

Half of Patients With Cancer Are Older Than 65

Do You Know How to Care for Older Adults?

Nancy Thompson, RN, MS, AOCNS®, says that the biggest challenge to overcome is a general apathy about geriatric oncology.



[By Joseph D. Tariman, RN, MN, APRN-BC, OCN®, Contributing Editor]

As many oncology clinicians can attest, the number of older adults diagnosed with cancer is increasing. On a daily basis, inpatient and outpatient oncology data show that patients aged 65 years and older are now being treated with complex chemotherapeutic regimens for various types of cancer.

According to the latest Surveillance, Epidemiology and End Results data, the incidence of new cancer cases is about 10 times greater for people 65 years and older, accounting for 54.7% of all newly diagnosed cancers (National Cancer Institute, 2009). Cancers of the prostate, breast, colon, pancreas, bladder, stomach, lung, and rectum are the most common cancers occurring in people older than 65. Moreover, despite a decrease in age-standardized death rates from all types of cancers, 568 more cancer deaths were reported in 2006 than in 2005 because of the growth and aging of the U.S. population (Jemal et al., 2009).

A Need for Trained and Educated Oncology Nurses

ONS member Nancy Thompson, RN, MS, AOCNS®, outpatient oncology clinical nurse specialist at Swedish Cancer Institute in Seattle, WA, observes that more than half of all cancers occur in people aged 65 or older. Thompson contends that with these kinds of statistics, the average oncology nurse should have a mailbox overflowing with nursing journals and newsletters full of geriatric-specific, evidence-based articles; oncology-focused geriatric nursing research findings; and other ongoing helpful tips and tools in working with the needs of this specific patient population.

“[Geriatric care] is not merely providing care for an adult who is older; it requires specialized knowledge and skills,” Thompson says. “Yet, most oncology nurses do not view themselves as geriatric specialists and many could not even list the top five geriatric syndromes.”

Highly trained, well-educated oncology nurses are clearly needed to deliver high-quality cancer care to older adults with cancer.

ONS member Diane G. Cope, PhD, ARNP-BC, AOCNP®, oncology nurse

practitioner for Florida Cancer Specialists in Fort Myers, also agrees that with the increases in the U.S. older adult population, the risk of cancer with advancing age, and the number of older adult cancer survivors, oncology nurses should be competent in dealing with geriatric-specific health problems.

Quality of Life for Geriatric Patients

Quality-of-life research involving patients with cancer who are aged 65 or older has been limited with mixed results, Cope says.

“Cancer diagnoses have been shown to be less associated with quality of life than other comorbid conditions, but a more recent study found significant negative association with quality of life and lung cancer or non-Hodgkin’s lymphoma,” Cope adds.

Further research exploring the multitude of quality-of-life issues is critical for this unique older adult cancer patient population.

Ethical Issues

The major ethical issues in caring for older adults with cancer center around treatment decisions and financial resources, Cope says. “The decision to treat older adults with cancer is complex and must be evaluated on an individual basis with consideration of performance status, cancer stage, risks, benefits, and available social support. Older adults are often faced with limited incomes, and some cancer treatments are costly and require the identification of alternative financial support resources.”

Thompson agrees. “The increasing cost of health care makes obtaining quality care more unreachable for many seniors on fixed incomes.”

She notes that the most common ethical issues in clinical practice are decreasing dosages or choosing a less effective treatment based on the assumption that a patient can’t tolerate

ONS Position Addresses Aging Population

According to the American Cancer Society (2009), men and women aged 70 years or older have a lifetime probability of 37% and 26% for developing cancer, respectively.

In 2007, ONS joined with the Geriatric Oncology Consortium (GOC) to develop a position statement related to the cancer care of older adults (www.ons.org/Publications/Positions/Geriatric). The consortium identified that older adults with cancer are less likely to be offered aggressive treatment or to be included in cancer clinical trials. Evidence-based supportive care for older adults also tends to be underutilized.

It is the position of ONS and GOC that older adults should have access to the full spectrum of cancer care, from screening to survivorship to end-of-life care, and that barriers to clinical trials be remedied. In addition, interdisciplinary teams and geriatric assessments should be used to provide optimal care to older adults with cancer.

American Cancer Society. (2009). Probability of developing invasive cancer over selected age intervals, by sex, US, 2003–2005. Retrieved September 9, 2009, from http://www.cancer.org/docroot/MED/content/downloads/MED_1_1x_CFF2009_Probability_Dev_Invasive_Cancer_Age_Inter.asp



Diane Cope, PhD, ARNP-BC, AOCNP®, says that future geriatric oncology care needs to emphasize clinical trials, comorbid conditions, and survivorship.

the more aggressive treatment because of age. Thompson says that she has observed other ethical issues as well.

- Adult children who don't want their parents with cancer treated aggressively because they want their inheritance
- Geriatric patients eliminated from clinical trials because of subtle criteria that most older adults can't meet, such as comorbidities
- General oncologists not trained in geriatrics, resulting in a lack of geriatric assessments and substandard care
- A general lack of research on such a large group of people (i.e., discrimination)

Future Directions of Geriatric Oncology Care

Thompson says she understands that the aging population will increase the need for oncology nurses to be educated in geriatric oncology and for more research to be done in this population.

Recent improvements in targeted therapies and supportive care treatments have benefited older adult patients with cancer and will continue to do so.

One of the biggest challenges that must be overcome is a general apathy about geriatric oncology. "It's not viewed as being 'sexy' like new technologies, so nurses and researchers are not interested in the field," Thompson admits. In addition, funding agencies don't always see the value in the research so funding may be harder to obtain. The average oncology nurse doesn't view it as a topic to be an expert in.

Cope says that clinical trials and cancer practice guidelines for older adults have been limited in the past.

"Gero-oncology care in the future will need to emphasize clinical trials, screening, diagnosis, and cancer treatment strategies; comorbidity conditions as they impact cancer care; and survivorship issues for older adults to ensure optimum quality of life," Cope says.

One of the pressing challenges in the specialty of geriatric oncology will be the educational preparation of nurses to adequately care for older adults with cancer across a cancer care trajectory that is complicated by concurrent

comorbidities, age-related organ functional changes, and limitations in psychosocial and socioeconomic factors. Geriatric oncology nursing research is critical to facilitate the development of evidence-based nursing practice

that specifically addresses many of the unmet needs of the older adult with cancer, Cope concludes. *

Jemal, A., Siegel, R., Ward, E., Hao, Y., Xu, J., & Thun, M.J. (2009). Cancer statistics, 2009. *CA: A Cancer Journal for Clinicians*, 59(4), 225–249.

National Cancer Institute. (2009). Age distribution (%) of incidence cases by site, 2002–2006: All races, both sexes. Retrieved August 16, 2009, from http://seer.cancer.gov/csr/1975_2006/results_merged/topic_age_dist.pdf

Program Supports Hospital Services for Older Patients

Nurses Improving Care for Healthsystem Elders (NICHE) is a program through the Hartford Institute for Geriatric Nursing at New York University College of Nursing. Since 1992, the program has provided materials and services to stimulate and support the implementation of protocols and programs that benefit hospitalized older patients. Its mission is to change the culture of healthcare facilities so patient-centered care is available for older adults.

For example, the Geriatric Institutional Assessment Profile is a reliable and valid tool for hospitals to assess their readiness to implement change in the care of older adults and to monitor progress once the changes are complete. The NICHE benchmarking service analyzes the data and produces a report for the hospital.

For more information, visit www.nicheprogram.org.



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[ONE NURSE'S PERSPECTIVE]

Maintaining Quality of Life Is an Important Part of Geriatric Oncology Care

Mary Kate Eanniello, RN, MSN, OCN®, is the nurse educator for the cancer program at Hartford Hospital in Connecticut.

As an inpatient oncology nurse, I act as a role model for integrating care of older adults when providing oncologic care. I am passionate about maintaining quality of life for older adults with cancer. The patients I've cared for want to stay independent and not go to a nursing home. When assisting geriatric patients with quality of life, family involvement is important. Good nutrition and mobility are needed to maintain an active life. On our unit, we have an exercise program to help fight fatigue and get people mobile. Three days per week, someone from a local fitness center conducts a gentle stretching class. A physician's order is needed, but there are no limits; patients who need oxygen, have chest tubes, or use wheelchairs are included.

I am part of a hospital-based group of nurses that care about geriatrics. We implemented a global geriatric educa-

tion program to ensure that specific care for older adults is threaded through all care provided in the hospital. For example, in the neutropenia guidelines, a note is made that geriatric patients may not mount a fever response. Our hospital has become

NICHE (Nurses Improving Care for Healthsystem Elders) certified. Each unit has a geriatric resource nurse, who has undergone an eight-hour training program with the goal of incorporating geriatric care throughout the unit.

In addition, I am part of ONS's task force to infuse geriatrics into ONS resources (see article on p. 22). My only limit is a lack of time, not a lack of enthusiasm or ideas. *

