



# POSTOPERATIVE RADIOTHERAPY FOR ELDERLY ENDOMETRIAL CANCER PATIENTS: WORSENING FRAILITY OR LIFESAVING MEASURE?

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The recent article published in World Cancer Research Journal shows the results of a retrospective analysis of postoperative radiotherapy for elderly endometrial cancer patients. Fiorica and colleagues<sup>1</sup> have tried to improve our understanding of the role and feasibility of adjuvant radiation therapy for elderly endometrial cancer patients through a retrospective review. Their conclusion, that adjuvant radiation therapy is useful and safe, represents a twofold main issue. First, postoperative radiation therapy without increased treatment-related morbidity is certainly an encouraging result for frailty and histology aggressive cancer population. Second, this analysis highlights the living matter of elderly cancer population, above all for their focused pre-treatment assessment.

The annual crude incidence of cancer in Europe is 338 per 100,000 in habitants in Eastern Europe and 447 per 100,000 inhabitants in Western Europe<sup>2</sup>, and this incidence increases with age. In 2020, approximately 60% of all cancers will affect the elderly if the current trend of population growth continues<sup>3</sup>. With the incidence of cancer increasing dramatically with age, cancer can also be considered an aging disease<sup>4</sup>. Due to population growth, the management of the elderly with cancer is a challenge for the medical community. Consequently, geriatric oncology is now at the forefront of oncology practice. Cancer disease also has a dramatic impact on the autonomy of the elderly, because often increases the progressive deterioration that occurs during aging. The incidence of disabling cancer is much higher in the elderly than in young people. For this reason, if they are not given the best treatment available, there will be a negative impact on prognosis<sup>5</sup>. Despite increasing evidence of treatment benefit<sup>6,7</sup> and despite many of the patients

diagnosed with cancer are in relatively good health and potentially have many years of life ahead of them<sup>8</sup>, cancer in older adults is often undertreated, which contributes to poor outcomes<sup>9</sup>.

The adjuvant treatment of women with intermediate-risk endometrial cancer is one of the most controversial topics in oncology. In patients with endometrial carcinoma advanced age is a predictor of poor outcome<sup>10-13</sup>. In general, older patients with endometrial carcinoma tend to have deep myometrial invasion, poorly differentiated histology, or extrauterine spread<sup>14,15</sup>. Moreover, the locoregional relapse rate to be threefold higher for patients aged 60 and over compared with those below this age<sup>16-19</sup>. The tolerance of elderly patients to adjuvant RT is a matter of trouble. Some investigators have noted high rates of acute toxicity in elderly gynecologic patients treated with RT<sup>20,21</sup>. On the other hand, many investigators have reported a good tolerance and low rates of chronic sequelae in these patients<sup>19,22,23</sup>.

However, as in the treatment of high-risk disease, clinicians frequently use multimodality therapy for women with intermediate-risk endometrial cancer<sup>24,25</sup>. The improved local control provided by external beam pelvic radiation and/or vaginal brachytherapy<sup>26</sup> is frequently combined with systemic effects of chemotherapy<sup>24,25</sup>.

Since the role of age per se in the decisional process is negligible, there is evidence that chronological age should not be a contraindication for adjuvant treatment of elderly patients with endometrial cancer. However, treatment decision making in this population must be carefully evaluate because of health, comorbidity and physical and mental functioning heterogeneity of the elderly.



## CONFLICT OF INTERESTS:

The Authors declare that they have no conflict of interests.

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