Co-Morbidity index evaluation as decision tool for chemotherapy in clinical practice in elderly and old elderly patients with early (ECRC) and metastatic colorectal cancer (MCRC)

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Background: The co-morbidity index, evaluated with Cumulative Illness Rating Scale (CIRS) represents a clinical tool in order to evaluate elderly and old-elderly patients (pts) in oncology clinical practice. CIRS gives an estimate of illness burden, even if risk factors seem to be different in old pts, while prognosis can be worse compared young patients. Moreover toxicity risk cannot be certainly predicted by CIRS.

Methods: From January 2006 until December 2014, pts with colon-rectal cancer older than 75 years were admitted to our Unit. CIRS was performed in all patients. Therapeutic choices (surgery, chemotherapy, surgery of metastases and Best Supportive Care BSC) were done by PS-ECOG and CIRS.

Results: 118 (116 men, 63 women) pts with ECRC and 61 pts with MCRC were examined. 116 (75%) were elderly and 63 (35%) old-elderly with median age 80.6 (± 4.97 S. D.). ECOG-PS in 61 MCRC pts (43 men., 18 women) was: 0 (10%), 1 (23%), 2 (58%) and 3 (9%). According to CIRS was observed: 13 pts (21%) stable stage, 33 pts (54%) intermediate stage, 15 pts (25%) secondary stage and 0 terminal stage. Among MCRC 34 pts (56%) had synchronous metastases and 46 pts (75%) underwent surgery of primary tumor. CIRS stable and intermediate stage underwent a standard treatment (biology + doublet), secondary stage were treated with standard treatment (doublet) at reduced dose. ECOG-PS 3 was excluded from treatment. According to CIRS and ECOG-PS only 37 pts (61%) received first line chemotherapy. 16 pts (43%) underwent target therapy + doublet, 15 pts (40%) doublet, 5 pts (14%) monochemotherapy and 1 (3%) thermoablation. The remaining 15 pts (24%) were not able to receive an active treatment, but only BSC; 9 (15%) refused any chemotherapy. Efficacy and tolerability were the same as observed in the literature.

Conclusions: Our data seem to confirm that CIRS-stage represents a useful tool for the choice of treatment among elderly and old-elderly patients in clinical practice. ECOG PS mantains its clinical value.