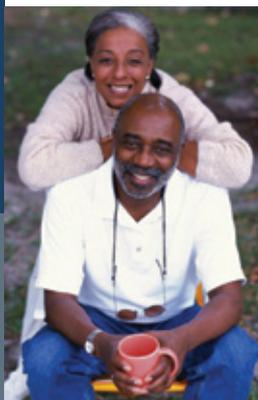


Cancer_{Net}™

Making a world of difference in cancer care

CANCER in OLDER ADULTS



**Comprehensive, oncologist-approved
cancer information from the American
Society of Clinical Oncology**

www.cancer.net

Made available through:

ASCO
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About ASCO

The American Society of Clinical Oncology (ASCO) is the world's leading professional organization representing physicians of all oncology subspecialties who care for people with cancer. ASCO's nearly 25,000 members from the United States and abroad set the standard for patient care worldwide and lead the fight for more effective cancer treatments, increased funding for clinical and translational research, and, ultimately, cures for the many different types of cancer that strike an estimated 10 million people worldwide each year.

About This Booklet

Cancer.Net's Cancer in Older Adults booklet provides patients with comprehensive, peer-reviewed information based on content from Cancer.Net (www.cancer.net), ASCO's patient information website, and the ASCO curriculum, *Cancer Care in the Older Population*.

Good cancer care starts with good cancer information. Well-informed patients are their own best advocates, and invaluable partners for physicians. The ASCO Cancer Foundation supports oncologists and patients by providing unquestionably accurate, physician-approved cancer information. This content is available publicly both in print and online, to provide trusted, authoritative information for people living with cancer and those who care for and care about them. People in search of cancer information can feel secure knowing that the programs supported by The ASCO Cancer Foundation provide the most thorough, accurate, and up-to-date cancer information you'll find anywhere.

Cancer in Older Adults

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Introduction

More than 60% of cancers in the United States occur in adults over the age of 65. As the current population ages, and as more people are living longer, the number of new cancer diagnoses in older people is expected to rise during this century. Older adults with cancer and their families often have different needs from younger adults and children. For example, older people are often at higher risk for developing chronic health conditions, such as heart disease, arthritis, or high blood pressure. These health conditions are called comorbidities, or co-existing conditions, and can affect the treatment of and recovery from cancer. In addition, older people may not always have access to transportation, social support, or financial resources.

The information in this booklet is adapted from the ASCO Curriculum, *Cancer Care in the Older Population*, an educational resource developed by ASCO for doctors and other health-care professionals who treat people with cancer, and Cancer.Net's Ask the ASCO Experts Series.

Cancer in the Older Person

The single greatest risk factor for developing cancer is aging. Aging is a process that changes a healthy young adult into an older, potentially less healthy person, with an increased risk of illness, injury, and death. According to the National Cancer Institute (NCI), the number of new cancer cases is about 10 times greater for people 65 years and older. Cancers of the prostate, breast, colon, pancreas, bladder, stomach, lung, and rectum are the most common cancers occurring in people over 65.

Physical changes associated with aging and their relationship to cancer

Many older people experience physical changes that increase the chance of disease and disability and, if cancer is present, may interfere with cancer therapy. In addition, age is associated with a gradual inability to accomplish daily activities, such as dressing, bathing, and using the toilet without assistance. These abilities are measured by two indices called the Activities of Daily Living (ADL) and the Instrumental Activities of Daily Living (IADL). Older adults who are dependent in these areas have a lower life expectancy and tolerance of stress, including the stress of cancer treatment.

Older adults are more likely to have chronic illnesses that can affect their life expectancy and ability to handle stress. Examples of chronic illnesses that often accompany the aging process include:

- Heart problems
- Decreased kidney function
- Memory loss
- Vision loss
- Hearing difficulties
- Poor nutrition
- Weight loss, which can be caused by poorly fitting dentures, loss of teeth, and depression
- Loss of appetite, especially from certain medications

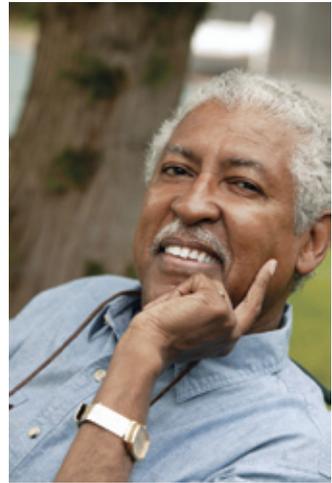
Each person ages at a different rate, and actual age is a poor mirror of physiologic age (an estimation of age based on how a person functions). Evaluation of function and co-existing illnesses is important when estimating a person's life expectancy and tolerance for stress.

Older age and undertreatment

Even though cancer occurs most often in the older population, older people often receive less frequent screening for cancer, fewer tests to stage the type of cancer, and may receive

milder treatments or no treatment at all. Several studies show that people with cancer over age 65 are significantly under-represented in cancer clinical trials.

Furthermore, many studies have shown that cancer treatment is beneficial for older people. Although some people associate older age with poor health, age alone should not determine treatment options. For example, an older person's overall health and ability to perform daily activities should also be evaluated. It is important that both the older person with cancer and his or her family be given enough information about treatment options, especially the risks, benefits, and goals of treatment to make an informed choice with respect to treatment. People young and old have various goals and may make good yet different decisions when faced with treatment choices. Age, if anything, emphasizes physical differences and gives older people with cancer a right to determine what is in their best interest.



Emotional concerns and practical issues

Older people with cancer often have a different set of concerns than other adults with cancer, which may affect how the older person will cope with cancer. These concerns include the following:

Need for independence. For many older people with cancer, the biggest concern is maintaining as much independence as possible. Many older people want to be able to take care of themselves and feel they are still in control of their health and decisions. Cancer treatment may interfere with the ability to cook and eat independently, wash or bathe independently, walk, drive, or access transportation. Having to rely on others to care for them may not only be overwhelming, but may not even be possible, especially if there are no family members or friends around to act as caregivers. In addition, many older people experience the loss of their primary caregiver, such as a spouse, and may not have other supportive adult relationships.

Feelings of social isolation. Older people with cancer are less likely to have a support system in place, often because they have relocated to a new home or apartment, do not live close to family, or have experienced the loss of family

members or friends. Sometimes, being isolated brings up feelings of depression and anxiety, which may interfere with treatment. Furthermore, coping with problems associated with cancer treatment may become difficult. Community resources, such as visiting nurse services and other agencies, can be set up ahead of time so the older adult does not experience cancer alone. Sharing one's concerns with doctors and social workers may provide useful tips and contacts with local resources.

Spiritual concerns. Spiritual and religious concerns may also factor into decisions about cancer treatment. As with other issues, effective communication among the person with cancer, a social worker, family members, and trusted members of the religious community may be helpful.

Financial concerns. For an older adult, retirement, the death of the primary wage earner, and existing financial problems can contribute to limited financial resources to pay for cancer treatment and other related costs. It is important to discuss these needs with a health-care provider, as there are many resources available to help. More information on this topic can be found in the next section, Cancer in Daily Life.

Physical limitations. Many pre-existing medical problems may limit an older person's physical abilities and their mobility. Creating a safe physical environment at home can help them cope. Simple measures, such as improving lighting, clearing the clutter in the home, and installing safety railings in stairs or bathrooms, may help minimize accidents or falls. A social worker or a visiting nurse service can help assess the home environment and suggest changes.

Transportation. Access to treatment depends on reliable transportation. Older people undergoing cancer therapy may have a difficult time getting to various appointments, especially if the person no longer drives and is dependent on other transportation. Nurses and social workers may be able to assist with transportation needs in order to allow the older adult to receive appropriate cancer care.



Cancer in Daily Life

While facing a diagnosis of cancer at any age is difficult, older people may face different challenges related to physical health, support systems, financial status, and access to health care. These issues can make living with cancer more stressful and complicated for older people. The strategies discussed below may help address the additional problems that arise after a cancer diagnosis.

Managing your care

Because cancer treatment can be complex and the amount of information may feel overwhelming, it may be helpful to enlist a family member or friend to help you understand and organize the information from the doctor. For example, this person could accompany you to doctors' appointments to take notes or think of additional questions. Other tips for managing your care include the following:

Develop a good relationship with your doctor and other health-care providers. Most people with cancer say that having an open and trusting relationship with their doctors, nurses, and other health-care providers is important. This includes being able to talk with the health-care team and ask questions. If you are meeting with the doctor for the first

time, you may feel anxious about how well you will be able to voice your questions and concerns. Good communication with your doctor not only helps you, but also helps the doctor take better care of you.

Organizing your cancer care.

Good organization allows you to make the best decisions you can about cancer treatment and recovery and gives you a sense of control. Keep it simple and don't be afraid to ask friends or family members for help.

Although you may want to rely on your memory, remember that

it is easy to feel distracted, and writing notes and keeping accurate records can help reduce stress and anxiety.



Many people find it helpful to develop a medical diary or journal. This can also be a useful tool after treatment. Some people find that a small binder divided into different sections provides easy access to the information they need. Some components of the medical journal could include:

- A monthly chart or calendar to record appointments, keep notes about phone calls, or track symptoms and side effects

- Copies of important tests and records
- A current list of all your medications so that each doctor will know exactly what you are taking
- Phone numbers and addresses of your doctor, doctor's office, and other health-care providers

Organizing transportation. Transportation back and forth from doctors' appointments and treatment sessions may require the assistance of another person. If friends or family members are not available to help, talk to your doctor, nurse, or social worker about arranging alternate means of transportation.

Updating legal medical documents. While no one at any age wants to face the possibility of life-threatening events or terminal illness, it is better to be prepared. Living wills and health-care proxies are among the legal documents that designate the person who will make medical decisions for you and outlines your wishes regarding medical care in case you are unable to make these decisions. Cancer. Net has additional information about advance directives at www.cancer.net/endoflifecare.

Financial concerns

Older adults, especially those on a fixed income, commonly have limited financial resources. Depending on a person's

age and insurance coverage, treatment for cancer and other related costs (transportation; over-the-counter medications; and extra support, such as nursing or housekeeping services) can be expensive. In addition, knowing what your insurance policies cover and what, if any, out-of-pocket expenses are your responsibility, is important.

Medicare

Since its start in 1965, Medicare has been the primary insurance resource for people age 65 and older. Medicare has different “parts” that serve different, sometimes complementary, purposes.

- Medicare Part A covers inpatient care (such as hospital care), skilled nursing care, hospice care, and a limited scope of home care services.
- Medicare Part B provides financial coverage for doctor services, outpatient care, physical and occupational therapy and selected medically necessary supplies.
- Medicare Part C, also called Medicare Advantage plans, are insurance plans managed by private Medicare-approved companies. It combines Medicare Parts A and B and may include prescription drug coverage.
- Medicare Part D is a new benefit that people can enroll in that covers prescription drugs. The Medicare Modernization Act of 2003 (MMA) provided this prescription drug benefit. A

common barrier in obtaining active cancer care is the lack of drug benefit for cancer-associated treatment.

Medicare only pays part of these costs, and the patient is often required to pay a co-pay, although the co-pay varies in different parts of Medicare. Over the past several years there have been many revisions to the Medicare laws about what outpatient treatments are covered. Depending on a patient's Medicare plan, they may be responsible for a 20% co-payment (a fixed fee for medical service) if no other insurance is available. For some types of cancer care, this 20% co-payment can be costly and can be another possible barrier to obtaining treatment.



Because of the financial gap in Medicare coverage, some eligible persons have supplemental insurance to cover this co-payment. Supplemental insurance helps cover expenses not covered by Medicare. Supplemental policies generally cover deductibles

(the amount of money you are responsible for before insurance begins paying), co-insurance (the proportion of a health-care bill you are responsible for paying), co-payments, and other out-of-pocket expenses.

For more information about Medicare's coverage of costs, please contact Medicare toll free at 800-633-4227 or online at www.medicare.gov.

Other insurance

Medicaid, a federally funded, state-run, health insurance program, is available to people over age 65 who have limited financial resources and low incomes. More information can be found by calling the Centers for Medicare and Medicaid Services toll free at 800-633-4227.

Unfortunately, many older adults do not have supplemental insurance and may not have prescription drug coverage. Financial counseling or social work intervention may be necessary and should be discussed with your doctor or nurse. Local service organizations may have grants available to cover the costs of transportation or treatment. Cancer.Net offers additional information about financial support resources at www.cancer.net/financial.

Caregiver support

Cancer doesn't just happen to one person. It affects the person's family and friends, especially those who take the primary responsibility for caring for them. Family caregivers increasingly provide more care to ill, disabled, or older family members and friends. In fact, family members and friends are often responsible for administering medications, monitoring symptoms, advocating for appropriate medical care, and participating in end-of-life issues. Often, these caregivers are an important link between the person with cancer and the health-care team.

Caring for a family member or friend with cancer requires tremendous dedication and commitment. In return, the reward for the caregiver can be tremendous as well, knowing that they have been able to help and support a family member or friend when it matters most. In some circumstances, an older person with cancer may already have a debilitating illness that has required the support and care of their family and friends. Sharing caregiving responsibilities with family can provide the necessary mutual support to cope effectively with the stresses of caring for an older person with cancer.

The older spouse as the primary caregiver

In many cases, the spouse of the person with cancer does most of the caregiving. Spouses in this situation may also require emotional support. People with cancer and their spouses may need assistance with the following:

- Driving the spouse with cancer back and forth for appointments, tests, and treatments
- Preparing meals or buying groceries
- Housekeeping
- Caring for pets

In addition, if the primary caregiver also has health issues and is not able to care effectively for the person with cancer, help from other family members, neighbors, or social workers is probably needed. Talk with the doctor or nurse about finding solutions to these problems.



Coping with caregiving responsibilities

Because caring for a family member or friend with cancer takes a tremendous amount of commitment, caregivers report

that this responsibility significantly affects their lives. Some caregivers experience emotional distress, financial hardship, an inability to maintain their normal routine, and an inability to socialize. Often, caregivers experience feelings of depression and social isolation, especially if the person they are caring for becomes progressively sicker. Although many caregivers often neglect their own health-care needs, it is important for caregivers to ask for help and take time to do something enjoyable.

Family members or friends of older adults with cancer may want to check in with the caregiver as well as the person with cancer to offer some relief. In addition, there may be other options and resources for family caregivers that can help relieve the stress and demands of caregiving.

Finally, support networks are available to both the person with cancer and the caregiver. These are available over the phone, on the Internet, and in person. The Internet can provide virtual places for people with cancer and caregivers to seek advice, talk about their experiences, and acknowledge that others are having similar experiences.

Cancer Treatment

Cancer treatment can be just as helpful for older adults as for their younger counterparts. The goals of cancer treatment include:

- Getting rid of the tumor(s)
- Helping patients live longer
- Reducing cancer-related symptoms
- Maintaining function and quality of life

Older adults and cancer treatment decisions

Most cancer doctors recommend that decisions about cancer treatment should not focus on the person's age alone. Treatment decisions, made between the health-care team and the person with cancer and their family, may be based on the following considerations:

- The type of cancer and extent that it has spread (if applicable)
- Available treatment options
- The risks and benefits of each treatment option
- The patient's assessment of his or her goals of treatment and tolerance of risk
- The presence of pre-existing or co-existing medical conditions that may put the patient at an increased risk for treatment-related side effects or complications

- How “aggressive” or “intensive” treatment may potentially affect the physical, emotional, and social well-being of the patient
- The patient’s concept of quality of life (older people living with cancer often make treatment choices based on the value of their lives and their level of physical, emotional, and social well-being. These perceptions and decisions may differ from those of family members, friends, and caregivers.)
- Emotional and social limitations, including a lack of caregiver support and feelings of social isolation for people with cancer who are living alone
- Financial limitations, as older adults are more likely to have limited resources and live on a fixed income, which may cause them to refuse procedures or treatment due to cost
- Spiritual beliefs, as many older adults have already come to terms with death and dying due to chronic illnesses, the loss of a spouse, or advanced age

Cancer treatment options for older adults

Cancer treatment may consist of a single therapy or a combination of therapies. The most common cancer treatment options are surgery, chemotherapy, and radiation therapy.

Surgery and the older adult

In some cases, surgery may be an option to remove the cancer completely, or remove as much of the tumor as possible, and/or make chemotherapy or radiation therapy more effective. Like other treatment options, surgery in older adults involves risks. In some cases, this risk is increased due to a decrease in the functioning of various organs and body systems due to age. Possible effects of surgery include the following:

Heart function. Older people experience an increased incidence of heart disease and arrhythmia (irregular heartbeat) as they age. In addition, the heart's ability to tolerate excessive changes in pressure lowers as people age.



Kidney function. Clearing certain drugs from the kidney can be more difficult for older adults due to loss of kidney function over time and a decreased ability to filter certain substances. During surgery, patients may be exposed to many drugs and receive large volumes of

fluids, which can cause problems for an older adult if the kidney is not functioning well.

Liver function. The amount of blood flow to the liver decreases with age, which can place the older adult at increased risk for drug reactions, especially with some drugs that are used for surgery.

Lung function. Along with other organs, the lungs also lose volume as people age. Chronic conditions, such as emphysema or chronic obstructive pulmonary disease (COPD), occur more often in older adults and can complicate recovery from anesthesia. Decreased lung function and capacity can make it more difficult to get rid of secretions after surgery, which increases the risk of developing postoperative pneumonia.

It is important to discuss the risks and benefits of cancer surgery with your doctor. There may be additional tests that need to be completed before surgery, including blood tests, electrocardiograms (ECG or EKG), lung function tests, and x-rays. In addition, patients are encouraged to discuss post-surgery care with their health-care team before deciding on surgery as a treatment option.

Discharge from the hospital following surgery

Older adults with cancer may have additional needs after completing surgery and being discharged from the hospital. Discharge planning should be started before surgery to help ensure the person's safety and physical and emotional functioning at home. Discharge planning includes identifying the needs of the older adult after cancer surgery to determine whether the person will require the following supportive services:

- Home health aide services
- Visiting nurse
- Physical therapy
- Social work
- Support groups
- Community resource referrals

It is important to discuss these issues in detail before undergoing treatment to increase the likelihood of a successful recovery from surgery.

Chemotherapy and the older adult

Chemotherapy may be used alone or in combination with other treatments, such as surgery and radiation therapy, depending on the tumor type and extent of disease. Unlike surgery, treatment with chemotherapy can become a long-term event

with multiple courses of therapy given over time. This schedule can lead to longer periods of debilitation and may affect the older adult with cancer in different ways than younger people. For example, older adults are at greater risk for experiencing physical and psychosocial (emotional and social) side effects from chemotherapy.

Side effects of chemotherapy on the older adult

Unlike radiation therapy and surgery, chemotherapy affects the entire body, which increases the risk of side effects. While the types of side effects experienced by older and younger patients are similar, they occur more often in older adults. These side effects are the reason for approximately 10% of all hospital admissions in the older patient population. Side effects may be more severe and debilitating in the older person with cancer. Visit Cancer.Net's Managing Side Effects section at www.cancer.net/sideeffects to learn more.

Screening for any problems before starting treatment and adjusting the dose or type of drug during treatment often minimizes these side effects.



Because other medications may interact with chemotherapy, it is important for patients to give the doctor a comprehensive list of their current medications so the doctor has a better idea of any potential problems that could arise during treatment.

Radiation therapy and the older adult

Radiation therapy may be given separately or after surgery and chemotherapy. It is done mainly as an outpatient procedure (the person is not hospitalized) but can require frequent (sometimes daily) visits to the radiation oncology department, sometimes for a period of several weeks. First, the person undergoes a simulation, where the area to receive the radiation therapy is identified. Then, the person receives a treatment, similar to undergoing an x-ray, which takes several minutes to complete.

There is little evidence that radiation therapy influences the ability of the older adult with cancer to withstand treatment. However, other issues need to be considered, including the cost of treatment, being away from home, the inconveniences of daily treatments over a period of several weeks, and maintaining nutrition during treatment.

The side effects of radiation therapy depend on the type, dose, and location of the radiation therapy. More information about radiation therapy and the side effects of radiation therapy can be found on Cancer.Net at www.cancer.net/cancer.

Quality of life

Concerns about the impact of treatment on quality-of-life issues can also influence an older adult's decision about treatment.

Some of these concerns include worries about:

- Physical comfort
- Relationships
- Nutrition
- Ability to continue self-care
- Financial security
- Meaningful life
- Preservation of function and independence
- Personal ideas regarding a dignified or peaceful death

It is important that an honest discussion between the doctor and older adult with cancer include the person's own evaluation of quality of life.

Co-Existing Conditions

Co-existing conditions are medical illnesses or problematic conditions that a person has along with cancer, such as high blood pressure, diabetes, or depression. These conditions often influence how a person responds to treatment, including:

- Prognosis (chance of recovery)
- Ability to undergo treatment
- Recovery from treatment

Recognizing co-existing conditions is a crucial part of the treatment decision-making process.

Common co-existing conditions and how they can affect treatment and recovery

Co-existing medical conditions can place an older adult at an increased risk for treatment-induced side effects and a slowed recovery time. The following conditions should be taken into consideration when cancer treatment decisions are being made. This is a partial list, and all co-existing conditions should be discussed with your doctor before treatment begins:

Heart conditions. Congestive heart failure, high blood pressure, arrhythmia, and a decrease in heart function may reduce the older adult's ability to undergo treatment. Some cancer drugs affect the heart, and some medications that are taken for a heart condition may interact with chemotherapy.

Lung conditions. Emphysema (a lung disease in which patients have difficulty breathing), chronic obstructive pulmonary disease (loss of lung function), and decreased lung function affect how well older adults with cancer tolerate chemotherapy.

Kidney failure or decreased kidney function. As the body ages, there is a decreased ability of the kidney to get rid of certain substances. Many cancer drugs are excreted by the kidney, placing the older adult with cancer at an increased risk for kidney dysfunction because of the inability to eliminate the drugs normally. Kidney problems may prevent the older adult from receiving intense therapy.

Stomach problems. A decrease in stomach function and malabsorption problems (difficulty absorbing nutrients

from food) can be made worse by chemotherapy, especially those that cause nausea, vomiting, or diarrhea.

Inadequate nutrition. Poor nutrition is often associated with a decrease in the ability to eat food, perhaps due in part to loss of teeth, new dentures, or certain medications. These factors may also contribute to a decreased appetite or weight loss. Talk with your doctor or a registered dietitian (RD) for more information on maintaining adequate nutrition during cancer treatment.



Smoking. Smoking can increase the risk of developing lung complications after surgery and may interfere with recovery.

Alcoholism. A dependency on alcohol or any other mind-altering substance can interfere with informed consent, treatment compliance, and recovery from certain therapies.

Anemia. Anemia, a decrease in red blood cells, may worsen with chemotherapy. Patients may need medications to treat anemia or require blood transfusions during treatment. Although anemia may not change the course of treatment, it can lead to delays in treatment if the individual takes longer to recover.

Depression and anxiety. Depression and anxiety are common psychologic complaints of older adults. Feelings of social isolation from the loss of a spouse or from family or friends moving away can make an older adult feel alone, contributing to feelings of depression. Many older adults may already be taking antidepressants or anti-anxiety medications. Co-existing mental health challenges and any associated

medication needs to be taken into consideration, especially as certain medications used during chemotherapy can cause fatigue, dizziness, and other neurologic side effects. Depression, anxiety, and other mental health issues may also interfere with an individual's ability to participate actively in medical decision-making.

Pain and immobility. Pain and decreased mobility (ability to move around) are common complaints among older adults. Causes include underlying illnesses, such as arthritis. Lack of mobility may affect an individual's ability to receive treatment and may increase the risk of treatment complications.



It is important to identify these conditions because they may interfere with a person's ability to choose or undergo treatment for cancer.

What to discuss with your doctor

- An accurate list of medications that you are currently taking and any side effects you are experiencing from these medications
- A complete medical history, including any co-existing illnesses and how they affect your everyday functioning
- Any issues that may affect your ability to undergo treatment, such as living alone, not having adequate means of transportation, and any financial barriers
- A list of names and phone numbers of any other doctors that are taking care of you

Although this information is important to the doctor, there may be questions that you have that are important for you to have answered before you can make an informed decision. These questions may include:

- What is my prognosis?
- What can I expect to gain or lose with treatment?
- Will treatment require me to be in the hospital, or will I be treated as an outpatient?
- How long will the treatments last?
- What are all of my treatment options?

Health Assessment

Conducting a health assessment is the process of evaluating the physical, mental, and emotional functioning of a person. For an older adult with cancer, an accurate assessment, perhaps involving caregivers, can help determine the relevance of various conditions (such as poor hearing, limited mobility, or depression) to the person's overall health. In addition, any health changes in the older person with cancer may be harder to detect during treatment unless an initial assessment is made.

As part of the health assessment, cancer doctors follow a rating scale called the Performance Status Scale. This scale ranges from zero to five, and describes how much of an effect the cancer has on everyday functioning. For example, a



performance status of zero means that cancer is not affecting that person's ability to do everyday activities, whereas a performance rating of four indicates a person is severely debilitated from the cancer. Performance status often correlates with how well a person responds to treatment and the likelihood of experiencing treatment-related side effects. The doctor will consider performance status along with a thorough physical, emotional, and social assessment when deciding on treatment. Important aspects of the initial evaluation should include an assessment of the following factors:

Cognitive function (ability to think, reason, and recall facts). The older adult with cancer must have the capacity to make informed decisions. Because older people often have varying degrees of mental health abilities, some doctors may perform standardized testing in select people. Some older adults suffer from dementia, a decline in the ability to recall events, concentrate, or be aware of specific times, places, and people. Some form of dementia occurs in about 6% to 8% of people over 65, and the prevalence of dementia increases after age 80. Dementia does not necessarily mean that the person cannot make informed decisions, but the doctor should carefully assess the person's competency to ensure that he or she is able to understand and make decisions.

Physical function. A thorough physical examination and laboratory tests are routinely performed to establish a person's general level of health.

Vision. Many older adults have some degree of vision loss. It is important to evaluate these problems before treatment, as some chemotherapy may cause fatigue and dizziness, placing the person with cancer at an increased risk for falling. In addition, if an older adult is unable to read a prescription or doctors' instructions, special care should be taken to find an alternative.

Hearing. Approximately 25% to 40% of older adults have some degree of hearing difficulty. A hearing assessment is important because chemotherapy may contribute to hearing loss. It is also essential that people can hear and understand what is being told to them to be able to give informed consent to treatment.

Difficulty walking and balancing. Difficulty walking may place older adults at an increased risk for falling and other injuries, and this risk may be further complicated by the side effects of chemotherapy.

Nutrition. It is crucial for all people undergoing chemotherapy or radiation therapy to eat enough food. An

initial nutritional assessment may be useful as well as regular meetings with a registered dietitian (RD) or nutritionist to provide suggestions for balanced meals.

Emotional status. Many people with cancer experience varying degrees of distress and even anxiety and depression, especially after receiving news that they have cancer. Depression and anxiety may contribute to weight loss, fatigue, and the person's quality of life.

Continence (controlling bowel or bladder function). Many older adults with cancer have continence problems for a variety of reasons, such as the use of diuretics (pills that promote urination), pre-existing bladder conditions, or brain or spinal cord disease, including metastatic cancer. These problems need to be brought to the attention of the doctor.

Social support. Older people with cancer need social and emotional support, and it is important to assess the availability of this support, including identifying the person who will be caring for the older person with cancer. Social work support may be necessary for older adults who live alone or for those who do not have family members or friends nearby to help.

Clinical Trials

Clinical trials are research studies involving people. Clinical trials are designed to evaluate whether a new development is safe, effective, and possibly better than the best known treatment. These interventions can include new drugs, new combinations of existing therapies, new approaches to radiation therapy or surgery, new methods of treatment, complementary or alternative therapies, and new prevention methods. Cancer clinical trials are designed to compare an investigational therapy with the standard treatment regimen being used at the time. Other types of cancer clinical trials study new ways of preventing, screening, or diagnosing cancer or improving a person's quality of life.

Clinical trials are sponsored by government agencies, pharmaceutical companies, individual doctors, health maintenance organizations (HMOs), and organizations that develop medical devices or equipment. Clinical trials can take place in hospitals, universities, doctor's offices, or community clinics.

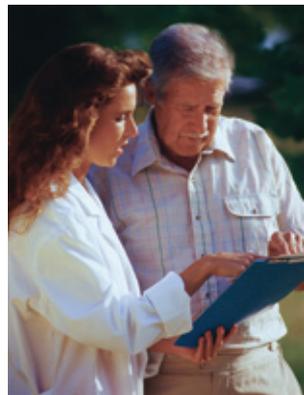
Phases of clinical trials

Clinical research is performed in distinct segments called phases. Each phase of a clinical trial is designed to provide

different information about the new treatment, such as the dose, safety, and how well it works. The phases are described as phase I, II, and III.

- Phase I clinical trials are designed to find the safe dose and timing of the new treatment.
- Phase II clinical trials are designed to provide more detailed information about the safety of the treatment, as well as to evaluate the effectiveness of the drug.
- Phase III clinical trials take a new treatment that has shown promising results when used to treat a small number of patients with a particular disease and compare it with the current standard of care for that specific disease.

The costs and coverage of clinical trial costs differs by state. Medicare covers routine costs related to clinical trials that test investigational therapies. Some clinical trials offer payment, while others do not. In some programs, researchers will reimburse for expenses associated with participating in the research such as transportation, childcare, meals, and accommodations. Talk with your doctor or nurse about what costs are covered if you participate in a clinical trial.



Older adults and clinical trials

Older adults with cancer have largely been under-represented in clinical trials for several possible reasons:

- Doctors may be reluctant to offer an older individual the possibility of entering a clinical trial.
- Co-existing medical conditions may render the older individual ineligible for the trial.
- The older adult may be unable to provide informed consent because of conditions such as dementia.
- The older adult may lack adequate access to transportation.

Patient participation is also affected by several factors such as:

- Age
- Education
- Confidence in the doctor
- Preference for a specific treatment
- Dislike of experimentation
- Fear of loss of control
- Inconvenience
- Fear of loss of quality of life

It is important that all treatment options are evaluated, including those available through clinical trials. Again, age alone should not be a factor in determining a person's eligibility

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Questions to ask your doctor

Clinical trials for older adults may prove to be beneficial. However, older adults with cancer are encouraged to ask the following questions of their doctors before deciding to enroll in a clinical trial:

- What are the risks and benefits of treatment?
- What costs are covered by the study, and what will I be responsible for?
- How often will I need to be treated?
- Are there any additional tests that I will have to complete to be evaluated for the study?
- How frequent are treatments and follow-up visits?
- If I participate in a clinical trial, will it make me ineligible for other treatments?
- How long will the trial be open?
- How long after completing my current therapy will I be able to participate in the study?
- How long will it take to evaluate if the treatment is working?

for enrollment in a clinical trial. It is important to have open communication with your doctor about what clinical trial treatments are available. Older adults who have co-existing medical conditions should have a caregiver present to help explain the information and requirements. In many cases, written instructions that outline exactly what to expect from the treatment may be helpful.

Finding a Clinical Trial

Talking with your doctor is usually the best way to find a clinical trial. Because new trials are continually opening, many people also look in other places to find clinical trials. The organizations below list cancer clinical trials.

TrialCheck from the Coalition of Cancer Cooperative Groups

www.cancertrialshelp.org/trialcheck

CenterWatch

www.centerwatch.com

EmergingMed Navigator

www.emergingmed.com

National Cancer Institute Clinical Trials

www.cancer.gov/clinical_trials

Cancer.Net Ask the ASCO Expert Events Highlights

The Cancer.Net Ask the ASCO Expert series offers website visitors the opportunity to ask questions of leading cancer experts through chat events and question-and-answer forums. In 2006, Cancer.Net hosted an online chat and a Q&A forum about cancer in older adults. The following are excerpts from these events.

Cancer and Aging America: Valuable Information for Patients and Loved Ones, with Lodovico Balducci, MD, Friday, March 10, 2006, 2:00 – 3:00 PM ET

Dr. Balducci is Professor of Medicine and Oncology at the University of South Florida College of Medicine and Division Chief of the Senior Adult Oncology Program at the H. Lee Moffitt Cancer Center & Research Institute.

Guest10: At what age is a patient considered in the older population or even elderly?

Dr. Balducci: I decline to put an age to establish who is old and who is young. That is because age is not chronology; it is physiology. In other words, a 60-year-old person may feel that they are older than a 90-year-old person. However, we generally refer to an older person as someone older than 70 years old, and that is because the main physiologic changes of aging start occurring after age 70. I want to make absolutely sure that people realize that aging is not established by the number of years a person has lived, but how long a person is able to tolerate stress.

Guest66: What are your thoughts on the importance of this population being involved in clinical trials?

Dr. Balducci: It is extremely important that older people be part of clinical trials. It is the only way to find out whether cancer treatment is a benefit or risk in this population. And that is particularly true for the adjuvant treatments (treatment given after the main treatment). For example, we know that adjuvant treatment of lung cancer can save approximately five lives out of 100.

Of course, if the person is likely to die as a result of the treatment, or if the person has other diseases that reduce his or her life expectancy, adjuvant treatment might not be beneficial. In our institution, we are doing a number of clinical trials in older individuals to try to establish some simple parameters—such as daily activity, energy level, etc.—so we can separate patients who benefit from adjuvant treatment and those who don't.

Again, please be aware that an older person in good general condition seems to benefit from treatment to the same extent as a younger person.

moxen: Can you address the best ways to deal with pain in an older cancer patient? I often find that they are reluctant to mention the pain or seek help to relieve it. Thank you.

Dr. Balducci: You're absolutely right. Older people are generally more reluctant to take pain medication and are more likely to endure pain that may compromise their quality of life and activity.

The American Geriatrics Society is very concerned about pain in the elderly because pain, even benign pain (such as pain due to arthritis), may limit the exercise of older people and compromise their health and survival.

Having said that, I believe it is important to remember that older people are more sensitive to the complications of pain medications. So, probably it is wise to start with a low dose of opioids or morphine-like drugs and increase the dose as needed until the best effect is observed.

A number of procedures right now can minimize the effects of opioids. These include giving pain medication directly into the spinal fluid, but this is an expensive procedure and it is risky unless the continuity of care is very good.

Relieving the cause of pain provides the best relief of pain, and there are a number of ways to do that without using opioids. One is radiation therapy, another is radioisotopes, and in many circumstances, chemotherapy is used for this purpose.

G-Man: My father has lung cancer and my mother is his primary at-home caregiver. Both are in their 70s and my mother is quickly becoming overwhelmed with her responsibilities. My siblings and I don't live near them but want to find ways to help. Any suggestions?

Dr. Balducci: Thank you for asking this question. This is very critical. The caregiver of the older patient, especially the older cancer patient, is generally an older spouse with health problems of his or her own and whose health may worsen as a result of caregiving.

We don't appreciate enough what these unsung heroes do for the welfare of our society. I've seen women in their 80s who will not take care of breast cancer because they have to take care of their husbands with Alzheimer's disease. What can you do?

It is difficult to make specific recommendations without knowing the situation. I believe that as a general rule, you could make frequent calls to your mother and express your gratitude and support. Also, if your family cannot afford a home caregiver, you and your siblings may try to find a way to provide some respite for your mother.

For example, you could hire a person that could spend a night from time to time with your father, or take turns visiting. Of course, you can talk over the situation with your father's oncologist and ask for his or her suggestions.

Another important aspect we often forget is to try to avoid conflicts within the family and express gratitude and appreciation for what your mother is doing, even if it is not what you would be doing.

Finally, your mother and all of you may benefit from some support groups that may be present in your areas. Oncology social workers are extremely well experienced with these issues and may offer a solution that you have not considered. So, if the social worker is not involved in the care of your father, I would recommend a social worker be consulted as soon as possible.

To read the entire transcript, please visit www.cancer.net/transcripts.

**Cancer and Older Adults, with Hyman Muss, MD,
July 24 – 31, 2006**

Dr. Muss is Professor of Medicine at the University of Vermont in Burlington and a member of the ASCO Board of Directors.

Question: My mother, 83, is in a nursing home about 200 miles away and was just diagnosed with breast cancer. The nursing home's staff doctor said he's able to manage her treatment, but I feel uneasy. Shouldn't she be seeing a specialist? And is it ok to ask for a second opinion?

Dr. Muss: I would recommend that your 83-year-old mother see a cancer specialist, provided she is not critically ill with another disease. I would assume that she has already been seen by a surgeon, but she should also be seen by a medical oncologist and a radiation oncologist. These cancer specialists can work with her nursing home staff doctor to give your mother the best available treatment options. It is always perfectly reasonable to ask for a second opinion. Most physicians shouldn't be threatened by such a request, and in most instances almost all physicians are happy to arrange for such a consultation.

Question: I will soon be starting chemotherapy and expect to lose my hair. I am most concerned about how my grandchildren (ages 5 and 7) will react to that. Is there anything we can do to prepare them?

Dr. Muss: Communicating and caring for children and grandchildren while dealing with cancer treatment is always a challenge. Nevertheless, studies show that being honest with your grandchildren and discussing your treatment and its anticipated and possible side

effects is almost always the best policy. There are books, videos, websites, and other communication tools that can help teach families how to communicate with children concerning a cancer diagnosis. Moreover, many supportive care personnel, including social workers and psychologists, are trained to help work with families in addressing cancer-related issues. It is surprising how well children usually understand the concepts related to cancer and its treatment and how supportive children can be of parents and grandparents.

Question: How much authority does a living will have? My wife and I have different opinions about end-of-life care, and I'd like my wishes for me carried through.

Dr. Muss: All individuals irrespective of age should complete a series of documents that provide for their medical care should they become ill. A living will can be very helpful, but almost never can address all the issues that might occur during one's battle with cancer. A mentally competent patient has the legal right to make his or her decisions concerning how he or she would wish to be treated. Sometimes, spouses, children, close friends, and relatives may have opinions different from your own concerning how they would wish to be treated were they in your place—but they are usually not in your place—and your wishes are the ones your physicians and other health-care providers are legally bound to follow. It is best to discuss your wishes in detail with your family and your physicians. Other health-care personnel, including psychologists and social workers, may be helpful in resolving such differences.

In addition to your living will, all persons should have a durable health care power of attorney. This health care power of attorney

gives someone that you choose the legal right to make decisions concerning end-of-life care should you not be in the position to do so. Although a spouse is frequently the one that is delegated for this task, other close family members, close friends, and even one's attorney may be asked to perform this task. It is important that whoever is assigned to carry out your health care wishes be someone who is clearly and fully informed concerning your views and someone you trust to carry out your wishes should you not be able to make your own decisions.

Question: I heard a story on the news about whether more aggressive cancer treatment really helps after a certain age—what is the current thinking on this?

Dr. Muss: For many but not all cancers, older patients derive similar benefits from treatment as younger patients. However, cancer treatment for some malignancies, such as acute leukemia and ovarian cancer, may not be as effective in older patients as in younger patients. A key issue is whether the older person with cancer is in otherwise good general health. Frequently, older patients may have other serious diseases in addition to their cancer. When this is the case, these diseases may increase the risk of side effects and may minimize the effects of treatment, as these other diseases may even be more life threatening than the patient's cancer. A careful discussion of treatment risks and benefits, especially in an older person who has other serious illnesses, should always factor in co-existing illness and the patient's estimated life expectancy.

To read the entire transcript, please visit www.cancer.net/transcripts.

Patient Information Resources

American Cancer Society

250 Williams St.

Atlanta, GA 30303

Toll Free: 800-ACS-2345 (800-227-2345)

TTY: 866-228-4327

Phone: 404-315-1123

www.cancer.org

American Geriatrics Society

350 Fifth Ave., Ste 801

New York, NY 10118

Toll Free: 800-563-4916

Phone: 212-755-6810

www.healthinaging.org

CancerCare

275 Seventh Ave.

New York, NY 10001

Toll Free: 800-813-HOPE (4673)

Phone: 212-712-8400

www.cancercare.org

Medicaid

www.cms.gov/medicaid/consumer.asp

Medicare

Toll Free: 800-MEDICARE (800-633-4227)

TTY: 877-486-2048

www.medicare.gov

National Cancer Institute (NCI)

Public Inquiries Office

6116 Executive Blvd., Room 3036A

Bethesda, MD 20892

Toll Free: 800-4-CANCER (800-422-6237)

TTY: 800-332-8615

www.cancer.gov

National Institute on Aging

Building 31, Room 5C27

31 Center Dr., MSC 2292

Bethesda, MD 20892

Toll Free: 800-222-2225

TTY: 800-222-4225

Phone: 301-496-1752

www.nia.nih.gov

United States Department of Veterans Affairs

Toll Free: 877-222-8387

www.va.gov/Health_Benefits



The ASCO Cancer Foundation is the philanthropic arm of the American Society of Clinical Oncology (ASCO), which is composed of over 25,000 oncologists globally who are the leaders in advancing cancer care in the 21st century. The ASCO Cancer Foundation is dedicated to improving the lives of people with cancer through programs that support cutting-edge research and education in oncology. The ASCO Cancer Foundation is the torch bearer for the next generation of oncology researchers and the purveyor of knowledge to people with cancer. With the support of the cancer community and the public at large, The ASCO Cancer Foundation is *making a world of difference in cancer care.*



American Society of Clinical Oncology
2318 Mill Road, Suite 800 | Alexandria, VA 22314
Phone: 571-483-1300 | Fax: 571-366-9530
www.asco.org | www.cancer.net

For more information about ASCO's patient information resources, call toll-free 888-651-3038 or e-mail contactus@cancer.net.

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