

UNC Lineberger analysis finds that advanced age should not limit cancer treatment

*After comparing the survival outcomes of older and younger people with head and neck cancer, UNC Lineberger researchers have found that age alone shouldn't dictate a patient's treatment. The findings were published January 12 online in the journal *The Oncologist*.*

“What we should take away from this is that age alone shouldn't impact the treatment of patients with head and neck cancer,” said José P. Zevallos, MD, MPH, FACS, an assistant professor at the UNC School of Medicine and a paper author.

For the study, the researchers analyzed data from the UNC Cancer Registry database for 1,447 patients who had been diagnosed with head and neck cancer between 1990 and 2005. In one analysis, they looked at survival outcomes for a subset of patients with a particular type of head and neck cancer – larynx cancer – and grouped by age, cancer stage and level of treatment.

A key finding from that analysis was that older patients at or above the age of 70 years with both early and late-stage cancers had similar cancer-specific outcomes compared to their younger counterparts when receiving stage-appropriate treatment.

In advanced cancers, this often meant multimodality treatment – which involves using a combination of surgery, radiation therapy, and/or chemotherapy. The study found that advanced-stage cancer patients who received multimodality treatment had survival outcomes that were “essentially identical” to those of younger patients.

In patients with early-stage cancer, the researchers found that older patients had worse overall survival and worse progression-free survival outcomes compared with the younger group. But because there was no significant difference in the rates that cancer returned in older and younger patients, the researchers believe that competing health factors involved in that finding.

“When you actually look at the data in more detail, you find that there are competing causes of mortality – which means that the older patients are dying of reasons other than their head and neck cancer,” Zevallos said.

In patients with advanced cancers, patients at or above age 70 with later-stage cancer who received only one therapy – either surgery or radiation alone – had very poor outcomes compared with all other patients.

“This finding highlights the importance of multi-modality treatment irrespective of patient age,” Zevallos said. “However, it also demonstrates that patient co-morbidities and treatment tolerability impact survival among older patients with advanced head and neck cancer.”

“This study is another of the many examples showing that age alone should not be used to select treatment for older cancer patients,” said Hyman Muss, MD, a professor of medicine, director of UNC Lineberger’s Geriatric Oncology Program and a study author. “Reasonably healthy older patients should be offered the same state-of-the-art treatment options as the younger colleagues.”

Zevallos said he believes the study topic will be an area of increasing relevance and importance as the population ages. According to National Cancer Institute Surveillance, Epidemiology, and End Results Program data from 2007-2011, the median age of diagnosis for all cancers is 66. The paper said there have been few studies focused on the characteristics and treatment of older patients with squamous cell carcinomas of the head and neck.

[Read the paper.](#)