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Cancer in Older Adults

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The American Society of Clinical Oncology (ASCO) is the world's leading professional organization representing oncology physicians of all oncology subspecialties who care for people with cancer. ASCO's more than 30,000 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 12 million people worldwide each year.



ABOUT CANCER.NET

The best cancer care starts with the best cancer information. Well-informed patients are their own best advocates and invaluable partners for physicians. Cancer.Net (www.cancer.net) brings the expertise and resources of the American Society of Clinical Oncology (ASCO), the voice of the world's cancer physicians, to people living with cancer and to those who care for and about them. 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 on the Internet. Cancer.Net is supported by the Conquer Cancer Foundation, which provides funding for breakthrough cancer research, professional education, and patient and family support.

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Introduction

The single greatest risk factor for developing cancer is aging. In fact, more than 60% of cancers in the United States occur in people age 65 and older. Because older adults with cancer and their families often have different needs than younger adults and children, people in this age group should consider these needs when making decisions about their care and treatment.



Health conditions that are common in older adults, such as heart disease, arthritis, and high blood pressure, often affect cancer treatment and recovery. Another consideration is practical and emotional issues. For example, older individuals may depend on others for transportation and access to treatment. This dependence may cause treatment delay or interruption. Every older adult with cancer will face different challenges, so they, as well as the people helping care for them, need to clearly communicate any questions and concerns to the health care team. Anticipating challenges in advance may help prevent or reduce risks to an older adult's health and well-being and lessen the stress that comes with a cancer diagnosis.

Like any patient with cancer, and perhaps more so, older adults often need help organizing and accessing health care. They may need to rely on family members, friends, and other caregivers for a wide range of physical, emotional, and practical support. Older patients and their caregivers alike need to recognize when they need help and learn how to take advantage of support resources and services.

When it comes to older adults with cancer, age is truly just a number. Each older adult will have a different level of health and independence and a different expectation of treatment. As a result, a person's age should not be the only factor considered when determining treatment options for cancer. This booklet can help older adults and their loved ones communicate with health care providers and each other so that the best possible course of care can be followed.

Aging and Cancer

Aging is the single biggest risk factor for developing cancer. However, it also increases the risk of other diseases and injury and can affect a person's well-being, independence, and feelings of self-worth—all issues that need to be considered when cancer treatment decisions are being made, as well as during treatment.

The aging process is complex, and each person ages at a different rate. This means your actual age may not reflect your physiologic age, which can be estimated based on how well your body is functioning both physically and mentally. Age should never be the basis for making treatment decisions.

Physical changes associated with aging and their relationship to cancer

Disease and disability, which may interfere with cancer treatment and recovery, are more likely to occur in older adults. For example, age is associated with a gradual inability to accomplish daily activities, such as the use of transportation and the ability to go shopping without assistance or provide adequate nutrition for oneself. Older adults who need help in these areas have a lower tolerance of stress, including the stress of cancer treatment. By understanding what tasks an older adult can and cannot perform, it is easier to identify which form of treatment poses the least risk with the most benefit and how much supportive care a person will need.

Serious health conditions that often accompany the aging process, such as high blood pressure, heart disease, lung disease, diabetes, kidney disease, and arthritis, also set older adults with cancer apart from younger patients. Called co-existing or co-morbid conditions when an older adult has them in addition to cancer, they affect the treatment selections for cancer and the type and severity of treatment side effects. It is essential that older adults work with their health care team to manage any co-existing conditions and discuss the effect they might have on the treatment plan.

Older age and undertreatment

Even though cancer occurs most often in older adults, they often receive less frequent screening for cancer and fewer tests, such as biopsies (the surgical removal and examination of tissue), that help determine the stage of cancer. In some cases, they also receive milder treatments or no treatment at all, even though several studies have shown cancer treatment is beneficial for older people.



Many studies also show that people with cancer over age 65 are significantly under-represented in cancer clinical trials (research studies in people), even though they represent the majority of cancer patients. In some studies, poorer care has led to shortened survival.

What you and your family members need to take away from these studies is that it is very important to ask for information about all treatment options, including the risks, benefits, and goals. Decisions about cancer treatment are personal, and you have a right to determine what is in your 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 they will cope with cancer. Those concerns include:

Maintaining independence. For many older adults with cancer, the biggest concerns are being able to take care of themselves and feeling like 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; and 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.

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 a spouse, family members, or friends. Sometimes being isolated brings up feelings of depression and anxiety, which may interfere with treatment. Older adults may also have difficulty coping with problems associated with cancer treatment. Community resources, such as visiting nurse services and other agencies, can be set up so an older adult with cancer does not experience cancer alone. Patients and caregivers should share their concerns with doctors and social workers, who can provide useful tips and contacts for 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 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 often contribute to limited financial resources to pay for cancer treatment and related costs. It is important to discuss financial issues 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.

Physical limitations. Older adults with cancer may have medical problems that limit their physical abilities and mobility (ability to move around). Creating a safe physical environment at home often helps. Simple measures, such as improving lighting, clearing clutter from the home, avoiding flimsy, unsupportive footwear (such as flip flops), and installing safety railings on stairs or in bathrooms, may help reduce the chance of 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 adults undergoing cancer therapy may have a difficult time getting to doctor appointments, especially if the person no longer drives and is dependent on other methods of transportation. The health care team may be able to provide information about transportation assistance.

Transportation Resources

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

Eldercare Locator from the U.S. Administration on Aging

www.eldercare.gov/Eldercare.NET/Public/Index.aspx
800-677-1116

Road to Recovery from the American Cancer Society

www.cancer.org/Treatment/SupportProgramsServices/road-to-recovery
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.

Care Management

Facing a diagnosis of cancer at any age is difficult, and the amount of information that comes with it can feel overwhelming. To manage your care, as well as the challenges older patients often face, it helps to learn about your disease, explore all of your treatment options, and communicate your opinions and concerns to your family members and health care team. By effectively managing your care, you can make informed decisions that are right for you. Some tips include:

Seeking help. Absorbing the news of cancer and all of its unfamiliar language is often difficult. It may be helpful to enlist a family member or friend to help you understand and organize the information you get from the doctor. For example, this person could go with you to doctors' appointments to take notes or think of additional questions.

Communicating with your health care team. Having an open and trusting relationship with your doctors, nurses, and other health care providers is important. Being able to talk with the health care team and ask questions may make you feel more in control. Additionally, being an informed, involved patient and voicing your opinions and concerns is helpful to you and your health care team members in forming a care partnership. If you have concerns about practical issues, such as transportation or finances, speak up. Oftentimes your health care team can refer you to these services.



Being prepared. It is helpful to bring a list of questions to your appointments so you get all the information you need. If you do not have a friend or family member with you, consider bringing a tape recorder to capture the conversation. Repeat information back to the doctor to make sure you clearly understand it.

Getting organized. Good organization allows you to make the best decisions you can about cancer treatment and recovery and gives you

a sense of control. Many people find it helpful to put together a medical binder that is divided into different sections so information can easily be found.

A medical binder 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 each doctor will know exactly what you are taking
- Phone numbers and addresses of each doctor, doctor's office, and any other health care providers
- Your insurance information, including Medicare and any supplemental insurance policies

Considering 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 other means of transportation.

Creating or updating legal medical documents. While no one at any age wants to discuss death or dying, it is important to be prepared. Advance directives are legal documents that explain the kind of medical treatment you want and do not want if you become unable to make decisions for yourself. It is important to have these documents so there is no confusion about your wishes if you are unable to communicate them. Find out more about advance directives at www.cancer.net/advancedirectives.

Planning for follow-up care. After you finish treatment, your doctor will continue to see you to help ensure you stay as healthy as possible. This is especially important because older adult cancer survivors have an increased risk of getting cancer again.

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, including transportation, over-the-counter medications, and extra support (such

Making an Advance Directive

Advance directives communicate your rights and preferences for medical treatment to your health care team, family members, and other caregivers to avoid confusion later on. It is important to talk with your family and doctor about your wishes ahead of time to clarify your decisions and the values underlying them.

Types of advance directives include:

Living will. Also called a Directive to Physicians and Family, this is a written set of instructions outlining your wishes about types of medical care you may or may not want in order to sustain life. It is used when you can no longer communicate your wishes about medical care.

Durable power of attorney for health care. This designates a person—often referred to as your health care proxy, agent, or attorney-in-fact—that you appoint to make medical decisions for you if you become unable to make them yourself.

You and other people involved in decisions about your health care, as well as any institution where you are treated, should have accessible copies of your advance directives. Check your state's requirements and guidelines about advance directive documents.

as nursing or housekeeping services) can be expensive. It is important to familiarize yourself with your insurance policy and what out-of-pocket expenses it covers. Usually a social worker or a person in your doctor's office can help answer your questions.

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 plans, provides 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 benefit people can enroll in that covers prescription drugs.

Medicare may not cover all of your health care costs. Over the past several years, many changes to Medicare laws have been made that determine the coverage of treatments that take place outside of the hospital. 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 very costly.

Some people have supplemental insurance to cover co-payments. Supplemental insurance also 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 amount 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. You can find the most current information at www.HealthCare.gov.

For more information about Medicare's coverage of costs, visit www.medicare.gov or call 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 nursing homes. Other types of insurance, such as disability insurance and long-term care insurance coverage, may cover a person's needs not met by health insurance.

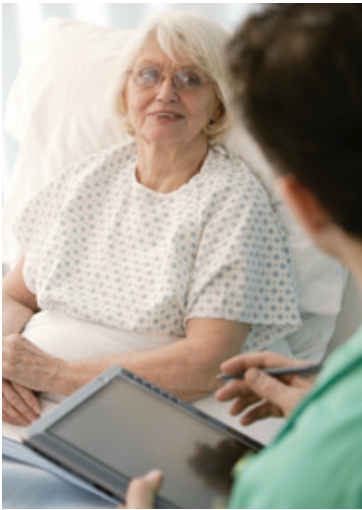
If you do not have any supplemental insurance or prescription drug coverage, financial counseling or help from a social worker may be necessary. Discuss this with your doctor or nurse. Local service organizations may have grants available to cover costs associated with treatment. Find out more about managing the cost of cancer care at www.cancer.net/managingcostofcare.

Questions to Ask the Doctor After a Cancer Diagnosis

Are you meeting with a doctor for the first time after a cancer diagnosis? Consider asking the following questions:

- What is the exact type and name of the cancer I have?
- How was it diagnosed?
- What tests were taken, and what did they show?
- Will I need more tests?
- What stage is the cancer, and what does that mean?
- What are my treatment options?
- What clinical trials are open to me?
- What treatment plan do you recommend and why?
- Who will be coordinating my overall treatment and follow-up care?
- Who will be part of my health care team, and what does each member do?
- What are the possible side effects of this treatment option, both in the short term and in the long term?
- If I am worried about managing the costs related to my cancer care, who can help me with these concerns?
- What are the next steps?
- What support services are available to me and my family?

Health Assessment



Before cancer treatment begins, a health assessment can help you and your doctor make the decisions that are best for you. A health assessment evaluates your physical, mental, and emotional well-being, as well as your ability to make treatment decisions. The assessment helps your doctor predict how well you can tolerate cancer treatment and what supportive care you may need during treatment. The assessment also gives you the opportunity to express your opinion on treatment options and enables the doctor to individualize your treatment as much as possible.

Having a health assessment before cancer treatment begins makes it easier to notice any health changes that occur during treatment. Health assessments conducted during treatment can help ensure your treatment plan is as safe and successful as possible. Because it is important that the assessments be as accurate as possible, some older adults choose to have their family members or caregivers with them to provide additional information.

Information collected during of a health assessment includes:

Co-existing medical conditions. Health problems older adults have in addition to cancer (co-existing conditions), such as heart disease, arthritis, and diabetes, may affect treatment decisions. Co-existing medical conditions often increase the risk of complications after surgery, chemotherapy, and radiation treatment. Also, you may need to consider additional factors such as life expectancy and drug interactions. Conditions that are potentially reversible, such as depression, can be treated before or during cancer treatment.

Physical examination. A thorough physical examination and laboratory tests are usually done to check your general health.

Functional status. It is important to know how well an older adult can function independently. In other words, how well can you perform activities of daily living, such as eating, dressing, going to the toilet, and bathing, as well as manage slightly more complex skills, such as shopping, using the telephone, and managing medications? As people age, these activities can become harder to do and may cause cancer treatment to be interrupted or stopped. For example, can you seek medical attention in an emergency? Will you remember to take medications at the right time at the right dose? It is important to recognize any functional issues before treatment begins to make sure it is safe for you. In addition, the doctor may evaluate areas such as balance, walking speed, and strength.

Medications. A review of all of your medications and supplements you are already taking will help identify any potential interactions with cancer treatments.

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 (mental) 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. Dementia does not necessarily mean a person cannot make informed decisions, but the doctor will do a careful assessment to evaluate what the patient can understand.

Vision. Many older adults have some type of vision loss. It is important to check for vision problems before treatment because chemotherapy can cause fatigue and dizziness, which increase the chance of falling. In addition, if you are unable to read a prescription or the doctor's instructions, the health care team needs to take special care to find another way to provide this information to you.

Hearing. To make informed treatment choices you need to be able to hear and understand what is being said, but many older adults have trouble hearing. Also, because some types of chemotherapy contribute to hearing loss, the doctor needs to know if you have hearing loss before treatment.

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 increase this risk.

Nutrition. Looking at what and how much you eat is important. Involuntary weight loss is common in older adults, and cancer treatment may make this worse. 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 and fatigue and lower a person's quality of life. In addition, mental health issues may interfere with the ability to make treatment choices.

Continence (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 during treatment depending on your individual circumstances.

Social support. Regardless of age, all people with cancer need social and emotional support. It is important to know what kind of support an older adult with cancer will have during treatment, and who will be caring for him or her. A social worker can help older adults who live alone or those who do not have family members or friends nearby.

Treatment preferences. How you feel about treatment matters. For example, some older patients may prefer not to have intensive treatment if it could reduce their independence or cause hospitalization. A health assessment is a good time to share your treatment preferences and any personal values that pertain to treatment with your doctor.

Cancer Treatment

Although cancer treatment for older adults can sometimes be complicated and challenging, treatment can be just as helpful for them as for younger patients. The goals of cancer treatment for older adults may include:

- Getting rid of 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 older adult with cancer and their family, should be based on:

- The type of cancer and extent 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 medical conditions other than cancer that may put the older adult with cancer at an increased risk for treatment-related side effects or complications
- The effect of intensive treatment on the physical, 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 what they value most in 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 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. Palliative care, also called supportive care, is treatment to relieve a person's symptoms, improve a person's quality of life, and provide support to patients and their families. Palliative care is an important part of cancer treatment for an older adult with cancer and may be given along with the standard treatment. Learn more about palliative care and other types of cancer treatment at 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 cancer as possible 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. Before surgery, consider:

Heart function. Surgery may make existing heart problems worse. Because older people may experience heart disease and arrhythmia (irregular heartbeat) as they age, and the heart's ability to tolerate excessive changes in pressure is reduced as people age, it is important to consider heart function before having surgery.

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 older adults whose 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 lose volume as people age. Chronic (long-term) 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 and whether other treatments could be used instead of surgery. Some patients may need additional tests before surgery, including blood tests, electrocardiograms (ECG or EKG), lung function tests, and x-rays, and patients and families should factor these tests and their preparation in to the decision of whether to have surgery.

In addition, older adults 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 have other significant medical problems before surgery and help talk through the risks and benefits of surgery.

Discharge from the hospital following surgery

Older adults with cancer may have additional needs after completing surgery and being sent home, or discharged, from the hospital. Discharge plans should be made before surgery to ensure the patient'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 any of the following support services:

- A home health aide
- A visiting nurse
- Physical therapy
- Social work
- Support groups
- Community resource referrals

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

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 weakness 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.

Advanced Cancer Care

Advanced cancer, also called end-stage or terminal cancer, is cancer that cannot be cured. However, incurable does not mean untreatable. Older adults with advanced cancer continue to have options for treatment and can maintain a good quality of life.

Care options include:

- **Standard treatment.** The current or most effective treatment available for a cancer
- **Clinical trials.** Research studies that test new drugs and treatments to find out whether they are safe, effective, and possibly better than standard treatments
- **Palliative/supportive care.** Care that focuses on helping people with all stages of cancer, including advanced cancer, live as comfortably as possible for weeks, months, or years
- **Hospice/home care.** Care that focuses on helping patients who are no longer receiving disease-directed treatment and their families cope with the physical and emotional effects of death and dying

Understanding the types of care available can help you and your doctor develop a personalized treatment plan that takes into account your individual needs, goals, and preferences.

Side effects of chemotherapy

Unlike radiation therapy and surgery, chemotherapy affects 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. Harmful reactions from chemotherapy are the only reason for about 10% of all hospital admissions for older people with cancer.

Side effects may include:

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

Screening for any health problems before starting treatment and adjusting the dose or 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 health conditions other than cancer, which increases the likelihood of an interaction between chemotherapy and other drugs. With the help of a friend or family member, create a complete list of the medications you are taking and discuss it with your doctor. Or, take all of your medications to your doctor, including the ones that do not require a prescription.

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.

Older adults need to discuss with the doctor the cost of treatment, whether they need to be away from home, the treatment schedule, and how to maintain nutrition during treatment. In some cases, a shorter, less intense course of therapy may be better.

Older adults usually handle radiation therapy well. The side effects of radiation therapy depend on the type and dose of radiation and location of the cancer being treated. For instance, radiation therapy for prostate cancer can cause different side effects than radiation therapy for head and neck cancer.

Quality of life

Concerns about the effect of treatment on quality-of-life issues may 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 you have an honest discussion with your doctor about your definition of a good quality of life. Find information on managing common side effects of cancer treatment at www.cancer.net/sideeffects.

Talking With Your Doctor About Treatment

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

- What is my chance of recovery?
- What are all of my treatment options?
- What is the goal of each treatment?
- What treatment do you recommend? Why?
- 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?
- How will this treatment affect my daily life? Will I be able to perform my usual activities?
- If I am 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?
- Whom do I call with questions or problems?
- What support services are available to me? To my family?

Find additional questions at www.cancer.net/questions. See www.cancer.net/cancer for a list of questions for each type of cancer.

Clinical Trials

Older adults with cancer should consider all treatment options, including clinical trials. A clinical trial is a research study involving people who volunteer to test a new treatment to find out if it is safe, effective, and possibly better than the standard treatment. Nearly every cancer treatment available today is the result of a clinical trial.

Clinical trials test far more than drugs. A clinical trial may evaluate a new combination of existing treatments, a new approach to radiation therapy or surgery, or a new method of treatment or prevention. Supportive care trials look at new ways to help people manage side effects of cancer and cancer treatment, such as fatigue or pain.

Benefits of clinical trials for older adults

Clinical trials may offer an older adult with cancer a treatment option not yet available to the public, and, for some, may be the best treatment option available. Participants get expert medical care at leading health care facilities during a clinical trial. In some cases, trial sponsors pay for expenses related to participation in the research, such as transportation, meals, and accommodations. Many clinical trial participants also feel good about the fact that they are helping other patients with cancer by contributing to medical research.

Patient safety

Patient safety is the highest priority in clinical trials. Every research study is carefully regulated and monitored by independent committees and federal agencies to make sure it is safe. A participant's health is checked by the research team—doctors, nurses, and other health care professionals—before the study begins and is monitored closely throughout.

Another way patient safety is protected is through informed consent. There is an informed consent document, as well as an ongoing informed consent process, both of which give patients the information they need to make educated decisions about starting a trial or staying with a trial. The document, which must be provided to and signed by every participant, provides written information on every aspect of the clinical trial, including the goals, potential risks and benefits, and treatment procedures. The ongoing informed consent process gives patients the

opportunity to ask the health care team questions, get answers, and stay up to date on study-related information at all times.

Phases of clinical trials

Clinical trial research is done in distinct segments called phases. Each phase of a clinical trial is designed to provide different information about the treatment being tested, 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 aim to show that the new treatment can be given safely to people. These trials are usually available for people with any type of cancer.
- Phase II trials provide more information about a treatment's safety and how well it works in 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.

Considering a clinical trial

Your doctor can help you understand more about clinical trials and find ones that may be beneficial to you. If your doctor does not talk with you about the possibility of entering a clinical trial, start the conversation.

Consider asking:

- What happens during a clinical trial?
- What are the benefits and risks of participating in a clinical trial?
- How will my safety be protected?
- Will you continue to be a part of my care during a clinical trial?
- If I participate in a clinical trial, will it make me unable to have other treatments?
- What clinical trials am I eligible for?

Participation requirements

Almost all clinical trials allow older adults to participate and do not have age limits. However, each clinical trial has specific participation requirements that help keep patients safe and ensure researchers get the information they need. For example, having medical conditions other than cancer, such as heart disease or diabetes, may mean an older adult

cannot participate in a particular study. Also, an older adult with cancer who is unable to understand all aspects of a study because of a health issue that affects the ability to think, reason, or recall facts, may not be able to participate because of informed consent.

Before participating

Once you identify a clinical trial that may be beneficial to you, ask the research team for as much information as possible before making a decision on whether or not to participate. Consider asking:

- What is the purpose of this clinical trial?
- What are the risks and benefits of this treatment?
- What costs are covered by the study, and what costs will I be responsible for?
- Are there tests that I will need to have to be evaluated for the study?
- Where will the clinical trial take place?
- What kind of treatments, tests, and other procedures will I have during the clinical trial? How often?
- How frequent are treatments and follow-up visits?
- 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?

Participating in a clinical trial

If you decide to participate in a clinical trial, it is helpful to have a family member or caregiver with you when your doctor or the researchers give you information so that they too understand your rights and responsibilities. You can also ask for written instructions in addition to the informed consent document that outline exactly what to expect from the treatment and your role.

Never be afraid to ask questions if you are given information you do not understand or ask for more information. And, it is important to know that if at any time you want to leave a study, for any personal or medical reason, you can.

Get more information about clinical trials, review other questions to ask your doctor and clinical trial researchers, and search for open clinical trials at www.cancer.net/clinicaltrials.

Co-Existing Conditions

What is different about older adults with cancer is the fact that they frequently have serious health problems, such as high blood pressure, diabetes, or depression, in addition to cancer. These co-existing conditions often influence how treatment affects a person with cancer, including:

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

Knowing how your co-existing conditions could affect treatment and recovery is an important part of choosing treatment options.

Co-existing conditions that affect treatment and recovery

Co-existing 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, as well as other conditions you may have that are not on this list:

Heart conditions. Congestive heart failure, high blood pressure, arrhythmia (irregular heartbeat), and a decrease in heart function may reduce the 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, chronic obstructive pulmonary disease, and decreased lung function affect how well the 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 with cancer 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 cause a decreased appetite or weight loss. The doctor or a registered dietitian (RD) can provide more information on how to make sure an older adult is eating enough during cancer treatment.

Smoking. Smoking increases the risk of developing lung problems after surgery and may increase recovery time. It may also make chemotherapy less effective and leads to shorter survival and poorer quality of life. Learn more about quitting smoking at 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 often increases recovery time.

Anemia. Anemia may worsen during chemotherapy. Although anemia may not change the cancer treatment an older adult receives, it can cause delays if a longer time to recover between treatments is needed. 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 members, or friends moving away, can make some older adults feel alone, adding to feelings of depression. Depression, anxiety, and other mental health issues may interfere with the ability to participate in treatment decision-making. Depression and anxiety are treatable, but some antidepressants and anti-anxiety medications could interact with chemotherapy.

Pain and immobility. Older adults 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 an older adult's ability to get to doctors' appointments or receive certain treatments. In addition, pain and immobility may increase the risk of side effects.

Memory loss and mental confusion. Older adults may experience memory loss, confusion, or a change in their thought process. In addition, specific cancer drugs can cause mental foggyiness that is sometimes referred to as "chemo brain." These issues may make it harder to keep track of medications and appointments.

Talking with your doctor

Before making decisions about cancer treatment, talk with your doctor about your co-existing conditions, including:

- 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
- The names and phone numbers of any other doctors who are treating you

To learn about the common side effects of cancer and how to manage them, read www.cancer.net/sideeffects.

Caregiving Considerations

Family members and friends often provide vital physical, practical, and emotional support to older adults with cancer. There are many ways to fulfill the role of caregiver. For some it may mean providing around-the-clock care. For others, it may mean arranging for outside help. No matter what the situation is, caregiving can sometimes feel as overwhelming as it does rewarding.

It is common for caregivers of older adults with cancer to discover they cannot physically or emotionally handle all of the necessary medical and non-medical tasks on their own. That is why it is important to understand what caregiving options are available and to seek help from family members, friends, hired professionals, and community organizations.

Caregiving tasks

Some caregiving tasks are done on an as-needed basis; others might need to be done every day. Because an older person with cancer will have different needs during the course of the disease, a caregiver's responsibilities will also change.

Depending on the unique needs of the older adult being cared for, a caregiver's responsibilities could include:

- Giving medications
- Monitoring symptoms
- Advocating for appropriate medical care
- Providing transportation to and from appointments, tests, and treatments
- Communicating with the older adult's health care team
- Helping with housekeeping
- Handling insurance issues
- Managing finances
- Preparing meals or buying groceries
- Caring for pets
- Participating in end-of-life care

The older spouse as the main caregiver

In some cases, the spouse of an older adult with cancer does most of the caregiving. If the spouse is elderly, he or she will likely need physical and emotional support from other family members, neighbors, or social workers. This may be especially true if the caregiving spouse also has health issues.

Like any caregiver, the spouse of an older adult with cancer may experience emotional distress, financial hardship, an inability to maintain a normal routine, and trouble socializing. Often, caregivers experience feelings of depression and social isolation, especially if the person they are caring for becomes sicker over time. Many caregivers also neglect their own health care needs.



It is important for a spouse to recognize his or her strengths and limitations as a caregiver. Having a conversation about the level of care the person with cancer will need with the person's health care team can help an older spouse make care decisions that are as effective and manageable as possible.

Caregiving options

In addition to reaching out to family members and friends, caregivers can consider hiring medical or non-medical professionals who can provide high quality care. Medical professionals can help provide in-home health care, while non-medical professionals, such as home care aides, can help a caregiver with tasks such as bathing, grooming, errands, and more. Care facilities, such as nursing homes or inpatient hospice facilities that provide support for people with advanced cancer, may also be options.

Many local and national organizations also provide caregivers with a wide range of caregiving assistance. For example, some organizations have trained case managers who work with the caregiver and the

older adult with cancer to coordinate services such as home care, transportation, and meals. Other organizations may be able to provide financial or legal assistance, or deliver nutritious meals straight to a patient's home.

Caregivers can get referrals to agencies and community resources from the patient's doctor, oncology social worker, or nurse; members of local or online support groups; or state or county health agencies.

Care for the Caregiver

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

Find more information about caregiving, including resources for caregivers, at www.cancer.net/caregiving.

Resources

The following national organizations provide additional information and resources that may be useful to older adults with cancer and their family members or caregivers. Contact these organizations directly to learn more about the specific programs and services they offer. Because programs and services change frequently, this list may not be inclusive. Visit the “Publications and Resources” section of ASCO’s patient website, Cancer.Net (www.cancer.net), to find additional organizations and support.

Organizations

American Cancer Society

www.cancer.org

800-227-2345

CancerCare

www.cancercare.org

800-813-4673

National Cancer Institute

www.cancer.gov

800-422-6237

National Institute on Aging

www.nia.nih.gov

800-222-2225

The American Geriatrics Society

Foundation for Health in Aging

www.healthinaging.org

800-563-4916

Insurance Resources

Medicare

www.medicare.gov

800-633-4227

Medicaid.gov

www.medicaid.gov

U.S. Department of Veterans Affairs

www.va.gov

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

Financial Support Resources

In addition to the resources listed here, Cancer.Net offers a complete list of local service organizations and organizations that provide travel and housing assistance at www.cancer.net/financial.

Cancer Financial Assistance Coalition

www.cancerfac.org

CancerCare Financial Assistance Program

www.cancercare.org/financial

800-813-4673

HealthWell Foundation

www.healthwellfoundation.org

800-675-8416

Leukemia & Lymphoma Society patient financial aid

www.lls.org/diseaseinformation/getinformationsupport/financialmatters/patientfinancialaid/

800-955-4572



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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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