

cross-sectional retrospective and prospective studies on cancer in the elderly. More interest and activity in research on aging and cancer has however been evidenced in the 1990s. Directions for the future could be as follows:

1. Establish multidisciplinary clinical trial design teams to address the challenging issues of old age and cancer therapy in a prospective study methodology.
2. Focus on the pharmacokinetics and drug sensitivity of elderly cancer patients to assess and deal with differences in drug metabolism.
3. Introduce in clinical oncology "multidimensional geriatric assessment" methods for pretreatment and follow-up evaluation of elderly cancer patients.
4. Develop special "patterns of care" studies of the major tumors to characterize the treatment of older cancer patients who, because of an excess of comorbid conditions, are not eligible for placement on clinical trials.
5. Increase the cooperation of geriatricians with clinical oncologists since cancer is one of the more prevalent chronic diseases of their older patients.

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LIVER TRANSPLANTATION FOR MALIGNANT DISEASE

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Although resection remains the treatment of choice in liver cancer, a single center experience with 198 patients reveals that liver transplantation continues to keep its role as a therapeutic option for selected patients. At present "favourable" indications are International Union against Cancer (UICC)-stage II hepatocellular carcinoma as well as the subtype fibrolamellar carcinoma, furthermore uncommon tumors such as epitheloid hemangioendothelioma, hepatoblastoma and liver metastasis from neuroendocrine tumors. Due to unsatisfying results intrahepatic bile duct-, stage III and IV hepatocellular carcinoma, hemangiosarcoma and liver metastases from nonendocrine primaries should be excluded from liver transplantation alone. For these advanced tumors especially in case of extrahepatic involvement combination of liver transplantation and multivisceral resection has been proven feasible. However, a significant improvement in patient survival may only be expected by presently investigated multimodality treatment protocols which will require further randomized studies.