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# Cancer and Older Adults: Getting the Care You Deserve

Presented by

**Jamie H. Von Roenn, MD**

Robert H. Lurie Comprehensive Cancer Center  
Northwestern University Feinberg School of Medicine

**Carolyn Messner, DSW, MSW**

CancerCare

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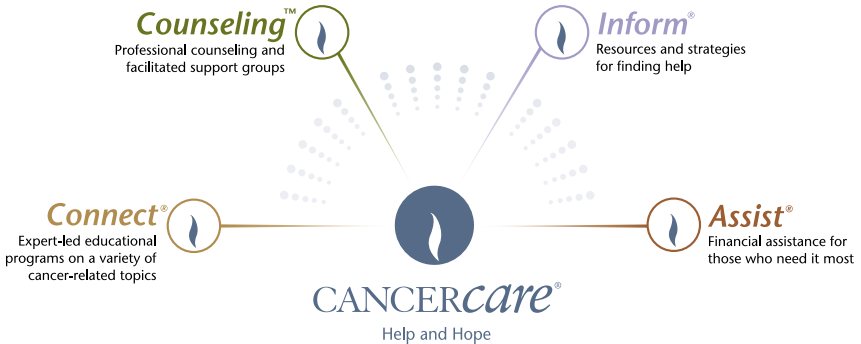
- Cancer screening for older adults
- Quality cancer care for older adults
- Coping with treatment side effects
- Resources for older adults with cancer



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CancerCare is a national nonprofit organization that provides free, professional support services to anyone affected by cancer: people with cancer, caregivers, children, loved ones, and the bereaved. CancerCare programs—including counseling, education, financial assistance, and practical help—are provided by trained oncology social workers and are completely free of charge. Founded in 1944, CancerCare provided individual help to more than 97,000 people last year and received nearly 2.1 million visits to its websites. For more information, call 1-800-813-HOPE (4673) or visit [www.cancercares.org](http://www.cancercares.org).

### Contacting CancerCare

#### National Office

CancerCare  
275 Seventh Avenue  
New York, NY 10001  
E-mail: [teled@cancercares.org](mailto:teled@cancercares.org)

#### Administration

Tel: 212-712-8400  
Fax: 212-712-8495  
E-mail: [info@cancercares.org](mailto:info@cancercares.org)  
Website: [www.cancercares.org](http://www.cancercares.org)

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# Cancer and Older Adults: Getting the Care You Deserve

Presented by

## **Jamie H. Von Roenn, MD**

Professor of Medicine, Division of Hematology/Oncology  
Robert H. Lurie Comprehensive Cancer Center  
Northwestern University Feinberg School of Medicine  
Medical Director  
Palliative Care and Hospice Home Care Program  
Northwestern Memorial Hospital  
Chicago, Illinois

## **Carolyn Messner, DSW, MSW**

Director of Education & Training  
CancerCare

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# People are never too old to be screened or treated effectively for cancer.

**T**he single greatest risk factor for developing cancer is getting older. While there are many different definitions of “older adults,” in this booklet we use the AARP definition, which defines an older adult as a person 50 years or more.

Because cancer is most common in older adults, screening for many cancers usually begins at age 40 and continues to ages 60 through 90. As an older adult, one of the most important things you can do to ensure you get the best care possible is to follow **screening** recommendations for your age and personal situation. That is because cancer is most treatable when detected in its early stages.

If you are diagnosed with cancer, having good communication with your health care team is critical. This booklet discusses factors that may influence your treatment options, common side effects and how to manage them, and support services available.

An important note: Talk to your health care team about taking part in **clinical trials**. Often, patients gain access to and benefit from new treatments when they participate.

## Cancer Screening Recommendations for Older Adults

Finding any cancer as early as possible increases the chances of successful treatment. Below are screening guidelines for some of the most common cancers in older adults. Talk to your doctor about these recommendations, and ask if you should be screened for other cancers.

## BREAST CANCER

Older women are much less likely to be screened for breast cancer than younger women. However, the American Cancer Society recommends that all women over age 40, including older women, have an annual clinical breast exam by a physician and a yearly **mammogram**. Screening can help identify breast cancer at an early stage, before it has spread beyond the breast. Although only a few studies have looked at the effect of breast cancer screening in women over age 70, women in this age bracket who are in good health should still be screened for cancer.



## COLORECTAL CANCER

For anyone over age 50, doctors recommend getting screened for colorectal cancer. Early detection could save your life. Colorectal cancer usually starts with **polyps** growing in the colon or rectum. Over time, some polyps can turn into cancer. The purpose of the screening tests is to find polyps so they can be removed before they turn into tumors. When colorectal cancer is found early, the chance of effective treatment is very good.

In Spring 2008, the American Cancer Society added stool DNA testing and CT (computed tomography) colonography to the list of screening choices. All of these tests are used to detect polyps or colorectal cancer and can be used alone or in combination. Talk with your doctor about which test is right for you:

**Fecal occult blood and fecal immunochemical tests (both are stool tests), once a year** Using a test kit from your doctor or nurse, you put a small stool sample on a test card for three bowel movements in a row. The test cards are returned to the doctor or a lab, where they are checked for blood, a possible symptom of colorectal cancer.

**Stool DNA test** This is a relatively new screening method that looks for certain changes in the genetic material known to be related to colon cancer. But because it is so new, more research is needed to determine how often the test should be done to have the best chance of finding cancer.

**Flexible sigmoidoscopy, once every four to five years**

In this test, the doctor places a short, thin, flexible, lighted tube into the rectum to check for polyps or cancer. With this instrument, he or she can view inside the rectum and the lower third of the colon. Many doctors recommend combining sigmoidoscopy and a stool test.

**Barium enema, once every five years** An enema with a liquid called barium is given to the patient. Then the doctor takes an x-ray. The barium allows the doctor to see the outline of the colon so he or she can check for polyps.

*Note: No matter which of these tests you choose, if your doctor finds anything suspicious, such as blood in the stool or a polyp, you should follow up with a **colonoscopy**.*

**Colonoscopy, once every 10 years or more frequently if recommended by your doctor**

Considered by most doctors to be the most effective screening test, colonoscopy is similar to sigmoidoscopy. But in a colonoscopy, a thin, flexible, lighted tube is placed inside the rectum and the entire colon. People are usually given medication to relax or sleep during this test. With a colonoscopy, the doctor can find and remove polyps before they become cancerous.

**CT colonography (also known as “virtual colonoscopy”)**

In this test, the inside of the colon is inflated with air, and a CT (or CAT) scan is then done to look for polyps or cancer. If they are found, a regular colonoscopy is needed to remove the polyps. There are drawbacks to this test: the test can cost between \$1,200 and \$1,500, and insurers may not pay for it. Also, virtual colonoscopy may miss smaller colon tumors or those that are flat.

## PROSTATE CANCER

In some men, prostate cancer is so slow-growing that, left alone, it would likely not cause any symptoms. For this reason, screening for prostate cancer is controversial. However experts



agree that men at higher risk of prostate cancer, such as those with a family history of the disease and African-American men, should get screened. But every man should talk with his doctor to find out whether prostate cancer screening is right for him. Screening generally involves two tests: a physical examination that a doctor performs by inserting a finger in the rectum to examine the prostate, and a **PSA (prostate-**

**specific antigen) blood test**. PSA is a protein produced by the prostate gland. Blood levels of PSA may rise when a man develops prostate cancer. Talk to your doctor about your level of prostate cancer risk and whether he or she recommends screening and at what age.

## Quality Cancer Care for Older Adults

If you are diagnosed with cancer, it's important to work with a health care team made up of different specialists who understand your treatment goals.

Studies show that age alone should not determine which treatments a person is offered. So speak frankly with your health care providers and ask if you are receiving the same treatment for your cancer that you would get if you were younger and in a similar state of health.

Rather than looking at age alone, doctors should consider a range of other factors when making treatment recommendations. These factors include:

- **Preexisting health problems** Just as the risk of cancer increases with age, so, too, does the risk of having other health problems, such as diabetes, high blood pressure, and heart disease. If you have one of these preexisting conditions, talk with your doctor about how it might affect your treatment options.
- **Multiple medication use** If you do have preexisting health conditions in addition to cancer, talk with your doctor about whether any of the medications you are already taking might decrease the effectiveness of your cancer treatment or lead to uncomfortable side effects.
- **Ability to care for yourself** When planning treatment for older adults with cancer, doctors measure the patient's "performance status"—that is, the individual's level of physical activity and how able he or she is to carry out daily activities. Short-term memory loss due to cancer treatments or other stressful life events may make it harder for a person with cancer to cope. If you are experiencing these difficulties, your doctor can help you, either directly or by referring you to professional counseling, such as that offered by CancerCare®.
- **Balance and mobility** Many people develop difficulties with balance and walking as they get older. Some cancer treatments may also weaken bones and make them even more susceptible to injury. Discuss any concerns you have with your doctor. You might need to make a few simple changes, such as improving lighting or installing safety railings in the bathrooms, to help reduce your risk of falling.
- **Social support** Your doctor may ask you questions such as: Do you live with someone in good health who can help take care of you? Are there other people in your social network who can lend a hand if you need help with practical matters such as buying groceries, taking you to treatments, or going to the drugstore to pick up your prescriptions? This is important to know because research shows that strong social support is enormously helpful to

someone going through cancer treatment. Support groups for people with cancer, like those offered by CancerCare, can also provide emotional support.

### ■ **Financial concerns**

Older adults who live on fixed incomes or are retired may find it difficult to pay for treatment or costly medications. If this is an issue for you, talk with your health care team about available resources, such as prescription assistance programs or financial help from organizations such as CancerCare.



Whatever your concern, know that you can turn to your health care team for advice and care. You should always feel free to talk with the members of your team; they are there to help you.

## Managing Side Effects

Managing side effects is an important part of maintaining the best quality of life possible as you go through cancer treatment. Fortunately, there are many effective medications and practical things you can do to manage side effects.

Examples of manageable side effects include:

- **Pain** There is no need for anyone to be in pain. If you are experiencing pain, let your health care providers know about it. The more detailed and precise the information you can give your doctor or nurse, the more it will help him or her treat your pain effectively. Another important point: don't self-prescribe over-the-counter medications to control pain. These drugs may not give you the relief you need, may interact with your current medications, and could even interfere with your treatment.

- **Nausea and vomiting** Don't hesitate to tell your health care team if you experience these symptoms, even if you think what you are feeling is just mild queasiness. That could be the first sign of nausea, which medications can reduce if taken in time. Nausea and vomiting can lower your quality of life, affect your outlook, make it difficult to work or concentrate, result in dehydration, and even delay treatment.
- **Fatigue** Feeling very tired, even after rest and sleep, is a common symptom for many people being treated for cancer. Sometimes people feel fatigued even after treatment is finished. If you experience this side effect, it's not something that you or your health care team should ignore. Fatigue can affect your mood, your relationships, and your ability to perform everyday tasks, and it can even interfere with your treatment. It's important to find out the cause of fatigue. For example, it could be the result of an infection or **anemia**. Both of these conditions can be treated with medication.

If you have any concerns about particular side effects, don't hesitate to discuss them with your health care team. Most doctors who treat cancer are members of a team that includes pain specialists, nurses, and other professionals who are specially trained to help patients manage a variety of side effects. They can recommend medical and non-medical options for coping.

## Your Support Team

A number of studies show that older adults tend to adjust to the stress of cancer better than younger people. That may be because older adults have gone through many life experiences that have prepared them to handle major stresses like cancer. However, cancer treatment and its side effects can make it difficult for people to continue to carry out their usual daily activities, and this loss of independence can be emotionally challenging. Your health care team can help you come up with strategies for managing daily activities, such as getting to and from appointments. Of course, your family members and friends

are often able to help as well. It's essential to develop good communication with people you can depend on for support.

In addition, you can turn to these resources:

**Oncology social workers** are specially trained to help you find out more about your treatment options, learn how to navigate the health care system, and get the best care possible. As discussed in this booklet, when older adults are coping with cancer, complex emotions and issues arise that can affect your quality of life. These health care professionals understand your needs. They can provide emotional support, help you cope with treatment and its side effects, and guide you to resources. CancerCare® offers free counseling from professional oncology social workers on staff.



**Support groups** Many support groups are available for people with cancer. Support groups can reduce the feeling that you are going through cancer alone. These groups provide reassurance, suggestions, and insight—a safe haven where you can share similar concerns with your peers in a supportive environment. At CancerCare, people with cancer and their families can take part in support groups in person, online, or on the telephone.

**Financial help** is offered by a number of organizations, including CancerCare, to help cover the cost of medications, transportation to treatment, or help needed around the home. CancerCare can also refer you to other resources in your community that can provide assistance.

**To learn more about how CancerCare can help, call 1-800-813-HOPE (4673) or visit us online at [www.cancercare.org](http://www.cancercare.org).**

# Frequently Asked Questions

**Q I was under the impression that if older adults had multiple health conditions going into cancer treatment, they would not be eligible for clinical trials. Is that true?**

**A** No. Today, older adults can usually take part in clinical trials unless the trial would require them to take medications that pose risks for certain medical problems, such as heart disease.

**Q Are there any statistics indicating that cancer spreads more often in older adults than in younger people? Six years ago I had both breasts removed due to breast cancer and haven't had a recurrence, but the possibility is always in the back of my mind.**

**A** It depends on the type of cancer the person has. But, for cancers overall, the longer a person goes without a recurrence, the longer he or she is likely to continue to be cancer free. For example, for breast cancer specifically, 70 percent of recurrences develop during the first three years after treatment. After that, the chance of a recurrence decreases with each year a woman is cancer free.

# Glossary

**anemia** An abnormally low level of red blood cells that can lead to extreme fatigue, shortness of breath, and other symptoms.

**clinical trials** Research studies that have led to advances in cancer treatment. Clinical trials are the standard by which we measure the worth of new treatments and quality of life.

**colonoscopy** An exam that allows a doctor to look at the inside of the colon to check for signs of colon cancer. For the exam, a doctor inserts a small, lighted tube, attached to a tiny camera, through the colon and looks for abnormal growths.

**mammogram** An x-ray of the breast used to help screen for breast cancer.

**polyps** Small pieces of usually benign (non-cancerous) tissue jutting out from the inner lining of the colon or rectum. A polyp can sometimes turn into a tumor if it is not removed.

**PSA (prostate-specific antigen) blood test** A test that measures blood levels of a protein produced by the prostate gland. Blood levels of PSA often rise when a man develops prostate cancer.

**screening** Tests that can be used to check a person for cancer. Currently, doctors can screen for cancers of the breast, colon, rectum, cervix, prostate, testes, mouth and mouth area, and skin. Screening tests for other cancers, such as lung and ovarian cancer, are currently being evaluated. For many types of cancer, regular screening tests can help detect cancer early. Cancer treatment is more likely to be successful when the cancer is diagnosed before it has spread.

# Resources

## **CancerCare**

1-800-813-HOPE (1-800-813-4673)

[www.cancer.org](http://www.cancer.org)

## **American Cancer Society**

1-800-227-2345

[www.cancer.org](http://www.cancer.org)

## **Cancer.Net**

(Patient website of the American Society of Clinical Oncology)

[www.cancer.net](http://www.cancer.net)

## **Geriatric Oncology Consortium**

1-888-437-4662

[www.thegoc.org](http://www.thegoc.org)

## **National Cancer Institute**

1-800-422-6237

[www.cancer.gov](http://www.cancer.gov)

## **National Coalition for Cancer Survivorship**

1-877-622-7937

[www.canceradvocacy.org](http://www.canceradvocacy.org)



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The information presented in this patient booklet is provided for your general information only. It is not intended as medical advice and should not be relied upon as a substitute for consultations with qualified health professionals who are aware of your specific situation. We encourage you to take information and questions back to your individual health care provider as a way of creating a dialogue and partnership about your cancer and your treatment.

All people depicted in the photographs in this booklet are models and are used for illustrative purposes only.

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When Fran was diagnosed with cancer, she knew that she and her daughter, Rachel, would need support. Both found help and hope with *CancerCare*.

Since 1944, our professional oncology social workers have provided **free** counseling, education and practical help for anyone touched by cancer. *CancerCare* is with you every step of the way.

If we can help you and your family, please call us at 1-800-813-HOPE (4673) or visit [www.cancercare.org](http://www.cancercare.org).



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