Issues in the Management of Esophagogastric Cancer in Geriatric Patients

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KEYWORDS

- Geriatric oncology • Elderly • Esophagogastric cancer • Geriatric assessment

KEY POINTS

- Functional, not chronologic age, should be used to determine appropriate treatment strategies for older patients with esophagogastric cancer.
- Geriatric assessment tools may be helpful to identify patient vulnerabilities and to provide an opportunity to implement interventions and support during the management course.
- Definitive chemoradiation can be tolerated as an alternative to surgery in older patients who are not surgical candidates and may provide fair rates of complete response.

INTRODUCTION

Approximately 60% of all cancers and 70% of cancer mortality occurs in individuals aged 65 years or older, defining cancer as a disease of older adults.[1] For esophagogastric (EG) cancers, the median age of diagnosis is 67 years and nearly 30% of patients are 75 years or older.[2] However, despite the demographic shifts, older patients with EG cancers are less likely to be recommended for surgery and less likely to receive chemotherapy compared with younger patients, irrespective of tumor stage.[3] Recent trials in neoadjuvant therapy have clearly shown decreases in recurrence and improvements in overall survival; however, combined modality treatments with chemotherapy and radiation are often not recommended for most elderly patients with localized esophageal cancer.

Clearly, patient-related factors, such as comorbidities, functional status, and limited social support, affect the ability to deliver and tolerate treatment and thus have a direct effect on the survival of older adults. However, there are data that elderly patients have a lower likelihood of being offered treatment based on age alone.[4] This finding is not surprising given the underrepresentation of elderly patients in clinical trials and the limited information to guide oncologists on the management of this population. This

review evaluates the current knowledge and the remaining challenges in optimally managing elderly patients with esophagogastric cancer.

ASSESSMENT OF THE GERIATRIC PATIENT WITH ESOPHAGOGASTRIC CANCER

Advanced age alone should not preclude patients from receiving standard anticancer therapy. We should acknowledge that older patients have unique issues that require careful consideration, including age and life expectancy, functional status, risk of treatment-related morbidity, competing comorbidities, and desire to receive therapy. However, functional, not chronologic, age should guide treatment decisions. Fit older patients may derive the same benefit from aggressive treatments as younger patients. Age-specific modifications of some treatment paradigms, however, may be appropriate, as therapy tolerance and risk of toxicities vary according to patient age and burden of comorbidities.

Conventional performance status measures, such as the Karnofsky Performance Status (KPS) or the Eastern Cooperative Oncology Group (ECOG) performance status are used to predict treatment toxicity and survival in oncology,[5–7] regardless of a patient's age. However, these tools were validated in younger patients and do not address the diversity of health issues of the geriatric cancer population.

Comprehensive geriatric assessment (CGA) has the potential to identify those at risk for treatment complications and functional disability, and to provide an opportunity to implement interventions and support before, during, and after treatment. Geriatricians perform a multidisciplinary assessment that measures independent clinical predictors of morbidity and mortality in older adults[8] (**Table 1**). This assessment has only recently been evaluated in the oncology setting. One such cancer-specific CGA tool has been developed by Hurria and colleagues.[9] This tool is designed to be mainly self-administered by the patient and feasible in the setting of an outpatient oncology clinic.[10] The Council on Aging Research Group used this tool in a multicenter prospective study to develop a predictive model for chemotherapy toxicity in patients 65 years or older.[11,12] The model identified age 72 years or older, tumor type (gastrointestinal or

Table 1 Components of a comprehensive geriatric assessment	
Domain	**Description**
Functional capacity	Evaluation of the ability to complete basic activities of daily living (ADLs) and instrumental ADLs (activities required to maintain independence in the community)
Fall risk	Fall history, assessment of balance/gait
Cognition	Evaluation of orientation, memory, concentration
Mood	Screening for depressive symptoms, anxiety
Nutritional status	Evaluation of unintentional weight loss, body mass index, food intake, and eating habits
Social support and financial concerns	Assessment of social/family support and social activity, quality of life, and how physical/emotional/financial problems interfere with well-being
Comorbidity	Number, type, and severity of comorbidities; polypharmacy; vision/hearing difficulties
Goals of care	Patient preferences regarding health, medical treatments, and advanced care planning (health care proxy, discussion of resuscitation wishes)