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POSTER

Renal insufficiency in elderly cancer patients: International Society of Geriatric Oncology (SIOG) clinical practice recommendations.

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Background: Elderly cancer patients commonly have renal function decline. This warrants particular caution during the administration of renally-excreted cancer drugs or those with established nephrotoxicity.

Design: A SIOG taskforce was formed to discuss treatment recommendations for this group of patients regarding (1) the appropriate evaluation of renal function in such patients and (2) the dosage adjustment requirements for a number of anticancer drugs commonly used.

Results: Prior to drug therapy, the assessment and optimization of hydration status and evaluation of renal function is required. Serum creatinine (SCr) alone is insufficient as a means of evaluating renal function, and creatinine clearance (CrCl) should at least be calculated in every patient by the aMDRD or Cockcroft-Gault equations. In the extremes of obesity and cachexia and at very high and low creatinine values, no single tool is really accurate. In these patients, the best estimate of GFR is provided by direct methods such as 51Cr-EDTA or inulin measurement. Within each drug class, preference may be given to agents less likely to be influenced by renal clearance, which are minimally nephrotoxic, or for which appropriate methods of prevention for renal toxicity exist. Co-administration of known nephrotoxic drugs should be avoided or minimized.

Conclusions: Future trials should be designed to present data in a way that allows evaluation of the contribution of renal function to toxicity and efficacy.

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POSTER

Knowledge and attitudes towards cancer in an old age sample

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Background: Cancer incidence increases with advancing age. However is in this group where more barriers towards screening, early diagnosis and treatment are found.

Material and Methods: 425 old individuals (≥ 65 years old) were approached through a non-profit foundation devoted to elderly with a 72-items self-administered test on cancer information.

Results: 370 valid interviews were included in this preliminary study. Mean age: 74.68 (Sd 6.65). Summary of main results: *Prevention and early diagnosis:* Although a 53.5% believe that cancer can be prevented, 94% do not know the European Code against Cancer but have a correct knowledge of some of its recommendations (smoking 96.1%, excessive alcohol intake 91.8%, too long exposure to sunbath 91.8%), while those concerning diet and avoiding overweight are known only by 47.6% and 40.5% respectively. 74.5% believe that cancer may be early diagnosed, but only 44% know the PSA test, and 31.3% stated that breast cancer may be early detected. *Knowledge:* 66% believe that cancer do not increases with age, 59.7% stated that it can be cured, 8.5% believe that cancer is a contagious disease and 7% that it is a punishment for something bad you have done. *Treatment:* Cancer treatment is considered worse than cancer itself by 55.9%. 56% and 31.4% believe that mastectomy and prostatectomy respectively are the only way to cure breast and prostate cancer. Most feared treatment is chemotherapy (54.6%), which is qualified as dangerous by 59%, adjective which is given to radiotherapy by 51%. Alopecia following chemotherapy is considered not reversible by 17.4% and vomiting unavoidable by 30.2%. *Research:* 4.2% know the meaning of "randomization", 23.1% "placebo" and 31.1% "clinical trial". *Information, attitudes and support:* 68% confirm that a cancer patient needs psychological support, and 85.1% that positive attitude is crucial to survive cancer. In case of having cancer: 80.9% would prefer to be fully informed, however 51.3% are not sure they would want receive any treatment.

- Gender comparison (54.6% women, 45.4% men) showed statistically significant differences in stating prostatectomy is necessary to cure prostate cancer (27.95% men, 22% women, $p < 0.003$), that cancer treatment is worse than cancer itself (34.04% women, 22.08% men, $p < 0.0001$) and in believing in the chance of early diagnosis of breast, prostate and colon cancer (men say 'yes' more frequently).
- Having had cancer in the past (18%) did not yield much difference in results, except in believing that cancer can be cured (71.85% in cancer

survivors, 57.25% who have not a cancer antecedent, $p < 0.039$), in believing that a cancer patient need psychological support (62.5% who have had cancer, 69.75% having no history of cancer, $p < 0.013$) and in having suffered depression and anxiety (more frequently in those having had cancer, $p_{\text{depression}} < 0.045$; $p_{\text{anxiety}} < 0.0005$).

Conclusions: This is a preliminary report which gives information on the need of increasing cancer education programs targeted to old people.

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POSTER

SIOG (International Society of Geriatric Oncology) prostate cancer guidelines proposals in senior adult men

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Background: Prostate cancer incidence increases with age, with a median age at diagnosis of 68 years. Due to the increased life expectancy, prostate cancer represents a major problem of public health. Management of prostate cancer in senior adult men represents a major challenge for the future. No specific guideline has previously been published on the management of prostate cancer in older men (> 70 years). The SIOG has developed a proposal of recommendations in this setting.

Methods: A systematic bibliographical search focused on screening, diagnostic procedures, treatment options for localized, locally advanced prostate cancer and metastatic disease in senior adults has been done. Specific aspects of the geriatric approach were emphasized, as evaluation of health status (nutritional, cognitive, thymic, physical and psycho-social evaluations) and screening for vulnerability and frailty. Attention was drawn on consequences of androgen deprivation and complications of local treatment, mainly incontinence. The collected material has been reviewed and discussed by a scientific panel including urologists, radiation oncologists, medical oncologists and geriatricians from both Europe and North America.

Results: The consensus has been to use either EAU or NCCN clinical recommendations for prostate cancer treatment. They are adapted to health status evaluation based on Instrumental Activity daily Living (IADL) activities, comorbidities evaluation by CIRS-G, screening of dementia. Patients in group 1 (no abnormality) are likely to receive the same treatment as younger patients, patients in group 2 (one impairment in IADL, one non-controlled comorbidity) will receive standard treatment after medical intervention, patients in group 3 (major IADL or cognitive impairment, several non-controlled comorbidities) will receive adapted treatment, patients in group 4 (dependant) will receive only symptomatic palliative treatment.

Conclusions: Treatment will be adapted to health status. Specific prospective studies in senior adult men with prostate cancer are warranted.

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POSTER

An attempt to correlate "Comprehensive Geriatric Assessment" (CGA), treatment assignment and clinical outcome in elderly cancer patients: results of a phase II open study

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Background: To assess the correlation of the different CGA categories with different treatment administered and clinical outcome. The ultimate goal was to verify whether an appropriate treatment given to elderly cancer patients according to their CGA category could translate into a better clinical outcome, i.e. objective clinical response, performance status (ECOG PS), and toxicity. Phase II open, prospective non randomized study.

Patients and Methods: 114 elderly cancer patients hospitalized at Department of Medical Oncology, University of Cagliari, Italy. Patients were assigned to 3 different CGA categories: fit, intermediate and frail. Therefore, an appropriate treatment was administered and the clinical outcome was assessed. All patients underwent CGA evaluation. The clinical outcome after 3 month treatment was defined as objective clinical response, ECOG PS and toxicity. The difference of clinical outcome variables between the CGA categories were assessed by ANOVA test. Moreover, the correlation of clinical response with CGA category, ECOG PS, stage and dose intensity was evaluated by Spearman's t test.