



American Society of Clinical Oncology

*Making a world of difference in cancer care*

# Cancer in Older Adults

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

Cancer.Net 

Doctor-Approved Patient Information from ASCO®



### **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.

### **About This Booklet**

The *Cancer in Older Adults* booklet provides patients with high-quality information adapted from the ASCO University Module, *Cancer Care for Older Patients*, an educational resource developed by ASCO for doctors and other health care professionals who treat people with cancer, and Cancer.Net, ASCO's patient information website ([www.cancer.net](http://www.cancer.net)). All the information and content on Cancer.Net was developed and approved by the cancer doctors who are members of ASCO, making Cancer.Net an up-to-date and trusted resource for cancer information.

The best cancer care starts with the best cancer information. Well-informed patients are their own best advocates and invaluable partners for physicians. ASCO's patient education materials are available both in print and online to provide trusted, authoritative information for people living with cancer and those who care for and about them.

# Cancer in Older Adults

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## Introduction

The single greatest risk factor for developing cancer is aging. More than 60% of cancers in the United States occur in people age 65 and older. Cancers of the prostate, breast, colon, pancreas, bladder, stomach, lung, and rectum are the most common cancers in this age group. 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.

Older adults with cancer and their families often have different needs than younger adults and children. For example, older people often have or are 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, affecting their care and recovery from cancer.

This booklet is designed to help older patients and their families and caregivers understand the needs of an older person with cancer and better communicate with the cancer care team.



# Cancer in the Older Person

## Key Messages

- Older adults are at a higher risk for cancer and other diseases that may affect cancer treatment and care.
- When making decisions about treatment, older adults and their doctors should consider their overall health and ability to keep up with daily activities; age alone should not determine treatment options.
- Community resources, social workers, and other services can help older adults access treatment and cope with the emotional and practical concerns of a cancer diagnosis.

## 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. The aging process is complex—each person ages at a different rate. This means that a person’s actual age doesn’t reflect the physiologic age (an estimation of age based on how a person functions). Aging can weaken a person’s ability to resist disease and disability and may affect a person’s well-being, independence, and feelings of self-worth. It is also a risk factor for cancer.

## 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 may interfere with cancer therapy. When preparing for cancer treatment, it is important to consider a person’s daily functioning and whether there are any co-existing conditions or chronic (long-term) illnesses.

For example, 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. Moreover, they are less likely to live alone and care for themselves.

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 specific medications

### **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, in some cases, milder treatments or no treatment at all. Many studies show that people with cancer over age 65 are significantly under-represented in cancer clinical trials. In some of these studies, poorer care has led to shortened survival.

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 informed choices. Decisions about cancer treatment are personal, and older people with cancer have 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 older people will cope with cancer and includes the following:

**Maintaining independence.** For many older people with cancer, the biggest concerns are being able to take care of themselves and feeling 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 person with cancer does not experience cancer alone. By sharing your concerns with doctors and social workers, you may receive 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 between the person with cancer, a social worker, family members, and trusted members of the religious community may be helpful.

**Financial concerns.** For older adults, 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. Learn more about managing the cost of cancer care at [www.cancer.net/managingcostofcare](http://www.cancer.net/managingcostofcare).

**Physical limitations.** Older people with cancer may have medical problems that limit their physical abilities and 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 doctor appointments, especially if the person no longer drives and is dependent on other transportation. Ask the nurses or a social worker about assistance with transportation needs that will allow the older adult to receive appropriate cancer care.



### **Transportation Resources**

These programs provide transportation services for older adults and/or people with cancer. Because programs and services can change, ask a social worker or nurse for services available in your area.

### **Eldercare Locator from the U.S. Administration on Aging**

[www.eldercare.gov/Eldercare.NET/Public/Index.aspx](http://www.eldercare.gov/Eldercare.NET/Public/Index.aspx)  
1-800-677-1116

### **Road to Recovery from the American Cancer Society**

[www.cancer.org](http://www.cancer.org)  
1-800-227-2345

### **Local services**

Local service or voluntary organizations such as Catholic Charities, Jewish Social Services, the Lions Club, Lutheran Social Services, the Salvation Army, the United Way, the YMCA, the YWCA, and others may provide assistance with local travel. Contact a social worker or check the local telephone directory for a list of organizations. Many hospitals and clinics also maintain a list of service organizations in the community.

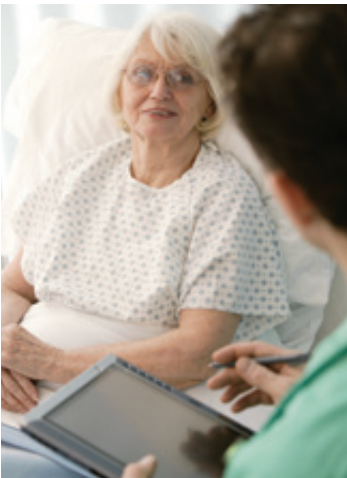
Find additional financial resources at [www.cancer.net/managingcostofcare](http://www.cancer.net/managingcostofcare).

# Cancer in Daily Life

## Key Messages

- Older adults living with cancer may need additional support organizing and accessing health care.
- Medicare is available for people 65 and older, but you may need other insurance to cover related costs of cancer care.
- Caregivers play a vital role in the physical and emotional care of older adults.

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



## Managing your care

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. Find more helpful hints for doctor visits at [www.cancer.net](http://www.cancer.net). Other tips for managing your care include the following:

**Talk with your doctors and nurses.** Most people with cancer say that having an open and trusting relationship with their doctors, nurses, and other health care providers is important. Being able to talk to the health

care team and ask questions may make you feel more in control of your disease. 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. It is helpful to bring a list of your questions to all your appointments.

**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.

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
- A list of your insurance information

Read more tips about talking with the doctor and organizing your care, and find questions to ask the doctor at [www.cancer.net](http://www.cancer.net).

**Managing 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 with 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 important 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 outline your wishes regarding medical care in case you are unable to make these decisions. Learn more about advance directives at [www.cancer.net/advancedirectives](http://www.cancer.net/advancedirectives).

## 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. It is important to understand your insurance policy and what out-of-pocket expenses it covers. Often, a social worker or a person in your doctor's office can help you understand what your insurance policy covers.

## 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 certain medically necessary supplies.
- Medicare Part C, also called Medicare Advantage, provide access to 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 may not cover all of your health care costs. Over the past several years there have been many revisions to the Medicare laws about what treatments that take place outside of the hospital are covered. Depending on a patient's Medicare plan, he or she 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 people have supplemental insurance to cover this co-payment. Supplemental insurance helps cover expenses not covered by Medicare, such as 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.

In addition, the passage of the Patient Protection and Affordable Care Act in 2010 included changes that may affect older adults with cancer. Find the most current information at [www.HealthCare.gov](http://www.HealthCare.gov).

For more information about Medicare's coverage of costs, visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227).

### **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, including those who live in a nursing home.

Unfortunately, many older adults do not have any supplemental insurance or prescription drug coverage. Financial counseling or help from a social worker 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.

Find out more about managing the cost of care at [www.cancer.net/managingcostofcare](http://www.cancer.net/managingcostofcare).

## Caregiving

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 giving medications, monitoring symptoms, advocating for appropriate medical care, and participating in end-of-life care. 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 can provide the necessary mutual support to effectively cope 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 effectively care for the person with cancer, help from other

family members, neighbors, or social workers is probably needed. Family members or friends of older adults with cancer may want to check in with the caregiver and 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. 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 big commitment, caregivers report that this responsibility significantly affects their lives. For example, caregivers may 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. Many caregivers often neglect their own health care needs.

Support networks, whether over the phone, on the Internet, or in person, are available to both the person with cancer and the caregiver. The Internet can provide virtual places for people with cancer and caregivers to seek advice, talk about their experiences, and acknowledge that they are not alone in what they are going through.

Find more information about caregiving, including resources for caregivers, at [www.cancer.net/caregiving](http://www.cancer.net/caregiving).

# Cancer Treatment

## Key Messages

- Older adults, their families, and their health care team need to make cancer treatment decisions based on factors other than age alone.
- Cancer treatment options may include surgery, radiation therapy, and/or chemotherapy. Each of these may cause side effects and other risks for older adults with cancer.
- Before beginning cancer treatment, an older adult and his or her family should plan for the person's needs and services after treatment is over.

While cancer treatment in the older person can sometimes be complicated and challenging, treatment can be just as helpful for older adults as for their younger counterparts. The goals of cancer treatment may include:

- Eliminating the cancer
- Helping a person live longer
- Reducing any signs and symptoms related to cancer
- Maintaining physical and emotional abilities and a person's quality of life

## Older adults and cancer treatment decisions

Decisions about cancer treatment in the older person should be made in the same way that decisions about cancer treatment are made for younger adults and should not focus on the person's age alone. Treatment discussions and decisions, made between the health care team and the person with cancer and their family, should be based on the following:

- The type of cancer and extent that it has spread (if applicable)
- Available treatment options
- The risks and benefits of each treatment option

- The person's assessment of his or her goals of treatment (such as curing the cancer, managing symptoms, or both) and tolerance of risk, including side effects
- The presence of pre-existing or co-existing medical conditions that may put the older adult with cancer at an increased risk for treatment-related side effects or complications
- The effect of "aggressive" or "intensive" treatment on the functional, emotional, and social well-being of the older adult
- The person'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 the level of caregiver support and feelings of social connection or 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. There are ways to help relieve such financial concerns.
- 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. Read about other types of cancer treatment at [www.cancer.net/treatment](http://www.cancer.net/treatment).

## Surgery

In some cases, surgery to completely remove the cancer may be an option. Or, surgery may be used to 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 because the functioning of various organs and body systems decreases due to age. Possible effects of surgery include the following:

**Heart function.** Older people may experience heart disease and arrhythmia (irregular heartbeat) as they age. In addition, the heart's ability to tolerate excessive changes in pressure is reduced as people age.

**Kidney function.** Some types of drugs are more difficult for the kidneys to process. 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 kidneys are 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 in surgery.

**Lung function.** Along with other organs, the lungs also lose volume as people age. Chronic conditions, such as emphysema (a lung disease that causes difficulty breathing) or chronic obstructive pulmonary disease (COPD, loss of lung function), occur more often in older adults and can complicate recovery from anesthesia (medication given before and during surgery). Decreased lung function and capacity can increase the risk of developing pneumonia after surgery.

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. A geriatrician (a doctor who specializes in the care of people 65 and older) can assess patients who are frail and have other significant medical problems before surgery.

### **Discharge from the hospital following surgery**

Older adults with cancer may have additional needs after completing surgery and being discharged from the hospital. Start planning your discharge before surgery to ensure your 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 support services:

- Home health aide services
- A 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**

Chemotherapy is the use of drugs to kill cancer cells. It 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 be a long-term process 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 side effects from chemotherapy, which influences their quality of life. Learn more about chemotherapy, what to expect during treatment, and side effects at [www.cancer.net/features](http://www.cancer.net/features).

## **Side effects of chemotherapy**

Unlike radiation therapy and surgery, chemotherapy can affect the entire body, which increases the risk of side effects. Not all drugs have the same side effects. Although the types of side effects experienced by older and younger patients are similar, they occur more often in older adults. Side effects of chemotherapy are the sole reason for approximately 10% of all hospital admissions for older people with cancer. Side effects may include the following:

- Lowered white blood cell, red blood cell, and platelet counts, which can increase the risk for infection, anemia, and bleeding and bruising
- Stomach and intestinal problems, such as nausea, vomiting, diarrhea, and dehydration
- Damage to the nervous system that may worsen dementia (decline in mental abilities, such as thinking or judgment), increase memory loss, and cause fatigue and nerve damage

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

## **Chemotherapy and drug interactions**

An older adult is more likely to be taking multiple medications for co-existing conditions, which increases the likelihood of interaction between chemotherapy and other drugs. Create a complete list of the medications you are taking and discuss it with your doctor. Learn more about taking medications correctly at [www.cancer.net/features](http://www.cancer.net/features).

## **Radiation treatment**

Radiation therapy can be given separately or before or after surgery and chemotherapy. Most people are not hospitalized for this treatment, but it can require frequent, sometimes daily, visits to the radiation oncology department for several weeks. Radiation therapy can be external, meaning it is given by a machine outside of the body. Or, it can be internal, meaning that small “seeds” containing radioactivity are implanted near the tumor. Find out more about radiation therapy, what to expect during treatment, and potential side effects at [www.cancer.net/features](http://www.cancer.net/features).

There is little evidence that age is related to the side effects of radiation therapy. However, other issues need to be considered, including the cost of treatment, being away from home, the inconveniences of daily treatments over many weeks, and maintaining nutrition during treatment. These issues may be more common in the older person with cancer. It is important to determine what barriers are present and whether a less intense, shorter course of therapy may be better.

Radiation therapy is generally well tolerated in the older person. The side effects of radiation therapy depend on the type, dose, and the location of the body being treated. For example, radiation therapy for prostate cancer can cause different side effects than radiation therapy for esophageal cancer.

### **Quality of life**

Concerns about the effect of treatment on quality-of-life issues can also influence an older adult's decision about treatment. Some of these concerns include:

- 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.

# Clinical Trials

## Key Messages

- Clinical trials are used to find out if a new cancer treatment or other new approach is safe and effective.
- This research is completed in three separate phases, and each phase provides different information about the new treatment or intervention.
- Older adults should consider all treatment options, including a clinical trial, and age should not be the only factor in a doctor's or patient's decision to participate in a clinical trial.

A clinical trial is a way to test a new treatment to prove that it is safe, effective, and possibly better than a standard treatment. The clinical trial may be evaluating a new drug, a new combination of existing treatments, a new approach to radiation therapy or surgery, or a new method of treatment or prevention. And, not all clinical trials test new drugs. Supportive care trials look at new treatments to help people manage certain side effects of cancer and cancer treatment, such as fatigue or pain.

## Phases of clinical trials

Clinical research is done 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 (one, two, and three). If a new treatment is unsuccessful (such as being unsafe or ineffective) at any stage, it is not moved to the next stage.

- Phase I trials determine a safe and optimal dose and treatment schedule for a drug. These trials are usually available for people with any type of cancer.
- Phase II trials provide additional information about a treatment's safety and whether it is effective for treating cancer.

- Phase III trials define how the drug will be used for cancer treatment. In these trials, the drug is usually compared with a standard treatment and tested in a large number of people.

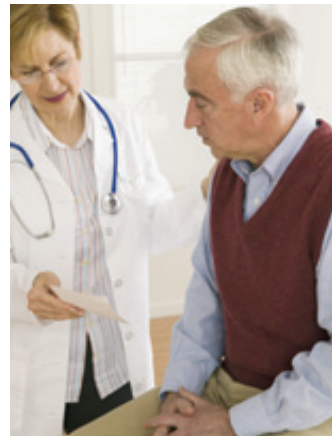
### **Older adults and clinical trials**

Many older adults with cancer do not participate in clinical trials for several possible reasons:

- Doctors may be reluctant to offer an older person the possibility of entering a clinical trial.
- Co-existing medical conditions, such as heart disease or diabetes, may mean an older adult cannot participate in the clinical trial.
- The older adult may be unable to provide informed consent due to cognitive (ability to think, reason, and recall facts) problems, such as dementia.
- An older adult may not have a way to get to the appointments needed to participate in the clinical trial.

Patient participation is also affected by the following factors:

- Age
- Education
- Financial reasons
- Preference for a specific treatment
- Dislike of experimentation
- Fear of loss of control
- Inconvenience
- Fear of loss of quality of life
- Confidence in the doctor
- A desire to contribute to medical knowledge



It is important that all treatment options are considered, including clinical trials. Age should not be the only factor used to decide if a person can participate in a clinical trial. Talk with your doctor about the clinical trials open to you. Older adults who have co-existing medical

conditions should have a caregiver with them to help explain the information and requirements. Written instructions that outline exactly what to expect from the treatment may also be helpful.

### **Questions to ask your doctor**

Clinical trials for older adults may be beneficial. However, older adults with cancer are encouraged to ask their doctors the following questions 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?
- Are there any additional tests that I will need in order 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 unable to have other treatments?
- How long will the clinical trial last?
- How long after completing my current treatment will I be able to participate in the study?
- How long will it take to find out if the treatment is working?

Learn more about clinical trials at [www.cancer.net/clinicaltrials](http://www.cancer.net/clinicaltrials).

# Co-Existing Conditions

## Key Messages

- Co-existing conditions are health problems that a person has in addition to cancer.
- Having a co-existing condition can increase the side effects of treatment and slow recovery time.
- Talking with your doctor about any health problems you have can help you understand how they can affect cancer treatment.

Co-existing conditions are health problems that a person has along with cancer, such as high blood pressure, diabetes, or depression. These conditions often influence how treatment affects a person with cancer, including:

- Prognosis (chance of recovery)
- Ability to deal with the effects of treatment
- Recovery from treatment

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

## Common co-existing conditions affected by treatment and recovery

Co-existing medical conditions can increase an older adult's risk of side effects from treatment and slow recovery time. When making treatment decisions, you and your doctor should consider the following conditions, including other conditions you may have that are not on this list:

**Heart conditions.** Congestive heart failure, high blood pressure, arrhythmia (irregular heart beat), and a decrease in heart function may lessen your ability to deal with the physical effects of treatment. In addition, chemotherapy can worsen heart problems. Radiation therapy given near the heart and a combination of radiation therapy and chemotherapy can cause heart problems as well. Also, some medications that are taken for a heart condition may interact with chemotherapy.

**Lung conditions.** Emphysema (a lung disease that causes difficulty breathing), chronic obstructive pulmonary disease (loss of lung function), and decreased lung function affect how well your body handles certain medications.

**Kidney failure or decreased kidney function.** As a person ages, some types of chemotherapy are more difficult for the kidneys to process. This can increase the risk of kidney problems and may prevent some older adults from receiving intense treatment.

**Stomach problems.** Difficulty absorbing nutrients from food can be made worse by chemotherapy, especially if the drugs cause nausea, vomiting, or diarrhea.

**Poor nutrition.** Some older adults may not be able to eat easily because of tooth loss, new dentures, or certain medications. These factors may also cause a decreased appetite or weight loss. Talk with your doctor or a registered dietitian (RD) for information on how to make sure you're eating enough during cancer treatment.

**Smoking.** Smoking increases the risk of developing lung problems after surgery and may increase recovery time. Learn more about quitting smoking at [www.cancer.net/tobacco](http://www.cancer.net/tobacco).

**Alcoholism.** A dependency on alcohol or other drugs can interfere with the ability to make treatment decisions and follow through with day-to-day responsibilities, including taking medication and having important screenings or tests. In addition, alcohol or drug use can increase recovery time.

**Anemia.** Anemia (a decrease in red blood cells) can get worse during chemotherapy. Although anemia may not change the cancer treatment you receive, it can delay treatment if you need a longer time to recover between treatments. Patients with anemia may need medications or blood transfusions.

**Depression and anxiety.** Depression and anxiety can be common for older adults, but they are not a normal part of aging. Depression lowers a patient's quality of life. The loss of a spouse or family or friends



moving away can make some older adults feel alone, adding to feelings of depression. Depression, anxiety, and other mental health issues may also interfere with the ability to participate in treatment decision-making. Depression and anxiety are treatable, and it's important to talk with your doctor because antidepressants or anti-anxiety medications could interact with chemotherapy.

**Pain and immobility.** Older adults can often have difficulty with pain and immobility (not being able to move around) caused by conditions such as arthritis. Not being able to move around easily or at all can affect your ability to get to doctor's appointments or receive certain treatments. In addition, pain and immobility may increase the risk of side effects.

**Memory loss and mental confusion.** Older adults with cancer may experience memory loss, confusion, being in a mental fog, and/or a change in their thought process. This may be due to aging, or specific cancer drugs that cause what some call "chemo brain." If possible, it may help to have a caregiver keep track of medications and appointments and a diary of the day's events. Other tips can be found at [www.cancer.net/features](http://www.cancer.net/features).

Learn more about dealing with chronic conditions when you have cancer at [www.cancer.net/features](http://www.cancer.net/features).

### **Talking with your doctor**

Before making decisions about cancer treatment, talk with your doctor about your health, including:

- The medications you are currently taking and any side effects from these medications
- Your medical history, including any co-existing health problems and how they affect your everyday functioning
- Any issues that may affect your ability to receive treatment, such as living alone, not having a way to get to appointments, and any financial challenges
- The names and phone numbers of any other doctors who are taking care of you

You may also have questions about your health and treatment options before you can make an informed decision. Consider asking your doctor the following questions:

- What is my prognosis?
- What are all of my treatment options?
- What is the goal of each treatment?
- How does this treatment help me?
- What are some risks and potential side effects of this treatment?
- Will I need to be in the hospital for treatment, or will I be treated as an outpatient?
- How long will each treatment last?
- If I'm worried about managing the costs related to my cancer care, who can help me with these concerns?
- How can I keep myself as healthy as possible during treatment?
- What support services are available to me? To my family?

Find additional questions at [www.cancer.net/questions](http://www.cancer.net/questions). See [www.cancer.net/cancer](http://www.cancer.net/cancer) for a list of questions for each type of cancer.

# Health Assessment

## Key Messages

- A health assessment is a process that checks a person's physical, mental, and emotional well-being before and during cancer treatment.
- A rating scale called the comprehensive geriatric assessment is used to describe how the cancer affects a person's ability to do everyday activities.
- During a health assessment, doctors evaluate how a person is functioning physically, emotionally, and socially.

For an older adult with cancer, an accurate health assessment, perhaps involving caregivers, can help doctors find out how any co-existing conditions (such as poor hearing, limited mobility, or depression) affect a person's overall health and ability to make decisions about treatment. Furthermore, having a health assessment before cancer treatment begins can make it easier to notice any health changes once treatment starts.

For your health assessment doctors may use a rating scale called a Performance Status scale or may recommend the comprehensive geriatric assessment (CGA) tool. The CGA includes assessments of how well people can bathe and dress themselves (sometimes referred to as activities of daily living), the number and severity of coexisting illnesses, how well and how much they are eating (for example, whether they are losing weight), memory, how well they can cope (including evaluation for depression), and a comprehensive review of a person's medications.



As mentioned earlier, other tools to measure functional status include the activities of daily living (ADL) and the instrumental activities of daily

living (IADL). The ADL looks at whether a person can care for himself or herself and includes activities of bathing, dressing, going to the toilet, and feeding oneself. The IADL includes slightly more complex skills, such as managing finances, preparing meals, shopping, using the telephone, and managing medications. As people age, these skills diminish and may cause treatment to be interrupted or stopped in people with cancer. Not being able to do these skills is also associated with lower survival. For that reason, before treatment begins, the doctor will consider skill performance and the results of a geriatric assessment to make sure it is safe for the patient to undergo treatment.

Other factors in the assessment include:

**The ability to think, reason, and recall facts.** To make treatment choices, people with cancer need to be able to make informed decisions. Because older adults often have varying cognitive abilities, doctors may do certain tests for some older adults, depending on individual circumstances. For example, some older adults have dementia, meaning they have a decline in the ability to recall events, concentrate, or be aware of specific times, places, and people. About 6% to 8% of people older than 65 have dementia, and the risk of dementia increases after age 80. Dementia does not necessarily mean that a person cannot make informed decisions, but the doctor should do a careful assessment to make sure that the patient can understand and make decisions.



**Physical function.** A thorough physical examination and laboratory tests are usually done to check a person's general health. This helps doctors monitor any health changes once treatment begins.

**Vision.** Many older adults have some type of vision loss. It is important to check for these problems before treatment because chemotherapy can cause fatigue and dizziness, which increase the chance of falling. In addition, if an older adult is unable to read a prescription or the

doctors' instructions, special care should be taken to find another way to provide this information.

**Hearing.** Approximately 25% to 40% of older adults have trouble hearing. Also, some chemotherapy can contribute to hearing loss, so it's important to know if a person has hearing loss before treatment. People need to be able to hear and understand what is being told to them to make treatment choices.

**Difficulty walking and balancing.** Difficulty walking increases an older adult's risk of falling and other related injuries, and the side effects of chemotherapy can further increase this risk.

**Nutrition.** It is important that all people receiving chemotherapy or radiation therapy eat enough food. Looking at what and how much a person eats may be useful. A registered dietitian (RD) or nutritionist can help provide suggestions for balanced meals.

**Emotional status.** Depression and anxiety can be common for older adults, and all people have different reactions when hearing that they have cancer. Depression and anxiety can cause weight loss, fatigue, and a lowering of a person's quality of life. In addition, mental health issues may interfere with the ability to make treatment choices.

**Continance (controlling bowel or bladder function).** Many older adults with cancer have continence problems from the use of diuretics (pills that promote urination), bladder conditions unrelated to cancer, or a brain or spinal cord disease, including metastatic cancer (cancer that has spread). It is important to talk with the doctor about continence problems, as these conditions are managed differently depending on individual circumstances.

**Social support.** All people with cancer need social and emotional support. It is important to find out who is able to support an older adult with cancer, including the person who will be caring for the older person. A social worker can help older adults who live alone or those who do not have family members or friends nearby.

# Frequently Asked Questions

## ASCO Expert Corner: Older Adults with Cancer, with Hyman Muss, MD



The Expert Corner series from Cancer.Net offers a chance for patients and their families, friends, and caregivers to hear from an ASCO member about a specific cancer topic.

Cancer.Net talked with Hyman Muss, MD, to learn more about the unique concerns facing older adults with cancer. Dr. Muss is Professor of Medicine and Director of Geriatric Oncology at the University of North Carolina Lineberger Cancer Center.

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### **Q: What makes cancer in older adults different from other age groups?**

**A:** What is different about cancer in older adults is that older adults frequently have other serious co-existing illnesses—what we call comorbidities—in addition to their cancer. These other illnesses make the treatment of cancer more difficult and may limit treatment options.

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### **Q: What are some common comorbidities, and how do these affect treatment and recovery in older adults with cancer?**

**A:** Common comorbidities include high blood pressure, heart disease, lung disease, diabetes, and severe arthritis. These illnesses will affect the treatment selection for cancer as well as the spectrum and severity of side effects related to treatment. It is essential that these co-existing illnesses be well managed before embarking on cancer therapy.

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**Q: What are some other factors for older adults and their families to consider when making treatment plan decisions with doctors?**

**A:** Older adults, like younger adults, need to discuss with their physicians both the short and long-term goals of treatment. Is the major goal longer survival, which might require more intensive therapy, or is it a maintenance of quality of life with the focus on the present? These decisions will depend on the type of cancer, its stage, and the proposed treatment. It is essential that older adults and their families discuss frankly with their doctors the issues related to their care and the potential difficulties in management related to other co-existing illnesses.

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**Q. What should older adults living with cancer know about clinical trials, and what are some resources for them to learn about studies open to them?**

**A:** A substantial body of research has shown that older adults are less likely to be offered clinical trials than younger adults. Older adults should be aware that almost all clinical trials allow participation of older patients and do not have age limits. Older patients should ask their physicians about available clinical trials and can use the websites Cancer.Net and the National Cancer Institute ([www.cancer.gov](http://www.cancer.gov)) to search for clinical trials. Depending on who their primary oncologist is, a patient might ask for a second opinion at a major cancer center to further explore clinical trial options.

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**Q: What are some common emotional and practical concerns older adults with cancer may have, and what resources are available to help?**

**A:** Older patients, like younger patients, might have emotional issues related to their cancer or issues that may have existed before cancer. Anxiety and depression are common in older adults and should be managed appropriately. It is well documented that emotional issues are

not as well evaluated by health care personnel as physical problems. Older persons and their families should carefully discuss any emotional problems they have with their health care team. Of note, however, is that older people with cancer tend to have less psychological distress in dealing with cancer compared with younger patients. This may be due to their greater experience in dealing with the travails of life, as well as the fact that they are less likely to have family members dependent on their welfare.

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**Q: What are some examples of some research that is ongoing in older adults with cancer?**

**A:** Several clinical trials of cancer therapy have been designed specifically for older patients with more common types of cancers, such as lung cancer, breast cancer, prostate cancer, and leukemia. In addition, current research is focused on developing and validating short, mostly self-administered, comprehensive geriatric assessment instruments that may help in treatment selection and predict the likelihood of toxicity. These instruments collect information about functional status, comorbidity, nutrition, cognitive function, psychosocial function and support, and medication use.



# Resources

The following organizations and insurance resources may provide additional information for older adults with cancer. Programs and services change, and this list may not be inclusive. Readers should visit [www.cancer.net](http://www.cancer.net) for the most current listings.

## Organizations

### American Cancer Society

[www.cancer.org](http://www.cancer.org)

800-227-2345

### CancerCare

[www.cancercare.org](http://www.cancercare.org)

800-813-4673

### National Cancer Institute

[www.cancer.gov](http://www.cancer.gov)

800-422-6237

### National Institute on Aging

[www.nia.nih.gov](http://www.nia.nih.gov)

800-222-4225

### The American Geriatrics Society

#### Foundation for Health in Aging

[www.healthinaging.org](http://www.healthinaging.org)

800-563-4916

## Insurance Resources

### Medicare

[www.medicare.gov](http://www.medicare.gov)

800-633-4227

### Medicaid

[www.cms.gov/home/medicaid.asp](http://www.cms.gov/home/medicaid.asp)

### U.S. Department of Veterans Affairs

[www.va.gov](http://www.va.gov)

877-222-8387 (*health benefits number; additional phone numbers available on website*)









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

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