

# Management of Colorectal Cancer in Older Adults



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## KEYWORDS

- Colon cancer treatment • Rectal cancer treatment • Geriatric oncology

## KEY POINTS

- Assess each colorectal cancer patient for their degree of fitness and tailor the aggressiveness of the treatment appropriately.
- The goals of care, curative versus palliative, should guide therapeutic management.
- Employ strategies such as intermittent oxaliplatin or omission of bolus 5-fluorouracil to improve chemotherapy tolerance for older adults.

## INTRODUCTION

Globally, colorectal cancer (CRC) is the third leading cause of cancer among men and the second leading cause of cancer among women.<sup>1</sup> Approximately 60% of CRC diagnoses occur in patients 65 years of age or older, 36% of new cases are in patients 75 years of age or older, and 12% in patients 84 years or older.<sup>2</sup> Therefore, as the population ages, the prevalence of older adults with CRC will also increase.

Mortality rates from CRC in the United States have been on the decline. From 1990 to 2005, CRC mortality in the United States has decreased by 32% for men and 28% for women. This decrease has been attributed to improved screening methods and better treatment strategies. However, it is unclear whether older patients with CRC are achieving the same degree of benefit from newer treatment strategies as younger patients. Older adults with CRC are less likely to be referred to a medical oncologist, and those patients who are referred to oncology are less likely to receive chemotherapy.<sup>3</sup> Elderly patients are less likely to receive the standard of care for CRC treatment and their treatment is more likely to be discontinued early.<sup>4,5</sup>

The challenge in treating older adults with CRC is that it is often difficult to determine which patients are at increased risk for adverse events from systemic therapy. Because adverse events occur with increased frequency in older age, clinicians

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have very valid concerns about the tolerance of treatment. In fact, a study on barriers to treating older adults with cancer revealed the most common challenge clinicians noted was dealing with treatment toxicity.<sup>6</sup> With the aging patient, the art of oncology is finding a way to balance effective treatment strategies while minimizing toxicity to preserve quality of life during treatment. This article focuses on the risks and benefits of CRC treatment in the elderly, as well as ways to tailor therapy to the individual older patient.

At all points in CRC management, older adults should be presented with the opportunity to participate in clinical trials investigating novel therapeutics, novel regimens, and novel treatment modalities. In addition, there may be trials designed specifically for the older CRC patient or trials investigating supportive care interventions that attempt to improve the tolerability of cancer therapy.

### **COLORECTAL CANCER SCREENING**

Although more than one-third of CRC cases occur in patients 75 years or older, the age at which colon cancer screening should be discontinued remains an area of debate. The U.S. Preventative Services Task Force recommends against the routine use of screening colonoscopy among patients aged 76 to 85, and recommends against any CRC screening in patients over 85 years.<sup>7</sup> This is owing to the increased risks of colonoscopy, including perforation, gastrointestinal bleeding, and cardiopulmonary complications, as well as the diminishing extension of life expectancy with CRC screening in this older adult population. Special consideration for colonoscopy may need to be given for patients aged 76 to 85 with above average health and life expectancy.

### **SURGERY**

More than 70% of CRC cases are diagnosed at early stages (I–III) and therefore amenable to operative resection.<sup>8</sup> Surgery for CRC is usually well-tolerated among the elderly, especially with advances in laparoscopic colectomy, which result in similar postoperative complications (death, anastomotic leak, and postoperative ileus) among younger and older patients.<sup>9</sup> Excellent survival results can be achieved even among the oldest patients. A recent analysis of the Surveillance, Epidemiology and End Results Medicare database showed 93% survival at 90 days after surgery and 85.7% survival at 1 year among patients 80 years of age or older undergoing colectomy for colon cancer.<sup>10</sup>

As with any elective surgery for an older patient, those with higher degrees of frailty are at risk for postoperative complications from CRC surgery. There have been tools developed to assess risk in the preoperative setting, including the Elderly Physiologic and Operative Severity Score for the Enumeration of Mortality and Morbidity (POSSUM). The Elderly POSSUM can predict both morbidity and mortality in older adults undergoing CRC surgery.<sup>11</sup>

A small subset of patients presents with metastatic CRC (mCRC) and may undergo operative resection with curative intent. The metastatic sites are limited typically to a small number of pulmonary and/or hepatic lesions. Older patients should be evaluated for surgical resection in this setting as well. Two retrospective studies evaluating CRC metastatectomies in older patients both demonstrated no difference in postoperative morbidity or mortality between younger and older patients.<sup>12,13</sup>

### ***Alternatives to Surgery***

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For older adults who are not candidates for CRC surgery, other management modalities may be used to extend duration of life and/or preserve quality of life.

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