

'Older people denied proper access to cancer care' according to Queen's study

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Older people globally are being denied proper access to cancer care, according to an editorial by Queen's University Belfast academic, Professor Mark Lawler of the Centre for Cancer Research and Cell Biology.

In an editorial in the *BMJ (British Medical Journal)* Professor Lawler said: "there is increasing evidence from around the world that elderly patients are being 'undertreated', leading to a 'survival gap' between older and younger patients.

"We need a fundamental change in cancer policy for the elderly patient. Our current practices are essentially ageist, as we are making judgements based on how old the patient is rather than on their capacity to be entered into clinical trials or to receive potentially curative therapy. It is disappointing that we see different principles being applied for older patients when compared to younger patients, with these differences leading to poorer outcomes in the elderly patient population."

Professor Lawler's findings are published in an editorial in the *BMJ* entitled, 'Ageism In Cancer Care: We Need to Change The Mindset'. It states the need to redress the disparities in the policy on cancer for older patients, citing a recent position paper from the European Organisation for Research and Treatment of Cancer, the Alliance for Clinical Trials in Oncology and the International Society of Geriatric Oncology recommending that [clinical trials](#) should be without an upper age limit.

A high proportion of older women with a certain form of breast cancer ('triple negative') receive less chemotherapy than their younger counterparts - despite evidence of the treatment's efficacy in this patient cohort, the authors claim.

They also point out that more than 70 per cent of deaths caused by [prostate cancer](#) occur in men aged over 75 years, who usually have more aggressive disease. Few older patients, however, receive treatment for localised prostate cancer, and in most cases they are denied access to chemotherapy for advanced disease, they add.

"Colorectal cancer is another disease of older people, yet the evidence again suggests that optimal treatment is not being provided to this patient cohort," Professor Lawler continues.

The paper sets its argument within the context of an ageing society – both locally and globally. Estimates for the UK suggest that 76 per cent of cancers in men and 70 per cent of cancers in women will occur in the over-65 population by 2030.

In the US, the number of over-65s is set to double at least, from around 40 million in 2009 to 89 million in 2050. Cancer is mainly a disease of the elderly. Given our ageing demographic, the paper argues, this will lead to an exponential increase in the number of cancer deaths unless we change our approach towards the elderly cancer patient.

The International Cancer Benchmarking Partnership – a collaboration that compares clinical outcomes between Australia, Canada, Denmark, England, Northern Ireland, Norway, Sweden and Wales – has indicated decreased survival for patients older than 65 years. A EURO CARE 5 study confirmed this trend, suggesting that the survival gap was widening between older and younger patients in Europe.

The evidence provided highlights the 'urgent need' for a 'geriacentric' strategy that maximises clinical trial activity in older patients, makes existing treatments more available and develops new approaches that are well tolerated in [older people](#), the paper says in its closing comments.

Professor Lawler concludes: "Such a strategy will also have to ensure that the principle of early diagnosis (underpinning more effective and less aggressive treatment) is applied in [older patients](#) as well as in their younger counterparts. Only then can we truly deliver a comprehensive [cancer](#) service to the elderly population in our society."

More information: www.bmj.com/content/348/bmj.g1614

Provided by Queen's University Belfast

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