

Pharmacological specificities of anticancer drugs in older patients

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The elderly comprise the majority of patients with cancer and are the recipients of the greatest amount of systemic anticancer therapies. Unfortunately, there is a lack of solid data to make evidence-based decisions with regard to systemic therapy dosing and usage. This is due to the minimal participation of older patients in clinical trials. I will review the available information with regard to systemic therapy use and pharmacology in older persons with cancer. Studies on new anticancer drugs often inappropriately conclude that these treatments are well tolerated and feasible in the older population with cancer, despite the drug being investigated in only a selection of healthy older patients who are not representative of the true older population. I will provide solutions on how to inform clinicians, patients, and health authorities more clearly about the benefits and disadvantages of new and upcoming anticancer drugs for older people with cancer.

Pharmacological specificities of anticancer drugs in older patients - Joint ESOP SIOG session -

How to reduce iatrogenic risk in older patients with cancer (C Bardin)

Factors such as alterations in pharmacokinetics of anticancer drugs due to ageing, comorbidities, and polypharmacy need to be taken into consideration in the management of older patients with cancer. Polypharmacy can also increase risk of drug interactions. Clinical impact of interaction may be maximized in older patients and in case of overdose if unadapted dosage to renal function.

Most of medication iatrogenic events are evitable. There is a need to develop prevention strategies, and multidisciplinary approach. Oncology clinical pharmacist may have a major role in reducing iatrogenic events and complementary “tools” may be used. Checking prescriptions and management of Drug Related Problems have to be done through comprehensive medication reviews and information for the medical staff. Pharmaceutical interventions lead to drug dosing adjustments, treatment discontinuations, drug additions, replacement of a drug by another one. Medication reconciliation may prevent unintentional medication changes. Therapeutic Drug Monitoring of oral targeted anticancer drugs should be considered in older patients to individualize drug dosing and ensure drug concentrations within the therapeutic window. Implementation of pharmaceutical consultations in a multidisciplinary approach (pre-therapeutic evaluation) and developing pharmaceutical community-hospital network also contributes to reduce iatrogenic risk.