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Meet the experts

Checkpoint inhibition and melanoma: Considerations in treating the older adult

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ABSTRACT

The incidence of melanoma and associated mortality rate from advanced disease in older adults is increasing over time. Checkpoint inhibitors have demonstrated a survival benefit for the treatment of stage IV or unresectable stage III disease and have become one of the standards of care. Data suggests that adults aged 65 and older benefit from treatment with checkpoint inhibitors without an increased incidence in adverse events. However, clinicians should be aware of the potential side effects of this class of medications and how to manage them in older adults.

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1. Introduction

Advanced age is a known risk factor for developing cancer and is associated with a poorer prognosis [1,2]. This is reflected in the incidence and mortality of advanced melanoma. Data from the SEER database demonstrate that the incidence of melanoma is highest in those aged 75 older and that the incidence rate in that age group has more than quadrupled since 1975 (Fig. 1). Similarly, older adults have an increase in melanoma-associated mortality, peaking in those aged 85 and older (Fig. 2) [3]. In this article we provide perspective on the management of older patients with advanced melanoma, with an emphasis selecting appropriate immunotherapy and managing immune-related adverse events (irAE).

2. Characteristics of Primary Melanomas in the Older Adult

In general, older adults tend to present with higher-risk primary melanomas. They are the age group most likely to present with very thick (>4 mm) primary tumors [4]; they also have a greater mean

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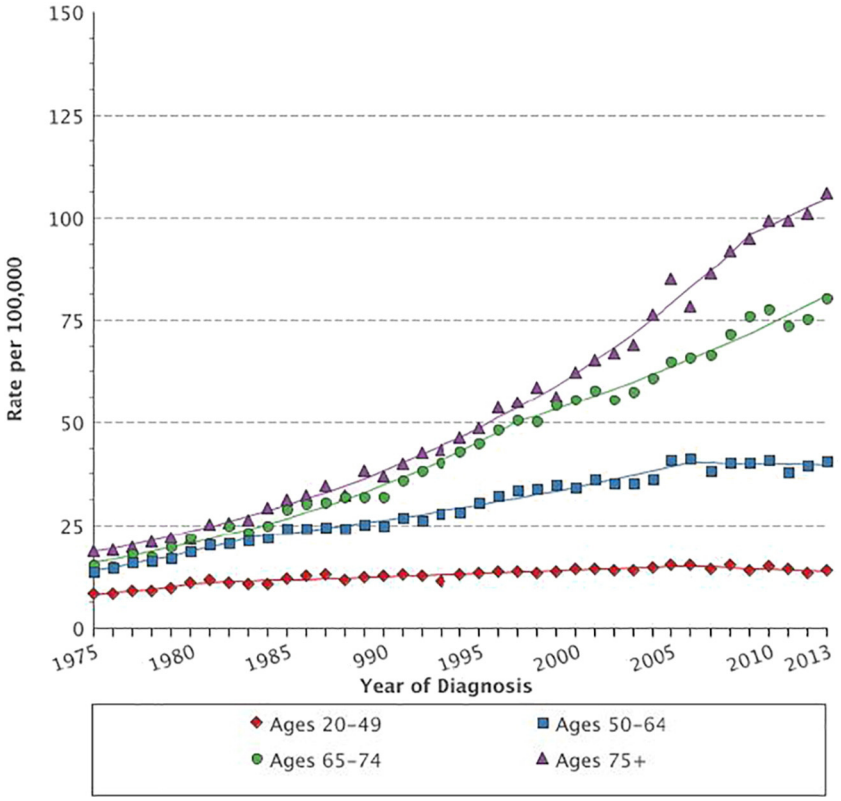

Fig. 1. Age-adjusted SEER incidence rates of melanoma from 1975 to 2013 (SEER 9).

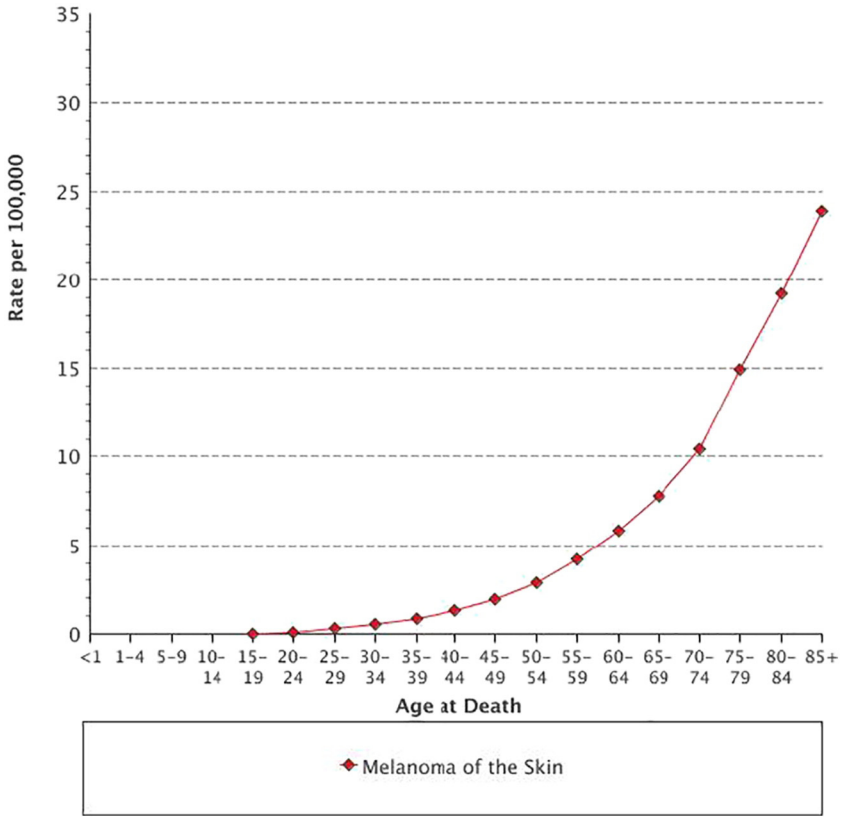

Fig. 2. Age-specific mortality rates from melanoma from 2009 to 2013.

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