


Geriatric Oncology

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It is a reality all physicians in primary care face each day. Their older patients are more likely to be diagnosed with cancer. And yet with the clear relationship between advancing age and cancer—approximately 60 percent of all cancers in the United States occur in patients older than 65, according to the Geriatric Oncology Consortium—few specialized programs exist to meet the unique needs of such older patients.

As the nation's population ages and the number of older adults increases (typically divided into those over 65 and those older than 85), the demographics of cancer care are expected to change dramatically. Compared to their younger counterparts, those 65 years of age and older are less likely to be offered appropriately curative therapy or participation in clinical trials.

Lagging treatment may arise from self-stereotyping by the older adults themselves, clinician practice patterns, and a lack of interdisciplinary services. Yet, advances in treatment and supportive care improve chances for disease-free survival or chronically controlled disease for older patients who have cancer.

With the demographics of our aging society and the availability of curative therapies, the [Joan Karnell Cancer Center at Pennsylvania Hospital](#) has developed Living Well: A Program for Older Adults. Designed to meet the needs of cancer patients over age 65, the program combines the expertise of an interdisciplinary team in order to offer individualized care designed to optimize development of successful treatment plans. The members of the Living Well team include:

- Oncology physicians and nurses
- Geriatrician
- Psychologist
- Nutritionist
- Social worker
- Physical/occupational therapists
- Music therapists

The Living Well team works in collaboration with a patient's primary care physician to ensure continuity of care. Patients are evaluated through a comprehensive screening process, including geriatric assessment, as needed, to better identify a patient's physical, psychological, social and spiritual needs and provide the best available treatment options. "This is how geriatric care

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should be practiced," says [David Mintzer, MD](#), chief of hematology-oncology at Pennsylvania Hospital. "You can't just treat the cancer, you have to treat the whole person."

Sarah H. Kagan, PhD, RN, an internationally recognized expert on geriatric oncology, served as a consultant during the program's development. She is an associate professor of gerontological nursing at the University of Pennsylvania School of Nursing and was named a 2003 MacArthur Foundation fellow for her work in helping to improve health care for older cancer patients.

Dr. Kagan notes that cancer can present atypically in the geriatric population. Different cancers in older people, for example, may respond differently to treatment or the cancer symptoms may present differently in those who suffer from other chronic illnesses. "If we can succeed in changing the mindset about how to care for cancer patients, we can do so much more for older adults," she says. "Living Well is a pioneer program because it provides comprehensive assessment for the unique needs of older cancer patients as well as optimal support to ensure that they can live life to the fullest."

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