Abstract

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Materials and Methods All patients aged 15 to 39 years with the diagnosis of cancer who were registered and received treatment with M.S. Ramaiah Hospital during a 9-year period from January 2011 to December 2019 were included. Basic demographic information on age, gender was available along with address and contact information. Using cancer site and morphology codes, the cancers were grouped by the ICD-O coding system of AYA cancers and their clinical information on disease and treatment status were collected retrospectively and analyzed.

Results Of the total 946 registered AYA cancer patients, majority of AYA cancer were in age group of 35 to 39 years (39%) and females (58%). When analyzing the data and dividing the AYA population into early (15–24 years) and late (25–39 years), we found that whereas the majority of the patients had hematolymphoid malignancies (48%) in the early group (15–24 years), the late group (25–39 years) had more carcinomas (68%). The percentage distribution of AYA cancers among the study population, lymphoma and leukemia contribute 11% and 15%, respectively, to the patient load and still the carcinomas formed the bulk (58%) of the population. It is interesting to know that breast, genitourinary, and gastrointestinal (GI) malignancies constituted 17.75%, 14.16%, and 14.69% individually.

Conclusion AYA oncology consists of a heterogeneous population and the profile differs by geography, sex, and other factors. There has been limited improvement in the past decade but there is a lot more to be done. To assess the problem, we have to identify and characterize the problem and look at the epidemiology of this population. This will require multicenter and international studies with focus on improving outcomes as in pediatric inspired ALL protocols. The trials should be started at local levels to ensure maximum participation. We need to generate data on epidemiology and channel our resources properly to save this precious but so called lost tribe of oncology.

Keywords: AYA oncology, India, epidemiology

Weekly Etoposide and Platinum in Small-Cell Lung Cancer: Hope and Scope for Fragile Patients

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Abstract

Introduction Small-cell lung cancer (SCLC) is an aggressive and chemosensitive disease. Many patients present in an advanced stage and with a poor performance status (PS). In such a condition, the treatment dilemma due to poor condition advocates alternative treatment approach rather than standard chemotherapy. One way of usual practice is to split the chemotherapy into a weekly schedule. However, there is limited data regarding the actual benefit of weekly chemotherapy. We hypothesize that a weekly chemotherapy with etoposide/platinum combination will be feasible and safe in patients of advanced-stage SCLC with poor PS.

Objectives This study was aimed to determine whether weekly etoposide/platinum chemotherapy is a safe option for patients with advanced stage, poor PS, and SCLC who are otherwise unfit for systemic anticancer therapy.

Materials and Methods We retrospectively analyzed the data of SCLC patients presented to our center from July 2018 to September 2020. We analyzed that treatment, survival, and clinical benefit data. We also analyzed the benefit of weekly etoposide/platinum in otherwise unfit for chemotherapy.

Results One hundred and fifty patients of lung cancer presented to our department between July 2018 and September 2020; SCLC constituted 34% (53 cases). In SCLC patients, the median overall survival was 2.5 months. Fourteen (26%) patients with SCLC were unable to start any oncological intervention. Ten (19%) patients could receive...