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EUSOMA/SIOG recommendations

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EUSOMA/SIOG recommendations

- Context
- Updated recommendations
- Inspirations

EUSOMA/SIOG recommendations

- **Context**
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- **Inspirations**

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Context

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Context

THE LANCET
Oncology

REVIEW | VOLUME 13, ISSUE 4, E148-E160, APRIL 01, 2012

Management of elderly patients with breast cancer: updated recommendations of the International Society of Geriatric Oncology (SIOG) and European Society of Breast Cancer Specialists (EUSOMA)

Dr Laura Biganzoli, MD • Hans Wildiers, MD • Catherine Oakman, MD • Lorenza Marotti, BSc • Sibylle Loibl, MD • Ian Kunkler, FRCR • et al. Show all authors

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Context

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Context

Updated recommendations regarding the management of older patients with breast cancer: a joint paper from the European Society of Breast Cancer Specialists (EUSOMA) and the International Society of Geriatric Oncology (SIOG)

Dr. Laura Biganzoli, MD, Dr. Nicolò Matteo Luca Battisti, MD, Prof. Hans Wildiers, PhD, Dr. Amelia McCartney, MBBS, Dr. Giuseppe Colloca, PhD, Prof. Ian H. Kunkler, FRCR, Prof. Maria-João Cardoso, PhD, **Prof. Kwok-Leung Cheung, MD**, Dr. Nienke Aafke de Glas, PhD, Dr. Rubina M. Trimboli, MD, Prof. Beatriz Korc-Grodzicki, PhD, Dr. Enrique Soto-Perez-de-Celis, MD, Dr. Antonio Ponti, MD, Dr. Janice Tsang, MD, Dr. Lorenza Marotti, PhD, Ms Karen Benn, BA, Dr. Matti S. Aapro, MD, **Dr. Etienne G.C. Brain, MD**

Lancet Oncology 2021

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Updated recommendations

Updated recommendations

General

- Screening for frailty recommended – increased risk of adverse outcomes [L1]
- Treatment can be tailored accordingly [L4]

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Updated recommendations

Competing causes of mortality

- More prevalent even in the absence of multimorbidities [L3]
- Cancer treatment decision should be made based on mortality from both cancer and other causes [L4]

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Updated recommendations

Geriatric assessment

- A screening tool should be the minimum starting point to treatment decision making [L3]

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Updated recommendations

Chemotherapy toxicity calculators

- Adjunct in decision making [L4]

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Updated recommendations

Screening mammography

- 70-75 yrs.: Could benefit [L3]
- ≥75 yrs.: May be appropriate in individual cases [L4]

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Surveillance mammography

- Could be appropriate in individual cases [L4]
- ≥80 yrs.: Avoid overuse with advanced multimorbidities and life expectancy <5 yrs. [L4]

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Genetic testing

- Might have implications for families and certain therapeutic decisions [L4]

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Updated recommendations

Genetic expression profiles
Multigene-expression assays

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Updated recommendations

Neoadjuvant systemic therapy

- Fit: Consideration as younger patients [L4]
- Less fit: Upfront surgery to enable de-escalation of adjuvant systemic therapy [L4]
- Neoadjuvant endocrine therapy (AIs): If not immediately suitable for surgery [L3]

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Updated recommendations

Surgery

- Surgery remains the choice of primary treatment for the majority [L1]
- SLNB as standard of care for staging [L3]
- Selective use of completion axillary therapy (RT preferred) considering disease burden and adjuvant endocrine therapy [L4]

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Updated recommendations

Surgery

- Omission of axillary surgery – luminal A +/- short life expectancy [L4]
- Primary endocrine therapy (AIs) as alternative – strong ER+, short life expectancy (<5 yrs.) [L4]
- Oncoplastic and reconstructive surgery – patient preferences, comorbidities [L4]

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Ductal carcinoma in situ (DCIS)

- Surgery should consider grade and life expectancy [L4]
- Fit + high grade: Should have surgery [L3]
- Low/Intermediate grade – ?Withholding surgery or avoiding RT

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Updated recommendations

Radiotherapy

- WBRT is standard; omission in low-risk patients safe and reasonable [L1]
- Boost for high-risk patients [L1]
- PBI in selected cases [L4]
- PMRT for 1-3 LN+ controversial
- Hypofractionation recommended [L4]

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Updated recommendations

Adjuvant chemotherapy in HER2+ disease

- Not guided by chronological age [L4]
- Most benefits seen in ER- disease [L3]
- Risk factors for toxicity – Duration >3 mos. [L3] and dose dense regimens [L4]
- Standard regimens – TCx4 or ACx4 [L2]
- Alternative regimen – Weekly paclitaxel [L4]
- High-risk disease: Anthracyclines-taxanes [L4]

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Adjuvant anti-HER2+ therapy

- Adjuvant chemotherapy + trastuzumab if no cardiac dysfunction + ≥0.5cm [L2]
- Avoid anthracycline + duration >3 mos. [L4]
- Caution for diarrhoea – pertuzumab and neratinib [L4]
- ?Single use of trastuzumab alone [L4]
- Shorter course with cardiac dysfunction [L2]

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Adjuvant endocrine therapy

- Efficacy independent of age [L1]
- Good compliance is the driving force [L4]
- AIs as standard cf. tamoxifen [L4]
- Choice of agent and duration depends on multimorbidities and risk of recurrence as S/Es might limit compliance [L4]

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Adjuvant bone modifying agents

- Bone health affected by systemic treatments hence monitoring recommended [L4]
- Adjuvant use improves bone health and reduces recurrence [L1]
- Adjuvant bisphosphonates for moderate/high risk disease [L4]

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- **Inspirations**

Inspirations

- Level of evidence
- Key considerations
- Current clinical practice
- Future research

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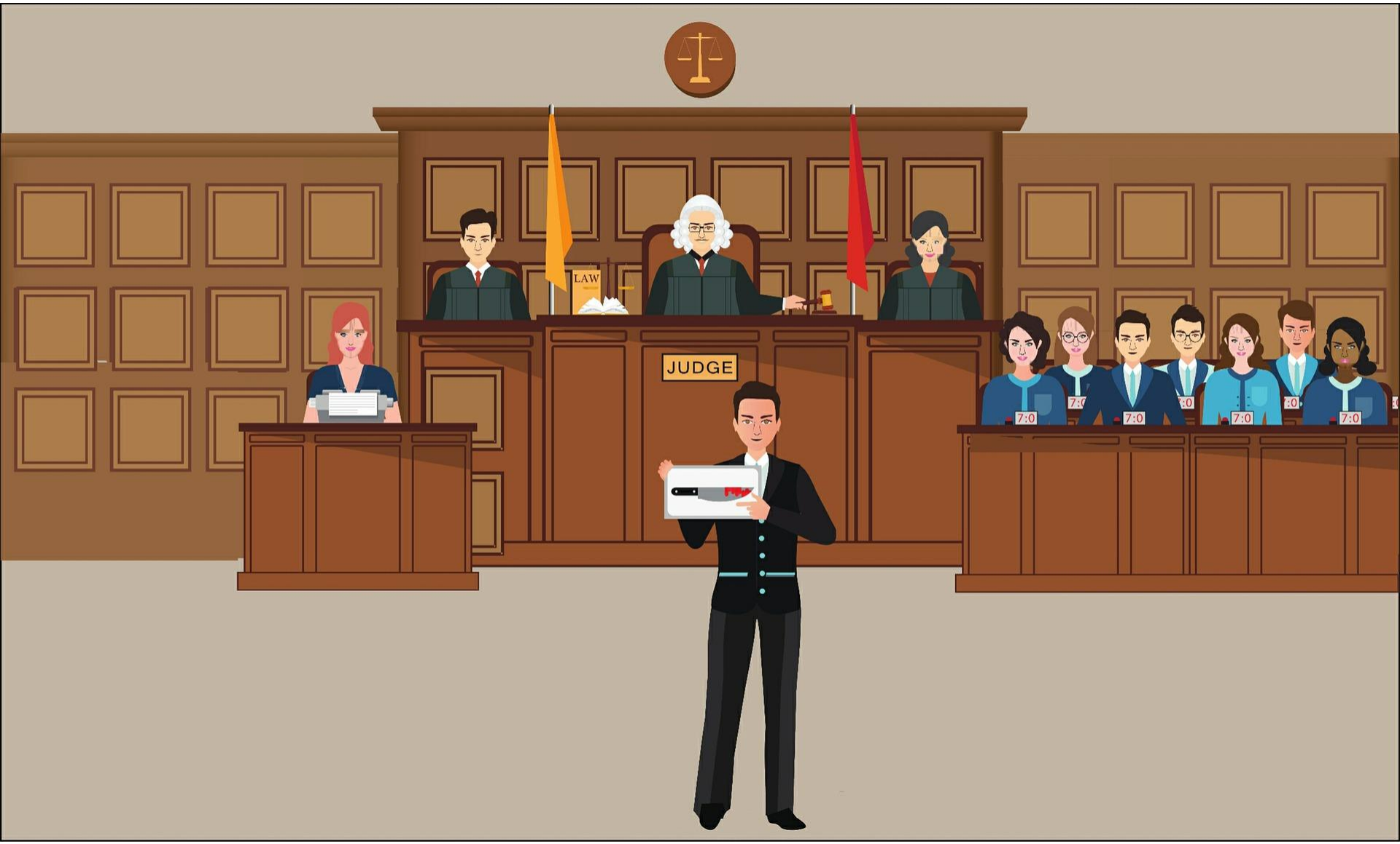
Level of evidence



Key considerations


HER2
p53
CK5
CK5/6
CK7/8
CK18
CK19

Current clinical practice

Oncol Ther
https://doi.org/10.1007/s40487-021-00140-w

REVIEW

Current Challenges Faced by Cancer Clinical Trials in Addressing the Problem of Under-Representation of Older Adults: A Narrative Review

Ruth M. Parks · Holly M. Holmes · Kwok-Leung Cheung

Received: November 19, 2020 / Accepted: January 9, 2021

ABSTRACT

The number of older adults living with cancer is increasing. There is a clear lack of representation of older adults in clinical trials, including cancer trials. Reasons for this are multifactorial and complex and include protocol, patient and sponsor factors. Potential solutions to overcome

Keywords: Cancer trials; Clinical trials; Geriatric assessment; Older adults

Key Summary Points

Older adults remain under-represented in cancer clinical trials, despite a willingness

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