Correlation between comorbidity and quality of life in the elderly cancer patients treated with chemotherapy: An ongoing study

Aging is associated with an increasing prevalence of diseases and disabilities. In older cancer patients, comorbidity can have a major influence on survival and can enhance the risk of treatment complications. Moreover, the prognostic impact of the disease may be different according to its severity. A few validated scales exist for the assessment of comorbidity in the elderly cancer patients, such as the Charlson and the Cumulative Illness Rating Scale - Geriatric (CIRS-G). We chose to test prospectively the correlation between Charlson's scale and CIRS-G with quality of life (QoL) in an oncogeriatric inpatient setting. These scales represent two different approaches to comorbidity. The Charlson scale is restrictive and focused on a short list of selected 19 diseases weighted from 1-6 points. The CIRS-G is aimed at comprehensiveness and classifies comorbidity into 14 organ systems grading each condition from 0-4. The QoL was assessed using the Rotterdam Symptom Checklist that was scheduled at baseline (on the initiation of therapy) and subsequently at weeks 8, 16 and every 8 weeks thereafter until disease progression, intolerable toxicity or patient refusal to complete more questionnaires. According to study design, a next step will be to perform a Comprehensive Geriatric Assessment with particular regard to patients as it is proposed in provided algorithm. To date, a total of 21 patients' median age 69 (range, 65-74 years), all with ECOG performance status 0 and 1, 19 with solid tumors and 2 with hematological malignancies have been entered into the study. Among those 21 patients following comorbidities were observed: hypertension (14 patients), heart failure without congestion (7 patients), chronic pulmonary disease (4 patients), ulcer disease (3 patients), diabetes (3 patients), kidney disease (2 patients) and secondary non-metastatic cancer (2 patients). Comorbidities were mainly mild or moderate. In addition, 12 patients had multiple comorbidity condition. The number of included patients still insufficient to detect which of two scale for measuring of comorbidity better correlate with QoL and does severity of comorbidities may presume more changes in that end-point. Data evaluation is ongoing and the final results will be published when a number of included patients will content statistical consideration of the study.