Ten Best Readings Relating to Senior Adult Oncology

Martine Extermann, MD

From the Senior Adult Oncology Program,
H. Lee Moffitt Cancer Center & Research Institute, Tampa, Florida.


The authors report that a pooled analysis by the NCCTG shows that conducting trials specifically for older patients is appropriate cancer care, targets patients otherwise not studied, and does not compete with accrual in other trials.


This article shows that a comprehensive geriatric assessment (CGA) is better than the American Society of Anesthesiologists (ASA) physical status system at predicting 30-day postoperative morbidity.


These two articles address the underaccrual of older patients to clinical trials. In the first article, the Cancer and Leukemia Group B (CALGB) conducted a randomized study of an educational intervention targeting physicians, which unfortunately was unsuccessful. In the second article, the authors postulated that the most effective way to improve accrual is to broaden comorbidity restrictions.


The first article, by a task force from the International Society of Geriatric Oncology (SIOG), reviews evidence on the use of a comprehensive geriatric assessment. The second article offers recommendations concerning the multicultural aspect of caring for the older cancer patient.


An analysis of cancer patterns in more than 1,000 nonagenarians and centenarians from the New England Centenarian Study concludes that the age of diagnosis of cancer is relatively delayed in those who live to 100 years.


These two papers analyze the cognitive impact of chemotherapy in older cancer patients.


The authors report good news for elderly individuals with lymphoma: older patients appear to benefit most from adding rituximab to the CHOP regimen in this British Columbia Registry series.