapy

Bouvier et al., Cancer 2008: adjuvant treatment colorectal cancer age 75+ (N=125):

- No significant changes in global health at 1 year after adjuvant therapy
- Better physical functioning for those receiving adjuvant chemotherapy

Reimer & Gerber, Drugs Aging 2010: review breast cancer:

- QoL appears somewhat better after conservative surgery
- QoL was maintained or improved in patients receiving aromatase inhibitors or tamoxifen

# Quality of life after treatment - continued



Puts et al., Ann Oncol 2011: different types of cancer age 65+ (N=78):

- 23% declined in global health status within a year after diagnosis
- 44% remained stable
- 33% improved

Seymour et al., Lancet 2011: metastatic colorectal cancer trial (FOCUS2)

- 56% reported improvement in global QoL after adjuvant chemotherapy

Biesma et al., Ann Oncol 2011: NSCLC trial (NVALT-3)

- No changes in QoL after treatment

# Summary and conclusions



- Better survival with standard treatment, even after adjustment for differences in patient characteristics
- But: toxicity rates were high and many elderly could not complete the full treatment

Only few studies have described the association between patient or treatment characteristics on the one hand and change in quality of life on the other hand

- The results of these few studies (that often only included relatively healthy elderly for chemotherapy) suggest that cancer therapy in elderly patients does not have a negative effect on global health
- Prospective studies are important for defining selection criteria for treatment, leading to a gain in survival for relatively fit elderly and an optimal quality-of-life for more frail patients