

Prostate Cancer in Elderly Men



Screening, Active Surveillance, and Definitive Therapy

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KEYWORDS

- Prostate cancer • Geriatrics • Shared decision making • CGA • Geriatric oncology
- Aging

KEY POINTS

- Treatment of prostate cancer (PCa) for older men is best considered in the context of one's physiologic and not chronologic age.
- There are resources available to health care providers to best quantify one's physiologic age, including the comprehensive geriatric assessment (CGA).
- In addition to directing candidacy for treatment or modifying treatment, the CGA also identifies areas in which targeted interventions will benefit older men with PCa.
- Most importantly a goal-centric approach to treatment planning is critical in counseling and directing therapy for the older adults in a shared decision-making context.

INTRODUCTION

PCa will be diagnosed in approximately 220,800 men in 2015, and roughly 27,500 will die from the disease.¹ PCa is a common medical condition in the United States, with an estimated 16% of men receiving a diagnosis during their lifetime.² Importantly, 57% of those diagnosed with PCa are older than 65 years, so most patients with PCa are considered older men.³ Although it is the second leading cause of cancer-specific deaths among men, PCa will not be the cause of death for most men who

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are diagnosed with it. Still, the lifetime risk for a man to die from PCa is only 3%; however, 70% of those patients who die of PCa are older than 75 years.^{2,4} Despite its high prevalence among the older male population, most of the clinical trials conducted on PCa treatment are completed in relatively younger, healthier men.⁵ Although there are notable improvements recently, the relative dearth of high-quality data concerning PCa screening and treatment in older men calls for a thoughtful approach to evaluating such men for screening, diagnosis, and treatment options. This article offers guidance to an approach here.

The distinction between chronologic and physiologic age is a crucial one to make when counseling the older adult for screening and management decisions for PCa. There are older adults who stand to benefit from definitive intervention, and there are those whose functional and physiologic condition puts them at undo risk for burdensome side effects and a compromised quality of life (QOL). Increasing evidence suggests that comorbidity and functional loss, rather than chronologic age, best predict outcomes in PCa treatment.⁶ Outcomes are best predicted when stratifying patients according to their health status as fit, vulnerable, or frail based on comorbidities, reversibility of health impairments, functional dependency status, and life expectancy.⁷ Tools such as the CGA assist in categorizing patients according to their health status based on specific domains including comorbidity, nutritional status, cognition, social support, falls, and functional dependency. This review describes the age-specific considerations in screening practices, treatment options, and management decisions for the older man at risk for or facing a new diagnosis of PCa.

SCREENING

This section addresses the current level of evidence for or against screening for PCa with serum prostate-specific antigen (PSA) testing in older men and discusses issues important for shared decision making between the physician and patient regarding screening.

At present, the American Cancer Society, American Urological Association (AUA), and American College of Physicians recommend against screening in patients with a remaining life expectancy of less than 10 years,^{8–10} because the expected mortality benefit from screening is estimated to occur only after approximately 10 years from the initial screening.^{11,12} Of these organizations, only the AUA notes that healthy men in their 70s may have a life expectancy of 10 years or more and therefore may still benefit from screening.¹⁰ Based on the recent randomized trials described in the following paragraphs, the United States Preventive Services Task Force currently recommends against routine screening for men of any age group.⁴

Among the major trials studying the efficacy of PSA testing for PCa screening, men older than 70 years have been largely excluded. The 2 very large, major randomized trials with the least risk of bias according to the Cochrane Collaboration are the United States-based Prostate, Lung, Colorectal, and Ovarian Cancer Screening (PLCO) trial ($n = 77,000$) and the European Randomised Study of Screening for Prostate Cancer (ERSPC) trial ($n = 185,000$), both of which included men up to the age of 75 years.¹³ The PLCO trial, while noting a significant increase in the number of men diagnosed with PCa, did not demonstrate a significant reduction in PCa-specific or all-cause mortality.¹⁴ Of note, over 50% of the men in the control arm of the trial received a PSA test, because that was left to the discretion of providers. The ERSPC trial, conducted in a variety of European countries, demonstrated a 21% relative reduction

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