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
Geriatric screening is recommended for all women aged 70 and over

- **Suggested instrument**
  - The G8

- **Geriatric workup to be done if:**
  - G8 ≤ 14

**Rationale**
- Two studies have demonstrated the value of screening tools for the identification of geriatric risk patients
  

- If followed by a corrective action plan, the geriatric assessment has a positive impact on functional autonomy
  
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

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

- The impact of the surgical environment on peri-operative morbidity and mortality increases with age. Requirements:
  - Trained surgeon
  - Centre of excellence
  - Scheduled surgery

- Nonetheless, surgery is to be advised with caution:
  - Age has a major impact on the peri-operative risk of morbidity-mortality
  - The probability of R0 resection decreases with age
  - It may compromise the subsequent administration of chemotherapy
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
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

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

- Initial laparoscopy

Some surgical procedures are to be avoided

- Simple exploratory laparotomy
- Extensive resections
- Gastrointestinal stoma
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

In elderly women, initial chemotherapy is an appropriate alternative of achieving optimal resectability during interval debulking surgery.
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/m² q 3w (FAG2) 68%
- Carboplatin AUC5 (FAG3) monotherapy 74%
- Weekly carboplatin AUC2-paclitaxel 60mg/m² 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

- No studies specifically focusing 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).
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