Cancer and Aging

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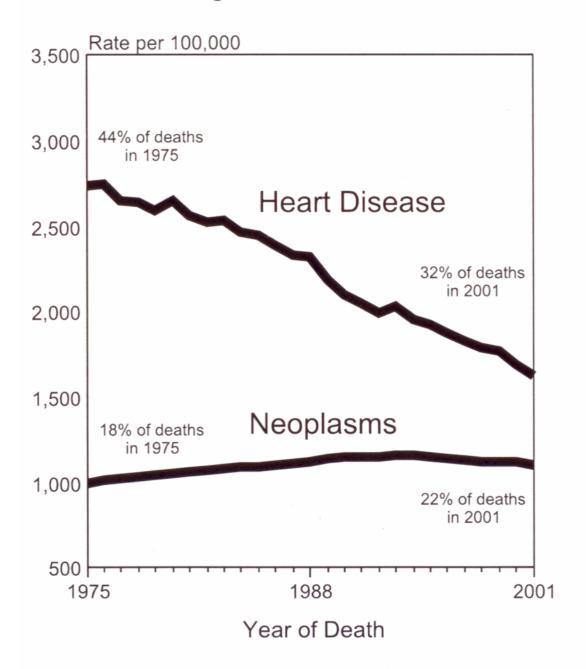
An 85 year-old man is mentally alert and in good general physical shape. He uses a walker. He is diagnosed with acute myelocytic leukemia. What treatment would you recommend?

Same case but the man has moderate dementia.

75 year old woman who has a history of a fractured hip successfully repaired, plays tennis once a week, works part-time has colon cancer by CAT scan. What treatment would you recommend?

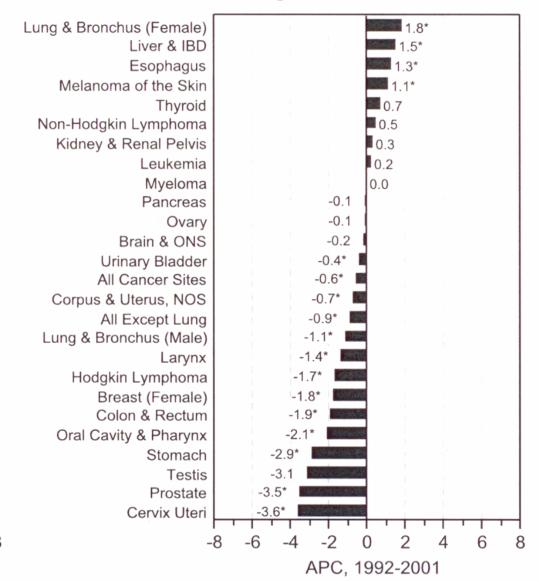
83 year-old woman is a resident of a nursing home with dementia and some congestive heart failure., Her children request that you order a mammogram. What would you do?

Ages 65 and Over



Annual Percentage Change in Mortality, 1992-2001

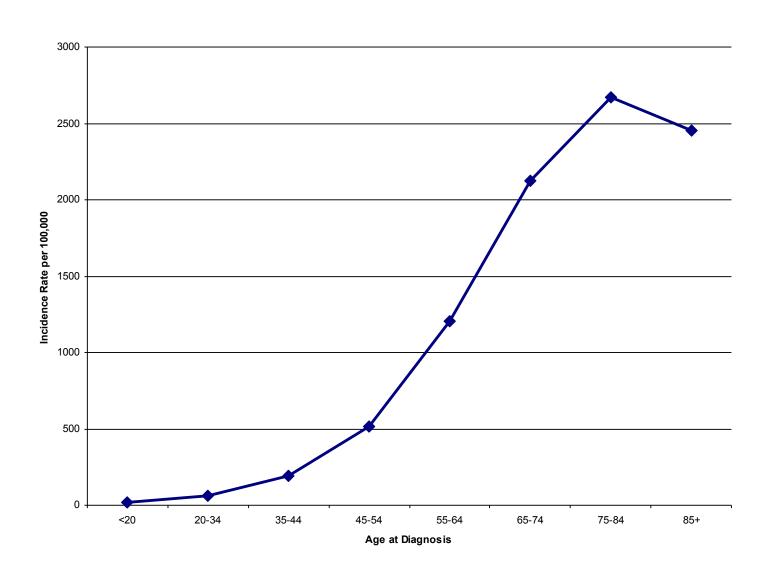
Ages 65 and Over



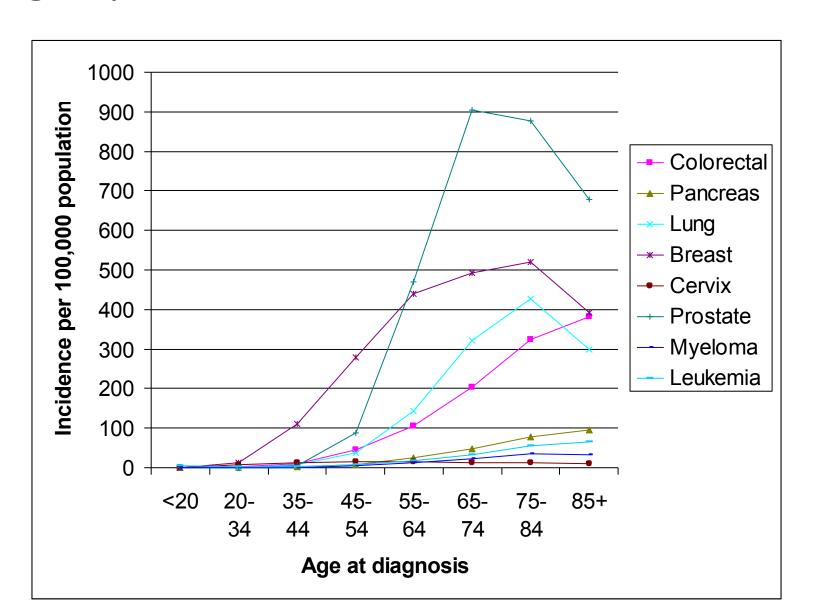
Age-Related v. Age-Specific

- Age related:
 - Prevalence increases with age
 - Typical of chronic diseases
 - Incidence increases with age
 - Dementia, osteoporosis
- Age specific:
 - the incidence peaks at specific ages
 - Multiple sclerosis, rheumatoid arthritis
- Is cancer age-related or age-specific?

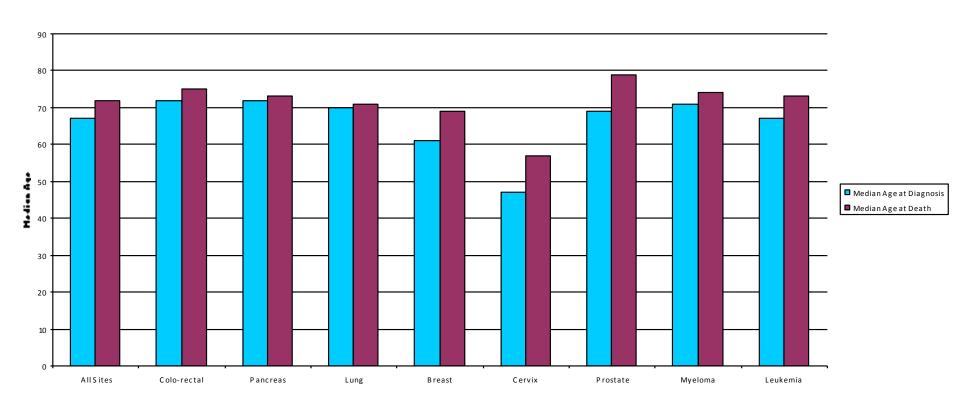
Age-Specific Incidence of Cancer, All Sites



Age-Specific Incidence of Selected Cancers



Median Age of Cancer Diagnosis & Death



Differences in the Clinical Course

- Onset
- Survival

- Leukemia
- Prostate

Management of Cancer

Older people with cancer are treated differently with regard to:

- Screening
- Treatment
- Intensity of follow up

Should they be?

Screening

- Age vs. other factors (e.g., function)
- Life expectancy
- Do not uncover what you are not prepared to treat

Age and Treatment

- Success of treatment
- Availability of treatment
- Options
 - Surgery
 - Aggressive v. local
 - Chemotherapy
 - Radiation
- Whom should you treat
- Lack of good data on the extent and strength of side effects from treatment
 - Short-term (nausea, weakness)
- Long-term (fractures, cognition)

Intensity of Follow Up

- How aggressive should you be
- What is the basis for your follow-up plan?

The Calculus of Cancer Treatment

- The therapeutic window
 - Likelihood of benefit (life expectancy with treatment – without treatment)
 - Life expectancy without cancer
- Comorbidities
 - Functional and cognitive status/quality of life
- Likelihood of side effects*utility
- Patient preferences
 - Personal timeline

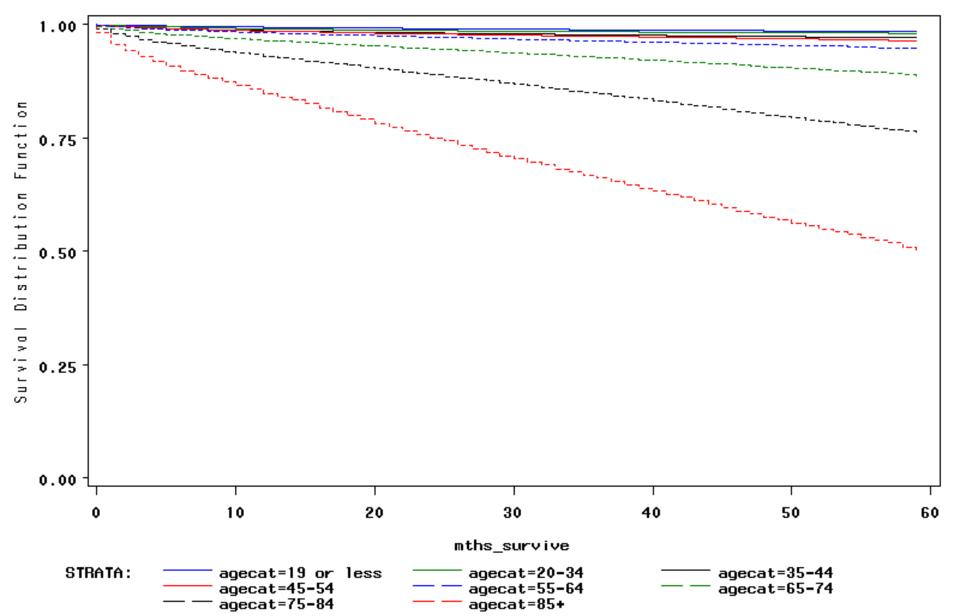
SEER Data

- Report source limited to exclude:
 - Nursing/Convalescent Home/Hospice, Autopsy only and Death Certificate Only
- All registries included
- Censors persons for whom cause of death was unknown (death certificate not available or cause of death not listed on death certificate):
 - 2.2% of deaths

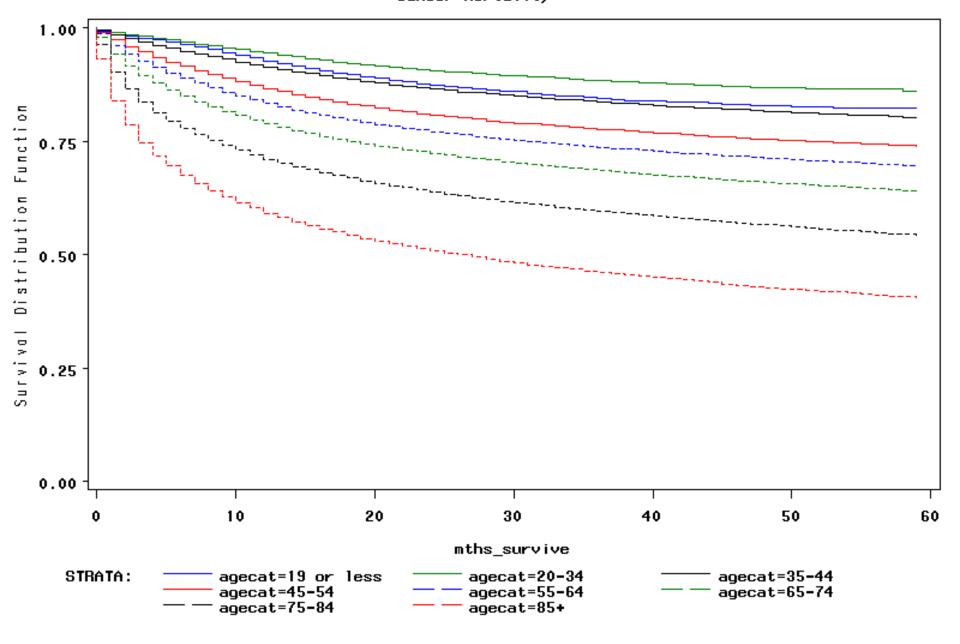
Observations

- Cancer is an important cause of death
- 50% of 85+ (75% of 75-84; 90% of 65-74)
 survive 5 years if don't die from cancer
- Cancer effects seen in first 30 months
- Age matters; cancer effects greater for oldest
- Cervical cancer is deadly in older people
- Breast cancer affects 85+ harder
- Leukemia hits the elderly hardest

All sites

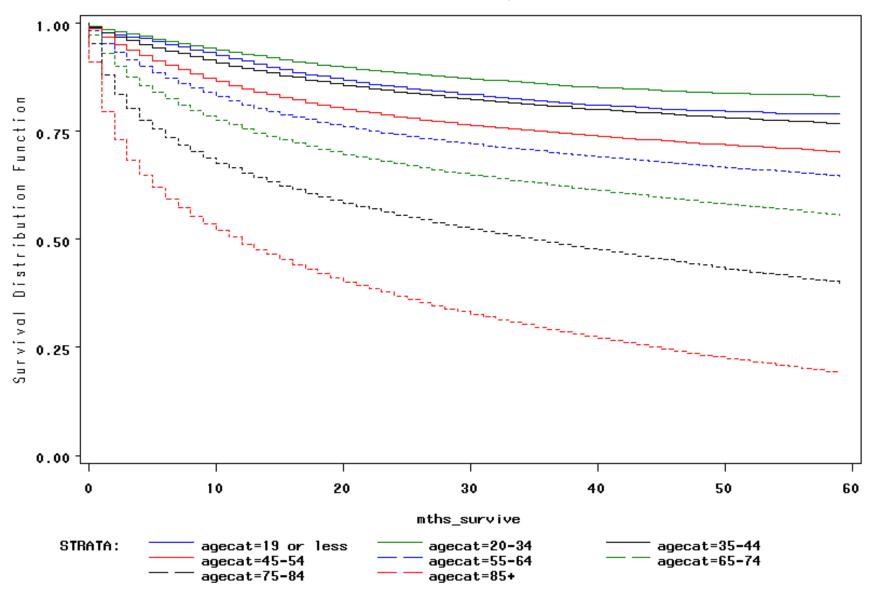


All sites

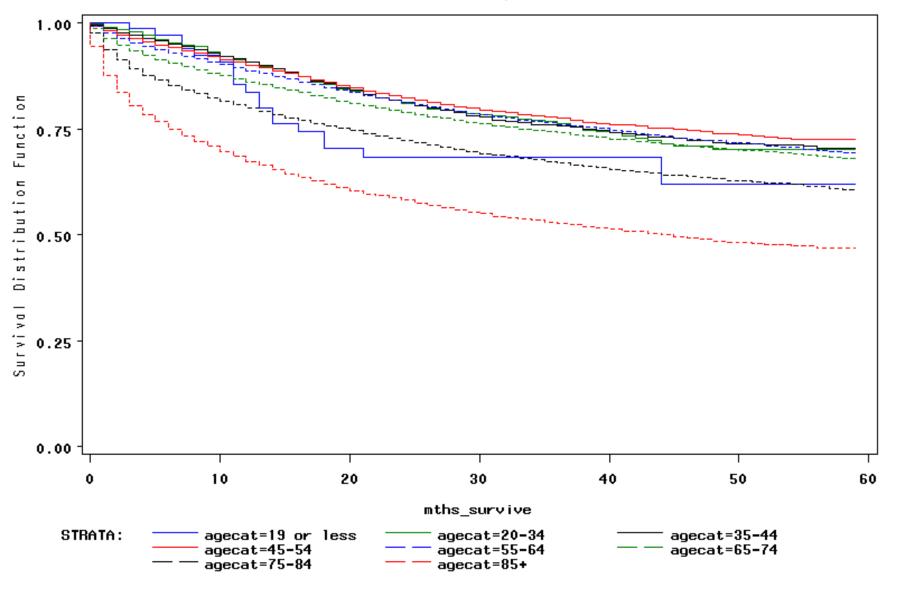


All sites

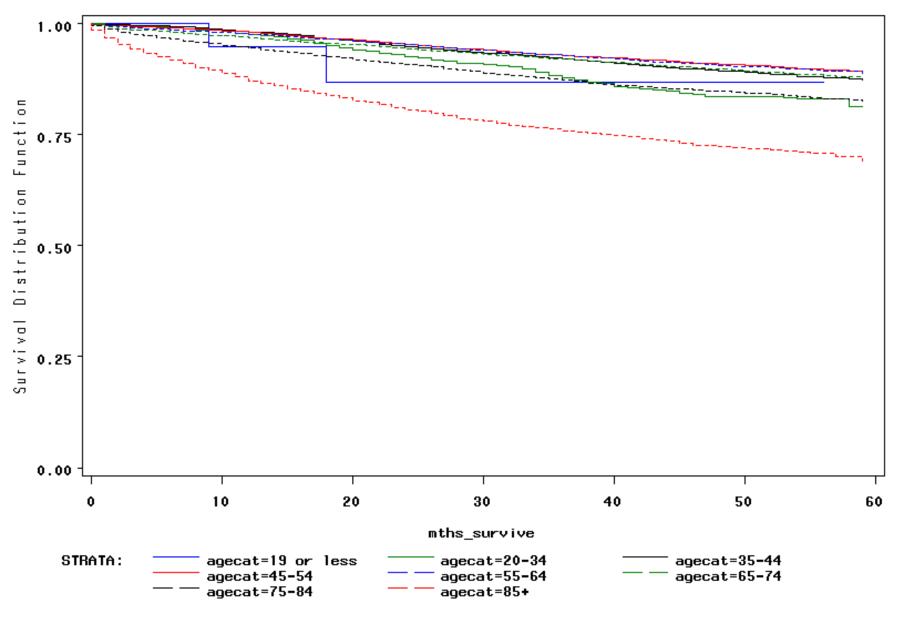
All cause mortality



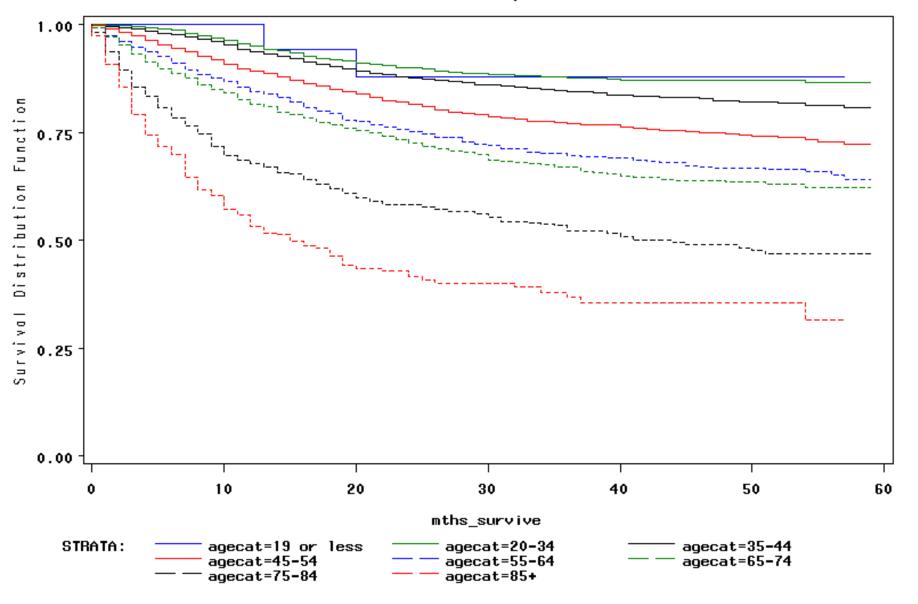
Colorectal



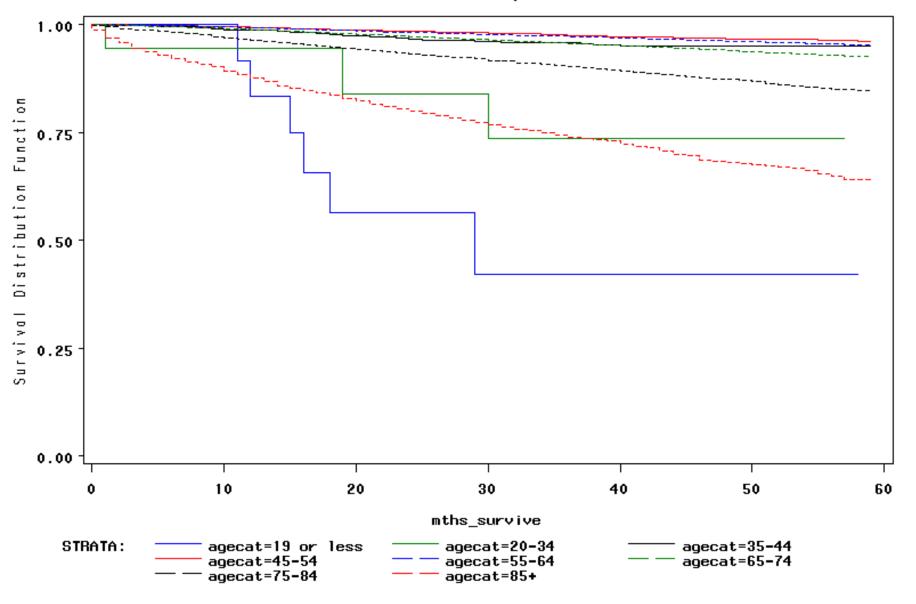
Female Breast -- Invasive



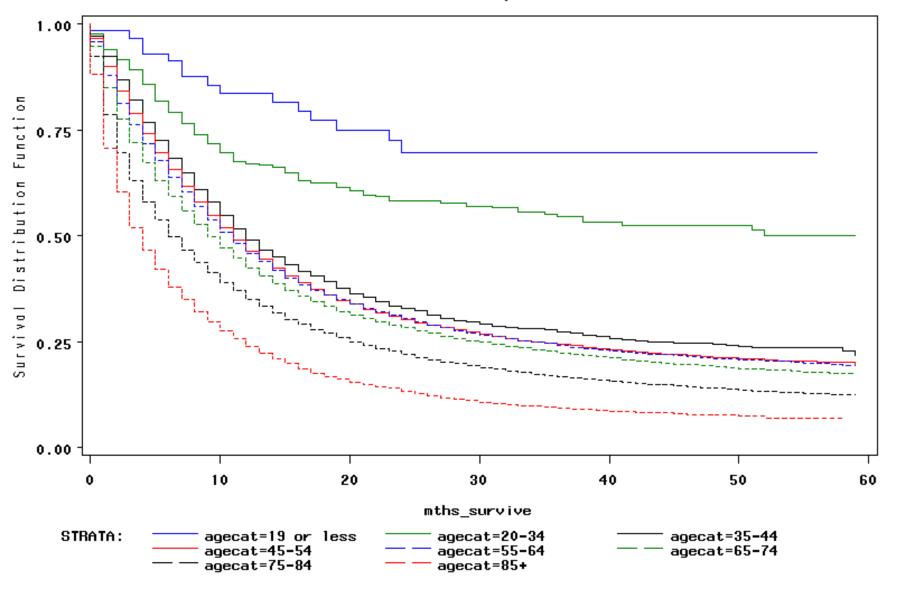
Cervical



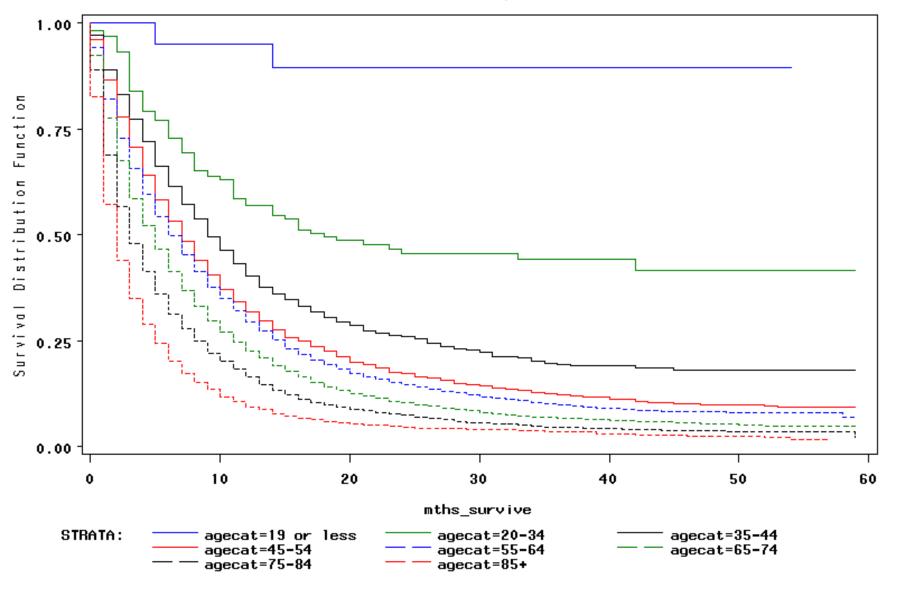
Prostate



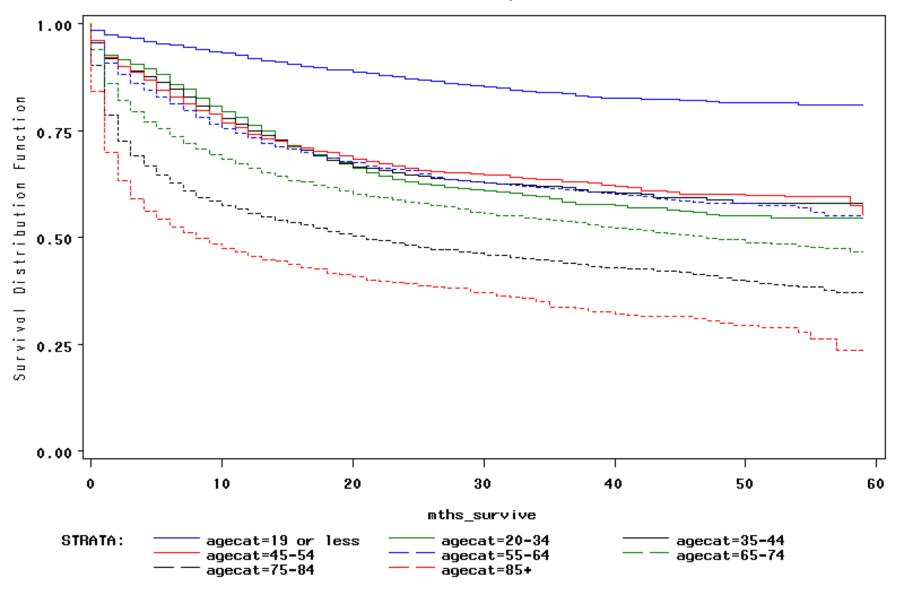
Lung Cancer Mortality



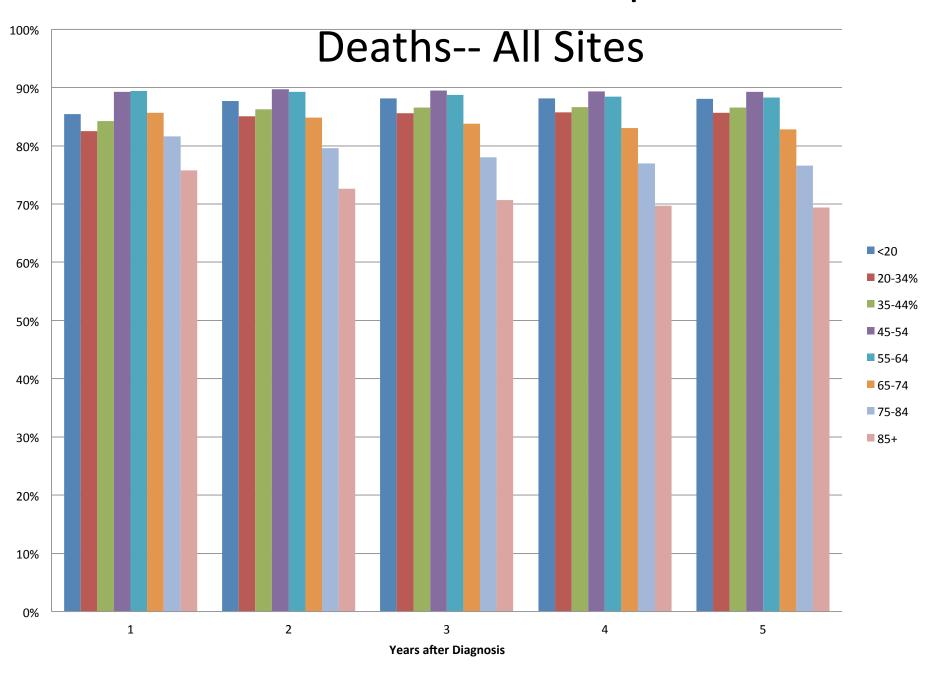
Pancreas

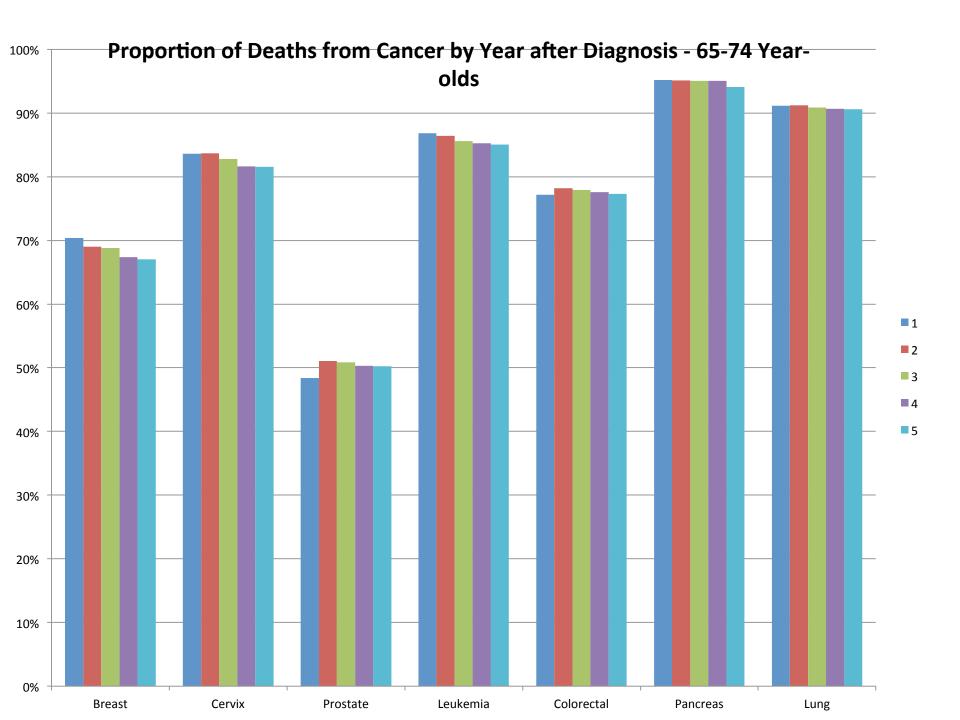


Leukemia

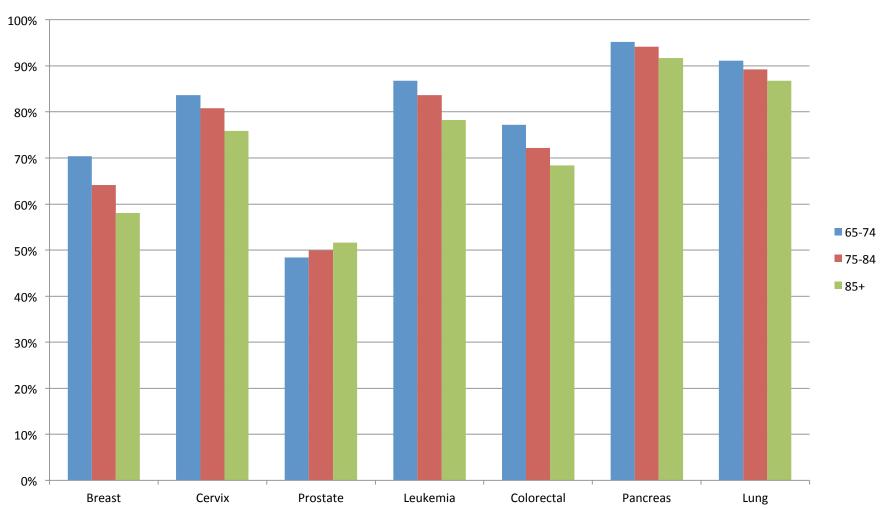


Deaths from Cancer as a Proportion of All





Proportion of Deaths from Cancer at One Year after Diagnosis



- Cancer is an important cause of death
- 50% of 85+ (75% of 75-84; 90% of 65-74)
 survive 5 years if don't die from cancer
- Cancer effects seen in first 30 months
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Hospice/Palliative Care

- Symptom management
- Pain management
- Social support
 - Avoid abandonment
- Care setting
- End of life planning

Lessons

- Cancer is important in aging
- Reconsider some practices around screening?
- Titrate treatment to the person
- Respect personal values, but only after the patient knows the facts.