

Treatment considerations for today's elderly

Dear Editor:

Thank you for highlighting an important issue in your article "Treating elderly cancer patients: what you need to know about their physiology and specific medical needs" (*Community Oncology*, November 2006).

I have worked with an elderly population over the past decade, in both internal medicine and oncology, and I found this article very useful. The average 80-year-old today is not the same 80-year-old most of us once defined as "elderly." Today that 80-year-

old is more likely to be out golfing than sitting in a rocking chair. Still, it's extremely important to remember that the metabolism and pharmacokinetics of older adults are indeed different from those of younger individuals. Every clinician has seen the unintended orthostasis that even a low-dose run-of-the-mill antihypertensive or antidepressant can easily induce in older patients. To think that we can give elderly patients cytotoxic or other antineoplastic agents at the same doses that younger patients tolerate is, in my opinion, not always of-

fering optimal care.

Following treatment guidelines offered by the National Comprehensive Cancer Network coupled with a dose of common sense can be extremely helpful in minimizing toxicities and preventing unnecessary adverse events. Because the elderly population is growing rapidly, your article serves as a useful reminder about their needs.

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