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Meeting Highlight

Highlights of the Third International Conference in Geriatric Oncology Held in Tampa, Florida, 13-15 November 1996

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EPIDEMIOLOGY

ROSEMARY YANCIK (U.S.A.), from the National Institute on Aging, mentioned in her presentation that the yearly incidence of cancer in the U.S.A. grossly exceeded the most pessimistic projections since 1980. In 1900, 510 000 new cases of cancer were foreseen for the year 2000, but this target was already reached in 1990. Approximately 60% of these malignancies occur in persons over 65 years of age. Ninety per cent of prostate cancer and more than 60% of cancers of the colon, pancreas, bladder, stomach, rectum and bronchus occur in older persons; 55% of all breast cancers occur in women over 65 years of age.

The prevalence of cancer among older patients will increase as the older population expands. For example, in 2030, 1 200 000 men over 75 years of age will be affected by cancer of the prostate and 35 000 women of the same age by cancer of the endometrium. With age, the incidence of other serious diseases increases also: 48% of cancer patients over 75 years of age presented serious comorbid conditions that impacted on their survival.

Fabio Levi (Switzerland) reported more optimistic news. In several European countries, Japan and Argentina, the mortality from cancer tends to be decreasing, probably due to elimination of cigarette smoking, and early cancer detection.

Autopsy studies teach invaluable lessons, as reported by Giorgio Stanta (Italy). The prevalence of cancers detected at autopsy decreases sharply after the age of 90 years from 38% to 17%, and so does the role of cancer as a cause of death. Cancer was a cause of death in 25% of persons over 75 years of age, 9% of those over 95 years of age and 7% of 99 patients aged 100 years and over. One word of warning, with age, the detection of cancer decreased sharply, including the clinical diagnosis of lethal cancers.

"Is cancer good for the health of the older person?" asked Luigi Ferrucci (Italy). His study of the population of Saccomano seems to indicate that the prevalence of serious comorbid conditions was lower among cancer patients aged 70 years and older than among persons of similar age without cancer. These provocative data need confirmation.

EXPERIMENTAL TREATMENTS OF CANCER

Molecular ageing may provide the clue for new forms of cancer treatment. Vladimir Anisimov (Russia) proposed geroprotectors, substances that prevent both ageing and cancer, while Michael Fossel (U.S.A.) proposed telomerase inhibitors to induce senescence and death in tumour cells, and Albert Fernandes-Pol (U.S.A.) proposed depletion of cellular zinc as a method to restore apoptosis in cancer cells.

CANCER TREATMENT

Susan O'Reilly (Canada), of the British Columbia Cancer Agency, reported that three courses of CHOP, plus radiation therapy are superior to 6–8 courses of CHOP in stages I and II large-cell lymphomas. Patrizia Olmi (Italy), from the University of Florence, and Thierry Pignon (France) presented an update of several thousand patients, revealing

the safety of radiation therapy in the oldest group (even those aged 80 years and over).

Walter Forman (U.S.A.) established the importance of a morphine metabolite, morphine-6-glucuronide, as a narcotic; as this compound is excreted from the kidney, and older persons have a declining renal function, one may expect a prolonged effect of morphine in older individuals.