

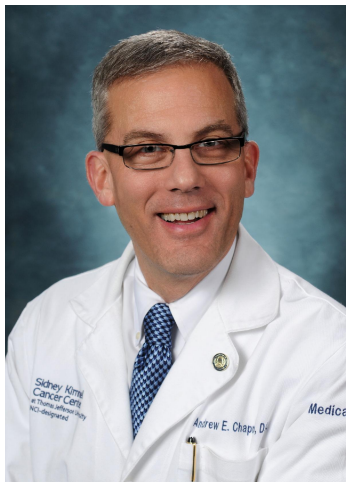
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Commentary

Aging in Cancer: Preparing for the Silver Oncologic Tsunami

By Andrew Chapman, DO, FACP, FCPP



Andrew E. Chapman, DO, FACP, FCPP, is director of the Sidney Kimmel Cancer Center at Jefferson Health, in Philadelphia.

Commentary Overview

- With the number of people over the age of 65 in the U.S. projected to double by 2030, we must focus on aging's effect on cancer and address the unique needs of older patients.
- The Sidney Kimmel Cancer Center at Jefferson Health (SKCC) established the Jefferson Senior Adult Oncology Center at the Sidney Kimmel Cancer Center to offer a team-based approach to better care for patients aged 65 and older. SKCC also created a geriatric oncology fellowship program and launched the Geriatric Oncology Center of Excellence to prioritize research on molecular changes associated with aging that contribute to cancer.
- The American Society of Clinical Oncology recently issued updated guidelines for assessing patients over the age of 65 undergoing cancer treatment, along with the Practical Geriatric Assessment tool.

Cancer is largely a disease associated with aging. About 70 percent of cancers are diagnosed in people aged 65 and older and about 85 percent of all cancer mortalities occur in this population. The disease also affects these patients differently than younger patients due to issues including comorbidities, polypharmacy, cognitive impairment, and frailty.

With the number of people over the age of 65 in the United States projected to double by 2030, we are looking at a silver oncologic tsunami, which requires us to understand the effect of aging on cancer and address the unique needs of these patients to optimize health outcomes.

Tailoring Clinical Care

Caring for the older adult is a priority at the Sidney Kimmel Cancer Center at Jefferson Health (SKCC). Working with the geriatricians in the Department of Family Medicine, we established the

Jefferson Senior Adult Oncology Center at the Sidney Kimmel Cancer Center in 2010 to offer a team-based approach to better care for patients aged 65 and older.

In addition to medical, surgical, and radiation oncologists, our multidisciplinary team includes geriatricians, pharmacists, social workers, dieticians, and physical therapists who work together to assess the needs of these patients and develop personalized care plans for every individual. We also recognize the importance of the shared decision-making model in terms of developing a comprehensive care plan. To address the goals of older adults, who may be more focused on quality of life than a curative approach, which is often the goal of younger patients, we need to tailor our approach when developing a treatment plan following diagnosis.

Geriatric Assessments in the Clinic

The American Society of Clinical Oncology (ASCO) recently issued updated [guidelines](#) for assessing patients over the age of 65 undergoing cancer treatment, along with the [Practical Geriatric Assessment \(PGA\)](#) tool. These updated guidelines are important in moving the field of geriatric oncology forward and underscore the importance of geriatric assessment prior to starting chemotherapy for all patients over the age of 65.

Although ASCO's 2018 Geriatric Oncology Guidelines recommended geriatric assessments (GAs), they have not been routinely used in clinical practice, despite the research showing that GA is associated with improved patient outcomes. The PGA tool was designed to address barriers to GA uptake and encourage widespread adaptation in every care delivery setting.

A Bench-to-Bedside Approach

In addition to working with patients in the care delivery setting, we must build upon our knowledge as it relates to the basic science of cancer and aging, survivorship, clinical research, and population science to truly transform the way we treat older adults and improve clinical outcomes.

Last year, we launched the Geriatric Oncology Center of Excellence at SKCC to prioritize research that explores the molecular changes associated with aging that contribute to the development and metastasis of cancer. Through multidisciplinary research, we can translate discoveries into novel therapies for older adults and establish care delivery models to support these patients from diagnosis through survivorship.

We will leverage our partnerships with peer institutions to increase clinical trial accrual among this underrepresented population. Other strategies include integrating population scientists across departments and basic and clinical research teams to help us understand and address cancer disparities and other barriers to care affecting these patients.

Keeping Pace With the Growing Population

Additionally, it is critical that we address the low number of providers with geriatric expertise. We have launched a geriatric oncology fellowship program at SKCC, and plan to develop pre- and postdoctoral training mechanisms through a T32 grant, and enhance collaborations throughout the global cancer community.

As the population grows, we need to do what we can to support training and education opportunities to expand a geriatric-sensitive workforce.

The silver tsunami on the horizon will affect every oncology provider and clinical setting, and through preparation and collaboration, we will be up to the task of treating this growing and often overlooked population.

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Association of American Cancer Institutes (AACI) | Medical Arts Building, 3708 Fifth Ave, Suite
503, Pittsburgh, PA 15213

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