Letters to the Editor


As only few studies have investigated the efficacy and feasibility of chemotherapy in elderly cancer patients, the study by Del Mastro et al. [1] on weekly paclitaxel in elderly breast cancer patients is of relevance for clinical daily practice. Their results, with a response rate of 53.7% (intention-to-treat 48%), are in a similar range to a response rate of 38% (intention-to-treat 38%) in our study using a similar weekly schedule of paclitaxel as first-line chemotherapy in 26 elderly patients with metastatic breast cancer [2]. In contrast to the high rate of cardiovascular complications reported by Del Mastro et al., we did not observe any cardiovascular toxicity, although we did not perform routine MUGA (multigated acquisition) or echocardiographic evaluation, and therefore may have missed any asymptomatic impairment of ejection fraction. The difference in toxicity cannot be explained by age: the median age of patients in the study by Del Mastro was 74 years as compared with 77 years in our study. As 24 out of 46 patients (52%) in the study by Del Mastro et al. received previous (neo-)adjuvant chemotherapy, while none of our patients had been pretreated with chemotherapy, we wonder whether the cardiovascular complications may have been correlated to pretreatment with anthracyline chemotherapy.

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