In Reply

NADINE J. MCCLEARY,^a ARTI HURRIA,^b JEFFREY MEYERHARDT^a

^aDepartment of Medical Oncology, Gastrointestinal Cancer Center, Dana-Farber Cancer Institute, Boston, Massachusetts, USA;

^bDepartment of Medical Oncology, Cancer and Aging Research Program, City of Hope, Los Angeles, California, USA

Disclosures of potential conflicts of interest may be found at the end of this article.

We agree with Slee-Valentijn and Maier's statements about our paper [1] regarding incorporation of comprehensive geriatric assessment (CGA) into clinical trials to determine its impact on clinical decision making and outcomes for elderly patients. A national effort was made toward this goal, spearheaded by the North Central Cancer Treatment Group in collaboration with the Cancer and Leukemia Group B (both joined with the American College of Surgeons Oncology Group to form ALLIANCE). The clinical trial [2] targeted elderly patients with stage IV/metastatic colorectal cancer and randomized patients to receive standard or attenuated treatment and included CGA at baseline and follow-up. A key goal of this trial was to determine the predictive and prognostic utility of CGA for elderly patients. Despite great efforts to bolster patient enrollment, the trial closed early because of poor accrual. It remains challenging to incorporate CGA in prospective clinical trials, but efforts continue in this regard. To this end, we are incorporating CGA into several clinical trials within ALLIANCE to answer some of these questions. In the end, though, it is about

more than incorporation of CGA; it is about testing the efficacy of CGA-guided interventions for information about how the CGA data should be utilized to modify treatment.

DISCLOSURES

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Correspondence: Nadine Jackson McCleary, M.D., Dana-Farber Cancer Institute, Department of Medical Oncology, Gastrointestinal Oncology, 450 Brookline Avenue, Boston, Massachusetts 02215, USA. Telephone: 617-632-6729; Fax: 617-632-5370; E-Mail: E-mail: Nj_mccleary@dfci.harvard.edu Received August 5, 2013; accepted for publication September 12, 2013. ©AlphaMed Press 1083-7159/2013/\$20.00/0 <http://dx.doi.org/10.1634/theoncologist.2013-0303>