Who are you Calling Old?

Practice Patterns and Management of Nonagenarians Presenting to a Gynecologic Oncologist

Erika Ryan, MD¹; Benjamin Margolis, MD¹; Bhavana Pothuri, MD¹
¹New York University Langone Health

Gynecologic Oncology Division
Department of Obstetrics/Gynecology

INTRODUCTION

- In 2015, in patients age 85 and older, there were 1,960 cases of endometrial cancer, as well as 1,639 cases of ovarian cancer.ⁱ
- There is scant data to guide treatment decision-making based on tolerability, comorbidities and impact on quality of life for women aged 90 and older who are diagnosed with cancer.ⁱⁱ

PURPOSE

- To describe the practice patterns, management and overall outcomes of nonagenarians who initiated care with a gynecologic oncologist.

METHOD

- Study Type: Retrospective chart review
- Population: Female nonagenarians (age 90 and older) who consulted a gynecologic oncologist between 10/09 and 12/18 at an urban academic medical center.
- Descriptive statistics used for variables of interest.

RESULTS

- 34 nonagenarians identified (median age 92, range 90-98).
- 10 (29%) had benign disease. 8 (24%) had pre-malignant or suspected malignant disease, of which 5 did not pursue further workup. 16 (47%) had malignant disease, including one who was lost to follow-up after initial consultation.
- Histologically, 44% of women had squamous subtype, 25% endometrioid, 6% clear cell, 6% poorly differentiated, and 19% adenocarcinoma.
- 79% of the time, physicians commented on age and functional status in the assessment and plan.

DIAGNOSIS

RESULTS CONTINUED

- Of the 15 women with cancer, 47% pursued palliative-directed treatment and 53% curative-directed treatment.
- In the curative intent group, 6 of 8 underwent surgery alone, 1 surgery and chemotherapy, and 1 chemoradiation.
- In the palliative intent group, 4 of 7 underwent radiation, 1 chemotherapy and 2 declined or unknown (lost to follow-up).
- Overall, 87% (13 of 15) completed the proposed treatment.
- Treatment-related complications included 1 superficial skin infection and 1 thirty-day readmission for an unrelated traumatic injury.

CANCER SITE

CANCER STAGE

Treatment Properties	Vulva	Vagina	Ovary	Cervix	Uterus	Total (%)
Goal of Treatment (n=15)						
Palliative	3	-	2	1	1	7 (47%)
Curative	2	1	2	-	3	8 (53%)
Treatment Proposed (n=15)						
Radiation	3	-	-	1	1	5 (33%)
Chemo	-	-	2	-	-	2 (13%)
Surgery	1	1	2	-	3	7 (46%)
Chemoradiation	1	-	-	-	-	1 (7%)
Treatment Completed (n=15)						
Radiation	2	-	-	1	1	4 (27%)
Chemo	-	-	1	-	-	1 (7%)
Surgery	1	1	1	-	3	6 (40%)
Chemoradiation	1	-	-	-	-	1 (7%)
Surgery/Chemo	-	-	1	-	-	1 (7%)
Unknown	1	-	1	-	-	2 (13%)

CONCLUSIONS

- Nonagenarians most commonly presented with vulvar or endometrial cancer to a gynecologic oncologist.
- Of those with cancer, 87% successfully completed treatment with minimal adverse effects or toxicity.
- Age and/or functional status were addressed in the care plan for 79% of women, but did not preclude treatments that had the potential to preserve meaningful quality of life and/or cure patients of their disease.

Corresponding author: Erika Ryan, MD, NYU Langone Health, Gynecologic Oncology, 240 East 38th Street, 19th Floor, New York, NY 10016; Erika.ryan@nyulangone.org

References: (i) U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on November 2017 submission data (1999-2015); U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, June 2018. (ii) George, E. M., et al. (2016). Measurement and validation of frailty as a predictor of outcomes in women undergoing major gynaecological surgery. BJOG: An International Journal of Obstetrics & Gynaecology, 123(3), 455-461.