

Background for the proposal of SIOG guidelines for the management of prostate cancer in senior adults

Jean-Pierre Droz^{a,b,*}, Lodovico Balducci^c, Michel Bolla^d, Mark Emberton^e,
John M. Fitzpatrick^f, Steven Joniau^g, Michael W. Kattan^h, Silvio Monfardiniⁱ,
Judd W. Moul^j, Arash Naeim^k, Hendrik van Poppel^g, Fred Saad^l, Cora N. Sternberg^m

^a Department of Medical Oncology, Centre Léon-Bérard, Lyon, France

^b Claude-Bernard Lyon 1 University, Lyon, France

^c H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL, United States

^d Department of Radiation Therapy, Albert Michallon Hospital, Grenoble, France

^e Institute of Urology and Nephrology, University College London, United Kingdom

^f Mater Misericordiae University Hospital and University College Dublin, Dublin, Ireland

^g University Hospitals Leuven, Department of Urology, Leuven, Belgium

^h Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, Department of Quantitative Health Sciences, Cleveland Clinic, Cleveland, OH, United States

ⁱ Geriatric Oncology Program Istituto Oncologico, Istituto Palazzolo, Milano, Italy

^j Duke University Medical Center, Division of Urologic Surgery, Durham, NC, United States

^k Division of Hematology-Oncology and Geriatrics, David Geffen School of Medicine, University of California, Los Angeles, CA, United States

^l Uro-Oncology Clinic, Centre Hospitalier de l'Université de Montreal, Hospital Notre-Dame, Montreal, Quebec, Canada

^m Department of Medical Oncology, San Camillo Forlanini Hospital, Rome, Italy

Accepted 23 September 2009

Contents

1. Introduction	69
2. Epidemiology of prostate cancer	70
3. The evaluation of health status in senior adult cancer patients	71
3.1. Comprehensive geriatric assessment	71
3.2. Patient subgroups defined through health status evaluation	73
3.2.1. Evaluation of comorbidities	73
3.2.2. Evaluation of dependence	73
3.2.3. Other components of health status to consider	73
3.2.4. Health status evaluation summary	73
3.3. Possible interventions in senior adult patients	75
4. Localised prostate cancer	76
4.1. Staging procedures	76
4.2. Prognostic factors	76
4.3. Treatment of localised prostate cancer	78
4.3.1. Radical prostatectomy	79
4.3.2. Special considerations for patients with prior trans-urethral resection of the prostate	81
4.3.3. External beam radiation therapy	81
4.3.4. Brachytherapy	81

* Corresponding author at: Centre Léon-Bérard, 28 rue Lœnnec, 69008 Lyon, France. Tel.: +33 478 782 724; fax: +33 478 782 716.
E-mail addresses: jpdroz@orange.fr, droz@lyon.fnclcc.fr (J.-P. Droz).

4.3.5.	High-intensity-focused ultrasound	81
4.3.6.	Cryosurgery of the prostate	82
4.3.7.	Androgen deprivation therapy	82
4.3.8.	Watch and wait policy	82
5.	Advanced prostate cancer	83
5.1.	Androgen deprivation	83
5.1.1.	First-line hormonal treatment	83
5.1.2.	Second-line hormonal treatment	84
5.2.	Chemotherapy in castration-refractory prostate cancer	84
5.2.1.	First-line chemotherapy	84
5.2.2.	Second-line chemotherapy	85
5.3.	Radiation therapy/radiopharmaceuticals	85
5.4.	Bisphosphonates	85
6.	Conclusions	85
	Conflict of interest	86
	Reviewers	86
	References	86
	Biography	91

Abstract

Background: The incidence of prostate cancer increases with age, with a median age at diagnosis of 68 years. Owing to increased life expectancy, the management of prostate cancer in senior adult men (i.e., aged 70 years or older) represents an important public health concern and a major challenge for the future. No specific guidelines have previously been published on the management of prostate cancer in older men. The SIOG has developed a proposal of recommendations in this setting.

Methods: A systematic bibliographical search focused on screening, diagnostic procedures, treatment options for localised, locally advanced and metastatic prostate cancer in senior adults was performed. Specific aspects of the geriatric approach were emphasised, including evaluation of health status (nutritional, cognitive, thymic, physical and psycho-social) and screening for vulnerability and frailty. Attention was drawn to the consequences of androgen deprivation and complications of local treatment, mainly incontinence. The collected material has been reviewed and discussed by a scientific panel including urologists, radiation oncologists, medical oncologists and geriatricians from both Europe and North America.

Results: The consensus is to use either European Association of Urology or National Comprehensive Cancer Network clinical recommendations for prostate cancer treatment and to adapt them to health status based on instrumental activities of daily living (IADL) and activities of daily living (ADL), comorbidity evaluation by Cumulative Illness Scoring Rating-Geriatrics and screening for malnutrition. Patients in Group 1 (no abnormality) are ‘fit’ and should receive the same treatment as younger patients; patients in Group 2 (one impairment in IADL or one uncontrolled comorbidity or at risk of malnutrition) are ‘vulnerable’ and should receive standard treatment after medical intervention; patients in Group 3 (one impairment in ADL or more than one uncontrolled comorbidity or severe malnutrition) are ‘frail’ and should receive adapted treatment; patients in Group 4 (dependent) should receive only symptomatic palliative treatment.

Conclusions: Treatment of prostate cancer in senior adults should be adapted to health status. Specific prospective studies in this setting are warranted.

© 2009 Published by Elsevier Ireland Ltd.

Keywords: Clinical management; Elderly; Guidelines; Localised disease; Metastatic disease; Prostate cancer; Comorbidity

1. Introduction

Prostate cancer is predominantly a disease of senior adults (i.e., men aged 70 years or older), yet, no specific guidelines exist for this population. Existing guidelines for the management of prostate cancer make little reference to senior adult patients and age-related factors that may affect treatment decisions. Some of them (e.g., National Cancer Centre Network [NCCN] and European Association of Urology [EAU] guidelines) refer to the concept of life expectancy, which depends on many components of a patient’s well-being and is often misinterpreted by physicians. This is perhaps owing to the under-representation in clinical trials of senior adult patients with cancer [1], and the subsequent lack of data

from which to develop evidence-based recommendations. In this respect, it is pertinent to note that many of the pivotal clinical studies that have formed the basis for current guidelines in prostate cancer were conducted in selected patient populations that, in terms of age and health status, are not representative of the general population with prostate cancer because of various protocol exclusions (i.e., upper age limits, comorbidities, poor performance status, physiological organ impairments and history of other cancer), different access to care and the misconception that senior adult patients are not suitable candidates for more aggressive therapy [2].

The guidelines presented here have been developed through consideration of the published data in senior adult patients with prostate cancer and highlight age-related issues

Download English Version:

<https://daneshyari.com/en/article/3329462>

Download Persian Version:

<https://daneshyari.com/article/3329462>

[Daneshyari.com](https://daneshyari.com)