Sir — Cutaneous cancers are particularly frequent in the elderly and there are only scarce treatment data, especially for radiotherapy and nonagenarians [1,2]. We report the data of a study investigating this matter.

We retrospectively investigated the feasibility of radiotherapy in patients over 90 years treated in five health care facilities. We analysed tumour characteristics, patient data, radiotherapy parameters, effectiveness and toxicity.

Eighty-eight patients were included (mean age 93.2 years). Radiotherapy was intended curative in 63.6% of cases. Fifty-eight per cent of cases were squamous cell cancers, 29.5% basal cell cancers, 6.9% Merkel cell carcinomas, 4.5% melanomas and 1.1% adenocarcinoma. The median total dose was 40 Gy (10–60), the median number of fractions was seven (1–30) and the median dose per fraction was 6 Gy. The median follow-up from the date of completion of radiotherapy was 62 days (0–62 months).

Tumour control was obtained in 58 patients (65.9% of cases), less than for younger patients [3]; however, 36 patients observed complete responses. For patients treated with palliative intent, symptoms improved for 19 patients (59.4%). Late toxicities were frequent, but mainly grade 1–2 (40%) and were mainly erythema, hyperkeratosis or lymphoedema. Two grade 3–4 toxicities were reported (8% of the cases). At last follow-up, 70 patients (79.5%) were alive; cancer was the main cause of death (50% of cases).

This study shows that radiotherapy is a safe and effective non-surgical option in the treatment of skin cancers for the oldest population. Elderly patients should be treated independently of their age, depending on their performance status. A hypofractionated therapy can be used for optimised effectiveness and toxicity while diminishing the overall treatment time and optimising out-patient time.

References

