



Ovarian
cancer

Ovarian cancer in elderly women

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Problem Background

- **Population on the rise and extremely heterogeneous**
- **Delayed in diagnosis, more advanced stages**, under-treated, few patients enrolled in clinical trials, few or no “standard” management protocols, higher toxicity of treatments, life expectancy often inaccurately estimated, insufficient weight given to geriatric parameters
- **Question: How do you define elderly**
 - ▶ Recommendation: **Age over 70 years**
 - ▶ Rationale:
 - The age limit in most clinical trials and references is 70 years
 - There are wide inter-individual variations in how people age between 70 and 75 years old

**Expert
opinion**



Geriatric screening

■ Geriatric screening is recommended for all women aged 70 and over

- ▶ Suggested instrument
 - The G8
- ▶ Geriatric workup to be done if:
 - $G8 \leq 14$

Rationale

- Two studies have demonstrated the value of screening tools for the identification of geriatric risk patients
 - Repetto L. et al. J Clin Oncol 2002;20:494-502.*
 - Extermann M et al. Crit Rev Oncol Hematol 2004;49:69-75.*
- If followed by a corrective action plan, the geriatric assessment has a positive impact on functional autonomy

McCorkle R et al. J Am Geriatr Soc 2000;48:1707-13

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opinion

Level 2
Grade B

Level 2
Grade B

Level 1
Grade A



Vulnerability factors to be screened for

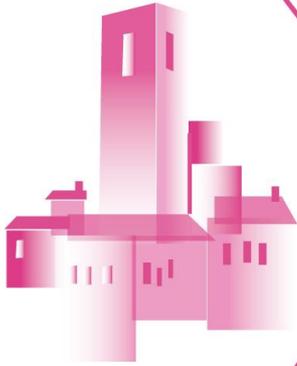
■ What are the physiological vulnerability factors which may interact with the patient's oncological management and must therefore be assessed?

- ▶ ≥ 2 Comorbidities
- ▶ Age ≥ 80
- ▶ Malnutrition

Level 2
Grade B

- ▶ Functional capacity: autonomy
- ▶ Psycho-cognitive impairment
- ▶ Socio-economic environment

Level 3
Grade B



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Ovarian cancer surgery in elderly women



Principles

- **Whatever the age of the patient, the quality of the cytoreductive surgery is a major prognostic factor**

- ▶ Objective: R0

Level 1
Grade A

- **The impact of the surgical environment on peri-operative morbidity and mortality increases with age. Requirements:**

- ▶ Trained surgeon
- ▶ Centre of excellence
- ▶ Scheduled surgery

Level 2
Grade B

- **Nonetheless, surgery is to be advised with caution:**

- ▶ Age has a major impact on the peri-operative risk of morbidity-mortality

Level 2

- ▶ The probability of R0 resection decreases with age

- ▶ It may compromise the subsequent administration of chemotherapy



Pre-operative geriatric assessment

- **The geriatric assessment can be used to predict post-operative mortality and morbidity**
 - ▶ **The PACE score is the only scale to have been validated retrospectively**
(it combines the anaesthetic score, the geriatric assessment result, fatigue score and PS)
 - ▶ These tools require validation in prospective studies

Expert
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Before surgery

■ Pre-operative conditioning consists of:

- ▶ Pre-operative geriatric assessment
- ▶ Pre-operative nutrition (ESPEN recommendations)
 - Pre-operative immune-enhancing nutrition in all cases
 - Enteral nutrition 10-14 days before surgery in case of severe malnutrition

Level 1
Grade A

Arends, J. et al. Clinical Nutrition (2006) 25, 245–259

■ The pre-operative assessment of the lesions is an important aid to decision-making and prognosis assessment

- ▶ Initial laparoscopy

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Some surgical procedures are to be avoided

- ▶ Simple exploratory laparotomy
- ▶ Extensive resections
- ▶ Gastrointestinal stoma



Initial surgery or interval debulking surgery

- **The treatment goal in elderly women is to adapt the surgery/chemotherapy sequence to the patient, avoiding both over- and under-treatment**
- **Initial chemotherapy (advanced stages)**
 - ▶ Decrease the extent of the surgery required
 - ▶ Increase the chances of complete cytoreduction
 - ▶ Decrease peri-operative mortality and morbidity

Expert
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In elderly women, initial chemotherapy is an appropriate alternative of achieving optimal resectability during interval debulking surgery

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Medical treatment of ovarian cancer in elderly women

Chemotherapy and bevacizumab



Chemotherapy

■ Feasibility data (at-risk populations)

▶ Carboplatin-cyclophosphamide (FAG1)	72%
▶ Carboplatin AUC5-paclitaxel 175 mg/m ² q 3w (FAG2)	68%
▶ Carboplatin AUC5 (FAG3) monotherapy	74%
▶ Weekly carboplatin AUC2-paclitaxel 60mg/m ² 3wks/4 (MITO5)	88.5%

■ In the absence of specific, validated data, these protocols are the possible therapeutic options

Level 2
Grade B



First-line treatment with bevacizumab

- **The data available are insufficient to be used as a basis for recommendations**

Level 2
Grade B

- ▶ No studies specifically focussing on elderly women
- ▶ 2 studies (ICON7, GOG218) do not find any differences in the activity of bevacizumab according to age (< 60, 60-70, > 70 years)
- ▶ The following must be evaluated:
 - comorbidities (hypertension, hypercholesterolemia),
 - associated risk factors (history of arterial events, gastrointestinal anastomosis).

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opinion



Chemotherapy for recurrence

- **No standard approach**
- **Same recommendations as for younger women depending on the general condition and wishes of the patient.**
- **The decision to administer chemotherapy depends on the length of the platinum-free interval:**
 - ▶ Platinum-sensitive disease: the risk of neurotoxicity when paclitaxel is re-introduced is higher than in young women: value of the carboplatin-caelyx combination (sub-group analysis)
 - ▶ Early recurrence: no specific data
- **Focus on psychological support and supportive care**