Oncology treatment of elderly breast cancer patients: Systemic CMF and tamoxifen treatment

Keywords: Breast Neoplasms; Tamoxifen; Antineoplastic Combined Chemotherapy

From 1997 to 2001, 31 elderly breast cancer patients (≥65) with advanced disease were treated in the Oncology Center in Loznica. Fourteen women were treated with systemic CMF chemotherapy in this five-year period. Their median age was 67.1. Therapeutic response (disease regression) was obtained in 2 women after 6 cycles, but chemotherapy was stopped in one of them due to very poor subjective tolerance. Disease progression was seen in 6 women after 2.3 cycle on the average. Short-term stabilization was achieved in 6 women after 5.5 cycles on the average. From 1-9 cycles were applied per patient. Hematological toxicity grade ≥1 was seen in 3 women (anemia grade II-III; leukopenia grade I). Systemic tamoxifen, 20 mg daily, was applied in 17 women in the same period. Median age was 69.8 years. Disease progression was noticed in 11 women after 6.3 months on the average. Six women are without signs of progression, after 2.7 years on the average. In conclusion: Both systemic Tamoxifen and CMF chemotherapy are well-tolerated routine systemic treatment regimens in elderly advanced breast cancer patients.

Treatment of rectal cancer with combined external and endocavitary radiation in 80 years old female patient who refused surgical treatment: A case report

Keywords: Rectal Neoplasms; Radiotherapy; Aged

Seventy percent of patients with colorectal are 65 years or older. As elderly patients frequently exhibit adverse physical or socioeconomic conditions, a through geriatric assessment of the patient's suitability for therapy is essential before making a decision. Endocavitary radiation therapy constitutes an alternative to surgical therapy for some early rectal carcinomas. But the indications were extended to elderly patients who presented with a high surgical risk or who refused mutilating surgery. Case report: We treated 80 years old female patient who refused surgical treatment, with combined external and endocavitary radiation. She had low-grade adenocarcinoma of rectal cancer, at 3 cm from the anal verge. External radiation (30 Gy) was given during two and a half weeks followed by endocavitary radiation 500 Gy per fraction, per week. Six weeks after this palliative treatment she had partial regression of tumor, gained about 2 kg in weight, and had not any subjective symptom of disease or radiation toxicity. So, we decided to continue our treatment to radical dose. After palliative dose we achieved partial regression without severe radiation toxicity. Combined radiotherapy can be used to treat rectal cancer in elderly patients who refuse surgical treatment. Major advantage of this treatment is low risk of serious complications.