Accepted Manuscript

Reply to Serin et al

David Li, MD, PhD, Holly G. Prigerson, PhD, Josephine Kang, MD, PhD, Paul K. Maciejewski, PhD

PII: S0885-3924(17)30152-5

DOI: 10.1016/j.jpainsymman.2017.01.009

Reference: JPS 9396

To appear in: *Journal of Pain and Symptom Management*

Received Date: 24 January 2017

Accepted Date: 24 January 2017

Please cite this article as: Li D, Prigerson HG, Kang J, Maciejewski PK, Reply to Serin et al, *Journal of Pain and Symptom Management* (2017), doi: 10.1016/j.jpainsymman.2017.01.009.

Letter to the Editor 17-00054

Reply to Serin et al.

To the Editor:

We thank Serin et al. for their probing questions about our study [1] and appreciate this opportunity to respond and to clarify our results. We agree that age is an important consideration, as associated comorbidities and physiology may impact functional reserve and, potentially, tolerance to radiation therapy (RT). Indeed, epidemiologic data demonstrating 60% of cancer diagnoses, and 70% of all cancer deaths, occur in individuals age 65 or older.[2,3] In our study, we did not exclude patients based on age. Though our mean age is 58.6, we report a standard deviation of 12.6 in Table 1, reflecting at least 30% of patients to be age 65 or older. Importantly, as shown in Table 1, there was no statistically significant association between age and use of radiotherapy, thus, not meeting our criteria as a statistical confounder that would need to be accounted for in our modeling of quality of life outcomes.

The majority of retrospective studies on radiation as a single modality do not reveal significant differences in tolerance to radiation between elderly and younger patients;[4] however, the combination of radiation and chemotherapy has been shown to increase acute toxicity in the elderly.[5] Current ASTRO guidelines recommend against combining palliative RT with chemotherapy, as there is no evidence to demonstrate improved outcomes.[6] With appropriate patient selection and utilization of palliative RT, patients experience benefit regardless of age. We would like to point out that the pivotal trials assessing benefit of palliative RT enrolled patients with median age of 65 or older,[7,8,9,10] or mean age of 64,[9,10] and showed tolerability and