A Descriptive Study to Assess the Association of Geriatric Score with Observed Chemo Toxicity in Cancer Patients Older than 60 Years

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Abstract

Introduction: Cancer is the leading cause of death worldwide with elderly patients being predominantly affected. There seems to be a bias against administering chemotherapy to elderly patients with fewer concerns about their capacity to endure treatment. To make personalized treatment decisions and to anticipate serious adverse effects, a toxicity prediction tool that can be computed at the bedside is the need of the hour. This well-validated score has not been tested in the Indian population. So, we decided to test the same score in our patients and try to correlate the score with observed chemo toxicity.

Keywords: small-cell lung cancer, lung cancer, poor performance status, weekly etoposide/platinum

Results

Clinical encounter by using the NCI-CTCAE, version 3.0.25. Cycles of their chemotherapy regimen. Toxicities were noted after each end of treatment, the scores were 3.0, 3.29, 2.77, and 2.47, respectively. Also, 25% of the patients’ arm A had complete pain relief, whereas 45% of patients in arms B, C, and D had complete pain relief. In arm A, the performance status failed to improve at 3 months when compared with 1-week post-RT but the improvement was significant in the remaining three arms. There was improvement in the quality of life in all the arms, both in terms of function and symptoms. The mean score of symptomatic quality of life based on the EORTC BM22 module prior to start of RT was 38.14, 34.91, 28.85, and 29.17 in arms A, B, C, and D, respectively. There was a significant drop to 9.29, 6.55, 5.13, and 6.11 at 1-month posttreatment in the four arms, respectively. The outcomes in terms of functional quality of life showed a similar trend.

Conclusion: This study demonstrated that pain reduction by various RT fractionation schemes were similar, and no statistically significant difference was noted. Performance status and quality of life improved in all the four treatment arms post-RT.

Keywords: radiotherapy, bone, metastatic, palliation

Comparison of Various Radiotherapy Dose Fractionation Schedules in Palliation of Bone Metastasis

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Abstract

Introduction: Bone metastasis is a common manifestation of malignancy. Bone metastases cause various morbidities and affect the quality of life. External beam radiotherapy is the mainstay of treatment of uncomplicated painful bone metastases. Different radiotherapy fractionation schedules are in practice for palliation of painful bone metastases.

Objectives: This study was aimed to compare and report the outcomes of various fractionation schedules of radiation therapy (RT) in terms of pain relief and quality of life in patients with painful bone metastases.

Materials and Methods: Eighty patients were randomized into four treatment arms with different RT fractionation schedules, namely, 8 Gy in 1 fraction, 20 Gy in 5 fractions, 24 Gy in 6 fractions, and 30 Gy in 10 fractions. Patients were assessed for pain by visual analog scale (VAS), performance status and quality of life before initiating the treatment, on the day of completion of treatment, and 1 week, 1 month, and 3 months post-treatment.

Results: Majority of the metastases constituted from breast followed by lung cancer. Of these, 27.5% had metastases to the thoracic vertebra, 26.25% to the lumbar vertebra, 22.5% to the pelvis, 12.5% to the humerus, and 12.5% to the rib. The mean VAS score prior to start of RT was 5.31, 5.21, 5.54, and 4.87 in arms A, B, C, and D, respectively. The pain reduction was significant in all the four arms (p < 0.05). Also, 25% of the patients’ arm A had complete pain relief, whereas 45% of patients in arms B, C, and D had complete pain relief. In arm A, the performance status failed to improve at 3 months when compared with 1-week post-RT but the improvement was significant in the remaining three arms. There was improvement in the quality of life in all the arms, both in terms of function and symptoms. The mean score of symptomatic quality of life based on the EORTC BM22 module prior to start of RT was 38.14, 34.91, 28.85, and 29.17 in arms A, B, C, and D, respectively. There was a significant drop to 9.29, 6.55, 5.13, and 6.11 at 1-month posttreatment in the four arms, respectively. The outcomes in terms of functional quality of life showed a similar trend.

Conclusion: This study demonstrated that pain reduction by various RT fractionation schemes were similar, and no statistically significant difference was noted. Performance status and quality of life improved in all the four treatment arms post-RT.

Keywords: geriatric, chemotherapy toxicity, myCARG