

Management of Prostate Cancer in the Elderly



Kae Jack Tay, MBBS, MRCS(Ed), MCI^a, Judd W. Moul, MD^a,
Andrew J. Armstrong, MD, ScM^{b,*}

KEYWORDS

- Prostate cancer • Elderly • Geriatric • Localized • Metastatic • Oncology • Surgery • Radiation

KEY POINTS

- The impact of prostate cancer in the elderly depends largely on the aggressiveness of the disease and the time horizon over which prostate cancer morbidity and mortality may occur.
- Comorbidity and quality-of-life concerns are the key considerations when deciding whether treatment is necessary or the type of treatment modality to be used in prostate cancer in the elderly.
- In the elderly with metastatic prostate cancer, exercise and vitamin D serve to improve bone health and functional status to offset complications from hormonal therapy.

INTRODUCTION

Because of the stabilization of birth rates, better medical care, and improved living standards, the number of older persons worldwide tripled in the latter half of the twentieth century; this number is projected to triple again in the next 50 years.¹ In the United States, the proportion of the population aged older than 65 years has increased by 15% in the last decade alone.² Prostate cancer, currently the most incident cancer and the second highest cause of cancer death among men in the United States, is notably diagnosed in the later years of life.³ The incidence of clinically detected prostate cancer in the United States between 2009 and 2011 was noted to be 1 in 304 for men younger than 49 years, 1 in 44 for men aged 55 to 59 years, 1 in 16 for men aged 60 to 69 years, and 1 in 9 for men 70 years and older.

Despite concerns regarding overdiagnosis of indolent disease, advanced and lethal prostate cancer are also more likely among older men.^{4–6} The median age of death

^a Division of Urology, Duke University Medical Center, DUMC Box 103861, Durham, NC 27710, USA; ^b Department of Medical Oncology, Duke University Medical Center, DUMC Box 103861, Durham, NC 27710, USA

* Corresponding author. Department of Medical Oncology, Duke University Medical Center, 905 La Salle Street, GSRB1 Room 3006, Durham, NC 27710.

E-mail address: andrew.armstrong@dm.duke.edu

from prostate cancer is 77 years, with men surviving to 90 years of age having a nearly 1 in 5 probability of dying of prostate cancer (Fig. 1). Although age definitions for the geriatric population may differ, it is clear that the prevalence of prostate cancer increases with age and older men are disproportionately affected by lethal prostate cancer. The authors discuss here the impact of prostate cancer and its treatment in the elderly and review the best available evidence with which clinicians may formulate management strategies.

CLINICALLY LOCALIZED PROSTATE CANCER
Deciding Who Needs to be Treated

Autopsy studies show that the prevalence of indolent prostate cancer is high and that this increases with age.⁷ In 1997, Johansson and colleagues⁸ reported on a 15-year follow-up of a Swedish cohort of 300 men with rectally detected early stage prostate cancer who were generally older than 60 years, finding a similar adjusted survival rate among men who received treatment and those who did not. These findings prompted controversy over the necessity for localized prostate cancer to be treated. With longer follow-up, however, it seems that the time horizon for disease progression is a critical factor. From follow-up reports at the 20- and 30-year intervals of the Johansson series, it has become apparent that local tumor progression and aggressive metastatic disease may occur in the long-term, even for men considered low risk at diagnosis.^{9,10}

Two other natural history studies reported by Albertsen and colleagues¹¹ (767 men aged 55–74 years) and Cuzick and colleagues¹² (2333 men with a maximum age of 76 years) identified the Gleason score and prostate-specific antigen (PSA) as predictors

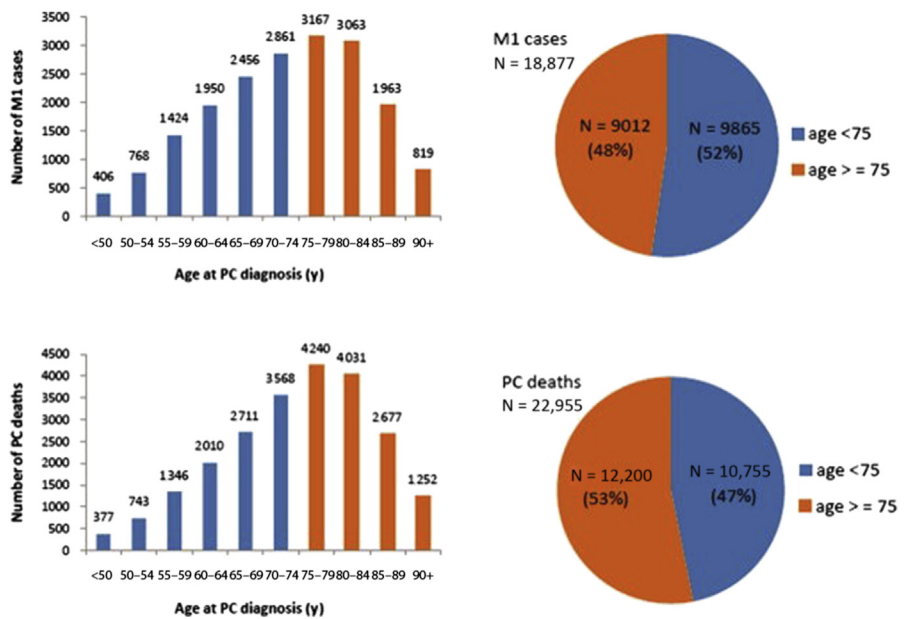


Fig. 1. The contribution of different age groups to the pool of patients who had prostate cancer (PC) with metastatic disease (M1) at diagnosis and PC deaths is illustrated. (From Sco-syrev E, Messing EM, Mohile S, et al. Prostate cancer in the elderly: frequency of advanced disease at presentation and disease-specific mortality. *Cancer* 2012;118(12):3065; with permission.)

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