Abstract

Retrospective analysis of elderly cancer patient, Ramathibodi hospital experience

Supachat Chompoonuch, M.D. and Thitiya Sirisinha, M.D.

Background: Thailand has been an aging society since 2005 with over 7,000,000 elderly people in 2007. Increasing incidence of many cancers with advanced age, result in more than half of cancer being found in patients age 65 and older. There has been lack of data with regards to management and outcome of elderly cancer patients in Thailand.

Method: During January 2000 to December 2008, all patients with clinical or pathological diagnosis of non-hematologic and non-gynecologic malignancy from Ramathibodi cancer registry were included in this study. The patient with age less than 70 years at the date of diagnosis or previously treated outside Ramathibodi hospital was excluded. Medical record was reviewed for patient characteristics, clinical data, treatment, chemotherapy-related toxicity and outcome data.

Results: Total of 375 patients were included for analysis. Sixty three percent was male (n=237), median age at diagnosis was 74.9 years, ECOG performance status less than 2 in 216(57%) and had comorbidity in 237 (63%). The most common diagnosis was non-small cell lung cancer (18.1%) followed by colorectal cancer (16.3%) and head and neck carcinoma (10.7%). Median follow up time was 79 months with median survival time of 14.8 months. Median overall survival was significantly different in each level of ECOG performance status. Patients whose ECOG was 4 had dismal prognosis with median survival of only 1.07 months. Treatment goal at diagnosis was associated with significant difference in survival between curative, palliative and supportive treatment only. Toxicity from chemotherapy, excepted for hematologic toxicity, was rarely recorded in a follow up note. Forty six percent of patients (n=56) receiving chemotherapy or chemoradiation experienced at least grade 3 adverse events; one patient with esophageal cancer receiving chemoradiation died from treatment-related toxicity. Fifty five patients were lost to follow up within the first month of diagnosis which was defined as early loss to follow up. Factors associated with early loss to follow up were no medical oncologist consultation, no accommodation near Bangkok and poor performance status with odd ratio of 2.39, 1.94 and 3.04, respectively. Median overall survival of advanced non-small cell lung cancer subgroup was 15.1 months. Median overall survival of metastatic colorectal cancer subgroup was 18 months. Median overall survival of head and neck carcinoma subgroup was 14.7 months. Median overall survival of breast cancer subgroup mainly localized and locally advanced stage (90%) was 65.1 months.

Conclusion: In selected elderly cancer patient, standard treatment as in younger counterpart may provide the same benefit with acceptable toxicity. Age alone should not be a determinant to deny effective treatment.