

predict as objectively as possible the likely life expectation of the elderly patient before automatically assuming that a purely palliative procedure is the treatment of choice. The Karnofsky and other performance scales attempt to do this but provide only a subjective assessment. It is important to stress that there is no known way of adapting curative treatments in old age so that they are associated with fewer side-effects without compromising the chance of cure; were this the case there would be no reason to restrict the application of such approaches to old or debilitated patients. Dose-effect relationships are well defined in radiation oncology and show that dose reductions aiming at reducing the risk of complications will also decrease the probability of cure. There may be a case for accepting a reduction in disease-free survival in older age compensated by reduced treatment morbidity and mortality. However, this still remains to be investigated.

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