

# Surge in older cancer survivors expected as baby boomers age

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The United States could be faced with a national health care crisis in the coming decades as the country's baby boomer population ages and a growing number of older adults find themselves diagnosed with and living longer with cancer.

That is the position of a team of researchers from across the country who believe current prevention measures, screening, treatments, and supportive care for older patients at risk of or dealing with cancer are lacking in the US.

In a special supplement issue of the international journal *Cancer* being released this month - *Aging in the Context of Cancer Prevention and Control: Perspectives from Behavioral Health Medicine* – the researchers say there is an urgent need for clear, evidence-based practice guidelines to assist physicians, oncologists and others who provide short- and long-term care management to older adults with cancer.

Only with more immediate research will proper prevention efforts, screening, treatment approaches, post-treatment survivorship and end of life care be put in place to serve this rapidly growing population, the experts say.

Consider these facts:

-- More than 60 percent of all malignant cancer diagnoses in the U.S. occur in people age 65 or older.

-- There are an estimated 6.5 million adults age 65 or older currently living with a history of cancer in the U.S.

-- That number will only go up as the country's baby boomer population ages and the number of men and women age 65 and older – currently about 36.8 million – doubles by the year 2030.

-- Approximately 43 percent of these older men and women with cancer are expected to survive for 10 years or more and approximately 17 percent survive for 20 years or more after their initial diagnosis.

"The coalescence of three factors has the potential to create one of the biggest public health problems our country has faced in decades," said Keith M. Bellizzi, a cancer survivorship researcher and assistant professor of human development and family studies at the University of Connecticut. "These are: the aging of the baby boomers, the age sensitive nature of cancer, and the increased survival for those diagnosed with cancer."

There is growing consensus, Bellizzi said, that researchers and clinicians will need to take a multidisciplinary approach to address this challenge incorporating perspectives from geriatrics, oncology, behavioral medicine, and public health.

"Further alarming are two recent reports which warn of a looming shortage of adult oncologists and geriatricians in the coming decades," said Bellizzi, one of the *Cancer* supplement's lead authors and a former scientist with the National Cancer Institute in Bethesda, MD. "Two pressing questions that need to be addressed are: 1) Who and how will we care for the growing population of older individuals with cancer, many of whom also will have competing health conditions, and 2) what are the unique physical, mental and social issues that they face. Regrettably, research has not kept pace with this growing population."

Here are some of the critical issues facing the country's growing population of older cancer survivors as presented in the special supplement:

**Prevention** - There is a prevalent bias in the medical community and the general public that believes since many older people suffer from chronic disease, the focus should be on illness management rather than prevention. (Smoking cessation programs being one example) Since little evidence based prevention research exists in older populations, physicians are often forced to make their own judgment calls.

**Screening** - In general, older adults are less likely to be screened for cancer and are more likely to receive incomplete diagnostic workups. Future research in cancer screening should be devoted to developing or updating screening guidelines for older adults based on clinical trials that actually include older adults, decreasing barriers to screening when screening is found to be beneficial and leveraging volunteer organizations to enhance the participation of older adults in screening trials.

**Treatment** - Older adults are less likely to receive optimal doses of chemotherapy compared with younger patients due to toxicities and perceived complications. Age alone is inadequate in determining the vulnerability or response to treatment. When carefully selected, older patients can benefit from treatment or palliation. Use of a Comprehensive Geriatric Assessment (CGA) is recommended to determine which older cancer patients can benefit from treatment and which patients may benefit more from palliative care. Importantly, the patient's and family's values and preferences need to be taken into account in deciding on an appropriate treatment approach.

**Survivorship** - Is it my cancer or am I just getting older? Trying to disentangle the effects of cancer and its treatment from competing

health conditions like cardiovascular disease, diabetes and osteoporosis on health outcomes is complex. Some studies suggest that older cancer survivors may be doing worse physically and psychologically than non-cancer comparison groups. More research is needed in this phase of the cancer care continuum which will ultimately lead to interventions to prevent or mitigate these adverse outcomes.

**End of Life** - Although preparation of living wills and designation of a Health Care Proxy are mandated by Federal Law, studies have identified numerous barriers to their implementation. We believe more effective and efficient communication regarding prognosis among patients, families and practitioners will improve decision making and help patients with terminal disease gain better control over their financial and health care decisions at end of life.

A full copy of the supplement can be found on the Internet at:  
[www3.interscience.wiley.com/jo ... rnal/121542601/issue](http://www3.interscience.wiley.com/jo...rnal/121542601/issue)

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