



## Multidisciplinary Treatment for Older Cancer Patients

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### DESCRIPTION

Surgery and chemotherapy are still the main treatment choices in clinical practice for the majority of cancers, and before making a choice, a thorough evaluation of the patient's physical condition is necessary to ascertain whether they will be able to tolerate the chosen course of action. Based on a variety of medical and socioeconomic factors, senior cancer patients receive less aggressive treatment options, which have a negative impact on their life expectancy. Aging is still a highly individualized process that cannot be assessed solely by chronological age, despite the fact that elderly patients frequently present with additional chronic diseases (heart diseases, chronic lower respiratory diseases, and cerebrovascular diseases), as well as a decline in multiple organ functions.

In geriatric oncology, the Comprehensive Geriatric Assessment (CGA) concept has been put out as a multifaceted tool for integrating therapeutic decision-making in older persons based on their biological age. Previous research has shown that CGA may accurately predict the risk of morbidity and mortality in elderly cancer patients, indicating the evident necessity for high sensitivity and specificity evaluation tools for cancer treatment options. Because of their advanced ages, many elderly individuals are not candidates for surgical treatments. For instance, compared to 40% in the 66-70 year age group, it was reported that only 7% of pancreatic cancer patients beyond the age of 85 are eligible for surgery.

Older persons often receive ratings from the American Society of Anesthesiologists (ASA) greater than grade, indicating an increased risk of significant problems under anaesthesia. In addition, due to the slow metabolism of anaesthetics, elderly patients are more likely to experience problems such as postoperative confusion, delayed recovery, and extubation failure. Elderly patients' postoperative care requires intensive care linked to both surgery-related problems and other systemic

disorders, with the number of patients needing on-going inpatient nursing care at the time of release rising with age. The application of Multidisciplinary Treatment (MDT) to different tumours in recent years has significantly improved prognosis.

Even yet, the MDT method still needs to be expanded upon in order to provide perioperative management that is safe and effective for elderly patients. In addition to surgery, systemic therapy is a key treatment for older cancer patients. As already mentioned, elderly individuals frequently need more time to recuperate sufficiently to tolerate adjuvant therapy. However, delaying the start of adjuvant therapy raises the likelihood of recurrence. Although data from earlier studies suggested that adjuvant therapies like chemotherapy and radiotherapy could improve elderly patients' chances of survival, older patients received less adjuvant therapy than younger patients, and second-line treatment, if available, was advised due to concerns about side effects.

Given that targeted therapy and immunotherapy are more frequently used, the alternatives available to aged individuals have substantially grown. Since older patients are underrepresented in the majority of phase III randomized trials, it should be emphasized that there are insufficient evidence-based medical guidelines for drug-based therapeutic approaches for older patients. This makes the decision to choose a combined treatment more precarious. For example, older patients with pancreatic cancer exhibit more diploid tumours or TP53 mutations, which are unique patterns in gene mutation and tumour metabolism described in prior study. Additional research focusing on these cancer ageing trends may aid in the creation of novel anti-tumor medications suitable for senior individuals. In conclusion, it is essential to strike a proper balance between prospective treatment advantages and disadvantages in the older population with cancer, with a need to enhance patient management in this population.

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