

LECTURE PRESENTATION

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Tumours of the prostate

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Background

In the United States, Prostate cancer is the most common tumour in men, with an expected 192.280 new cases and 27.360 deaths estimated in 2009 [1]. About 81% of patients with prostate cancer are over 65 years of age. Prostate cancer is a biologically heterogeneous neoplasm in which, especially in the elderly, some forms remain silent and with risk of disease-treatment. Moreover, this population may not receive optimal therapies for their disease, if decisions are based only on their chronological age. Health status, more than age, is a major factor affecting individual life expectancy. Comorbidity is the key predictor of health status, and should weigh more on the treatment decision than age alone. Other important parameters to consider in the elderly are the degree of dependence in activities of daily living, the nutritional status and the presence or not of a geriatric syndrome. The androgen-deprivation therapy (ADT) has become an integral piece of the armamentarium for treating prostate cancer in neoadjuvant, adjuvant and palliative therapy [2]. The impact on health-related quality of life (HRQOL) following ADT induction has gained significant clinical attention. Several series documented an association between ADT and declining HRQOL [3]. Treatment of hormone refractory metastatic prostate cancer with Docetaxel 75 mg/m² every 3 weeks (3W) in combination with daily prednisone has been shown to prolong survival and to have the same efficacy in healthy elderly as in younger patients [4].

Conclusions

Geriatric assessment in elderly patients with prostate cancer is crucial. Each treatment has to be adapted to health status.

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