

### Who benefits from a treatment and who does not?

Is it worthwhile for 75-year-old men to undergo a therapy of prostate cancer or are the elderly better off with a wait and see approach? Experts demand in addition to the age factor that the decision for treatment should be based on the health condition, the size, and type of the tumor as well as the individual needs of patients. Prostate cancer is after all not called for nothing *the cancer of old men*

. Fact is that every fourth patient affected is older than 75 at the time the diagnosis is made. Although prostate cancer is particularly prevalent in the elderly, men above the age 70 regularly slip through the cracks of preventive strategies. "The decision whether the patient receives a "curative" therapy or not is unfortunately often still made ??exclusively dependent on the patient's age," criticizes Dr. Stephan Neubauer, Urologist at West German Prostate Center in Cologne.

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As shown by multiple studies in an impressive way, life expectancy does not only depend on the age itself but on a number of other factors. Thus, chronic comorbidities, physical fitness but also mental agility, and independence play a significant role in how many years a patient's life expectancy is extended<sup>1</sup>. "Many seniors are still, also beyond 75, in the middle of life, are physically active, interested in many things, and enjoy good health," concludes Neubauer, thereby referring to experience from his daily practice. The Cologne urologist certifies the

majority of his 75-year-old patients an average life expectancy of at least 10 to 15 years. Why should they not enjoy an effective therapy?

### **Patients over 70 are less likely to receive curative therapy**

The Society for Geriatric Oncology (SIOG) recommends that healthy older people with prostate cancer should receive the same treatment as do younger prostate cancer patients. However, as is shown in a number of popular studies<sup>1</sup>, in practice that this is not the case. According to these evaluations, actually older patients with localized prostate cancer receive curative therapies such as brachytherapy, radiation, or surgery less frequently than younger patients do. Instead, older men are often treated with a hormone therapy or are subjected to active surveillance.

"This could backfire," explains Neubauer who maintains that also in men over 75 years of age, aggressive forms of the tumor are more common than previously suspected. These are tumors that grow very rapidly, forming secondary tumors (metastases). If they are detected too late, they can lead to death. However, as recently published in the prestigious British Journal of Urology wurde<sup>2</sup>, if older men with a high-risk tumor are treated by established therapies, the death rate decreases by nearly half.

### **Focus on gentle minimal invasive therapies**

"The goal of any prostate cancer therapy should be to avoid potential limitations to the quality of life arising from the disease and to prolong the life of the patient. Once the decision for a therapy is made, the focus should be on a gentle therapy procedure," emphasizes Neubauer. An especially suitable treatment is the internal radiation, referred to as brachytherapy. Under continuous ultrasound guidance, up to 80 smallest radiation sources (seeds) are inserted directly into the prostate. The seeds remain in the body of the patient and develop their radiation effect on prostate cancer over months. The tumor tissue is destroyed with the highest accuracy by a high-dose radiation from the inside Whereby neighboring organs such as the bowel, bladder, and urethra are spared. Neubauer maintains that this is what brings about patient satisfaction and a beneficial factor in maintaining the desired quality of life. He concludes, "By no means should old age be a compelling reason for not treating prostate cancer. "

Literature:

1. Rockwood K, Stadnyk K, McKnight C et al: A brief clinical instrument to classify frailty in elderly people, *Lancet* 353:205-206; 1999
2. Brassell SA, et al.: Prostate cancer in men 70 years old or older, indolent or aggressive: clinico-pathological analysis and outcomes. *J Urol*. 2011 Jan;185(1):132-7. Epub 2010 Nov 12.