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Group works to improve cancer care for elderly

Oncology organizations heading joint initiative

Pittsburgh Business Times - by [Christopher Davis](#)

Nursing professor Sarah Kagan was reminded recently how even physicians sometimes harbor negative perceptions of the elderly.

A relative's 86-year-old mother-in-law had lived independently and was in good health, prior to a stroke that left her partially paralyzed. Chances were good that physical rehabilitation would help her regain most of her daily functions.

However, when the family member suggested that the older woman might recover more rapidly if she were referred to a well-respected local rehab facility instead of another less expensive one, the doctor compared such a scenario to "having a world-class architect do repairs on your old, rundown house."

"He was not at all embarrassed to say this to my family member," said Ms. Kagan, an associate professor of gerontological nursing at the University of Pennsylvania in Philadelphia.

Unfortunately, she said such ageist perceptions are common inside and outside of the medical community, even as average life expectancies increase and the quality of life during those so-called golden years improves.

"I think we still see very open discrimination. It's often cloaked in a kind of parental approach," Ms. Kagan said. "We tend to infantilize them. People still believe that older people are less than capable adults."

Ms. Kagan is working, along with the **Oncology Nursing Society** and the **Geriatric Oncology Consortium**, to change that perception, especially when it comes to the treatment of elderly cancer patients.

The ONS and GOC are heading an initiative that aims, among other things, to increase the amount of clinical research and data regarding older individuals with cancer and improve their access to preventive screenings, treatment, rehabilitation and wellness care, as well as change the philosophies of health care professionals and others about cancer and the elderly.

Ms. Kagan, a 2003 MacArthur Fellowship winner, said improved treatments and better

diagnostic procedures have combined to increase the odds that patients will be able to beat various cancers, even if their ages are advanced. She contributed to a position paper issued jointly earlier this year by the GOC and ONS, underscoring the need to better serve older cancer patients.

The organizations contend in the paper that elderly cancer patients are often written off because of their age, yet the majority of all cancers -- about 60 percent -- occur in people older than 65. However, "compared with younger adults, those 65 years or older are less likely to be screened for cancer and, when a diagnosis of cancer is made, are less likely to be offered curative therapy or participation in a clinical trial," the position paper states.

"As a consequence of these practices, older patients with cancer often experience a diminished quality of life and an increased burden," it states. "The management of cancer has evolved dramatically in recent years as more aggressive, targeted therapies involving combinations of surgery, radiation therapy, chemotherapy and immune modulators now are available.

"However, older adults may receive less aggressive therapy than younger adults, often based on the belief that older adults do not tolerate such therapies as well."

MAKING PREPARATIONS

The GOC, founded in 2002, is a national network of more than 150 community-based oncology clinics. Its mission is to provide resources and education about cancer and the elderly, and to provide a national voice for senior cancer patients.

The organization uses its annual conference to highlight cancers common to senior adults and lobbies pharmaceutical companies to fund more clinical trials for their drugs and treatments that focus on older patients. The ONS, a 30,000-member organization based in Findlay Township, seeks to promote excellence in oncology nursing and cancer care.

Ms. Kagan, a member of the ONS, said she is using her year on sabbatical under the MacArthur Fellowship to educate other health care professionals about the need for more attention to be focused on cancer and the elderly, so it's viewed "not as a death sentence late in life, but a chronic problem that is going to require attention."

She said as the nation's older population increases, the incidences of cancer will grow, as well. Cancer treatment is also often expensive, so health care and government agencies need to begin planning now how to treat and pay for an expanded patient base.

"Unless we prepare, our current systems are going to be overwhelmed," Ms. Kagan said. "If you let any problem get out of control, it takes a lot more resources, a lot more cost, if you will, to get it back into control.

"What we need to be prepared for is to address the unique needs that population will present."

That's why more clinical research needs to be done involving older cancer patients, she said. The more data that's available, the more effectively those patients can be treated.

"Cancers are very different. Cancer in specific organs can be very different. Something you have

in later life might hit you harder than when you were a young person. There is so much that we need to know," Ms. Kagan said. "If we are able to do work that prevents problems ... then they're actually going to be able to maintain their daily function better."

Dr. Michael O'Connell, director of the Allegheny Cancer Center and the division of medical oncology at Allegheny General Hospital in Pittsburgh, agreed that there is a need for more research to be done involving elderly cancer patients.

Dr. O'Connell, who served previously as deputy director of the Mayo Clinic Cancer Center in Rochester, Minn., said a former colleague recently analyzed the responses of elderly cancer patients to a certain type of treatment and found that many received the same benefits from the treatment as much younger patients. An associate chairman of the National Surgical Adjuvant Breast and Bowel Project, Dr. O'Connell said that group is working currently to include elderly patients in a program involving a promising new oral chemotherapy treatment.

"I think there is the perception that elderly individuals won't be able to tolerate or benefit from (more aggressive) treatments, and in some cases, those treatments aren't even discussed with the patient or their families," he said.

"Not every elderly patient can benefit from or tolerate aggressive treatment ... but the key is not to exclude patients, based solely on age."

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