St Paul de Vence 2012

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**

    Expert opinion
  - 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

- **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

    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

Expert 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
  - The probability of R0 resection decreases with age
  - It may compromise the subsequent administration of chemotherapy

Level 2

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 opinion

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**

Expert opinion

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**

Expert opinion

- **Initial chemotherapy (advanced stages)**
  - Decrease the extent of the surgery required
  - Increase the chances of complete cytoreduction
  - Decrease peri-operative mortality and morbidity

Level 2 Grade B

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

Expert opinion

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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).

Expert 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**