Supportive Care for the Older Adult with Cancer

International Geriatric Perspectives on Cancer Survivorship

William Dale, MD, PhD
Chief, Geriatrics & Palliative Medicine
Director, Specialized Oncology Care & Research in the Elderly (SOCARE) Clinic
University of Chicago
My Perspective

• Board-certified geriatrician & palliative medicine
• Chief of Geriatrics & Palliative Medicine
• Embedded geriatrics clinic in oncology
• Research interest in medical decision making and quality of life in older adults with cancer
Patient #1 - Mrs. S

- 88 yo dual cancer survivor
- **Cancer history:**
  - Breast cancer: Dx. 2001; surgery; recurrence in 2013, surgery and hormonal therapy
  - Parotid gland cancer: Dx 2013; Surgery; facial nerve paralysis; significant pain
- **Comorbidities:** osteoporosis, OA, kyphosis, HTN
- **GA:** physically frail, cognitively intact, depression, 2 daughters for social support
Mrs. S (cont)

- Recent “surveillance” CT for cancer
  - Multiple lung nodules
  - Mediastinum lymphadenopathy
- Refused biopsy
- Failed “empirical trial” of hormonal therapy
  - Told, “Enroll in hospice.”
- Self-referred for second opinion
- “My daughters don’t believe it, but I’m not going to live forever.”
Patient #2 - Mr. H

- 74 yo man with prostate cancer
  - Prostatectomy for prostate cancer 10 yrs prior
  - DM-T2, HTN, hyperlipidemia
  - Lifelong heavy tobacco and EtOH use

- Survivorship experience
  - Post-op urethral stricture with urinary retention
  - Urethral dilatation performed
  - Post-procedure severe incontinence corrected with artificial urethral sphincter
  - Placed in nursing facility
Mr. H (cont)

• Urinary retention with sphincter
  – Found standing at toilet confused and in pain
  – Multiple episodes of severe retention
  – Multiple ED visits
  – Did not communicate previous surgical history

• Diagnosed with moderate dementia at nursing facility

• Wife unwilling to use artificial sphincter, therefore deactivated in persistently open position

• Referred to Windermere Clinic:
  – Severe UI
  – Advancing dementia
  – Full functional dependence
Geriatrics, Palliative Care & Cancer Survivorship

- Cancer as another chronic disease
- Surveillance
  - Cancer?
  - Treatments?
  - Comorbidities?
  - Aging?
- Emphasis on quality of life
- Symptom management - Attribution
Prevalence, Cancer Survivors, US

TABLE 2. Estimated Number of US Cancer Survivors as of January 1, 2014, by Sex and Age at Prevalence

<table>
<thead>
<tr>
<th>Age Group</th>
<th>MALE AND FEMALE</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO.</td>
<td>PERCENT</td>
<td>CUMULATIVE PERCENT</td>
</tr>
<tr>
<td>All ages</td>
<td>14,483,830</td>
<td>6,876,600</td>
<td>7,607,230</td>
</tr>
<tr>
<td>0–14 y</td>
<td>60,620</td>
<td>&lt;1%</td>
<td>38,210</td>
</tr>
<tr>
<td>15–19 y</td>
<td>48,690</td>
<td>&lt;1%</td>
<td>24,950</td>
</tr>
<tr>
<td>20–29 y</td>
<td>185,500</td>
<td>1%</td>
<td>77,470</td>
</tr>
<tr>
<td>30–39 y</td>
<td>399,720</td>
<td>3%</td>
<td>140,770</td>
</tr>
<tr>
<td>40–49 y</td>
<td>985,470</td>
<td>7%</td>
<td>347,780</td>
</tr>
<tr>
<td>50–59 y</td>
<td>2,388,540</td>
<td>16%</td>
<td>971,160</td>
</tr>
<tr>
<td>60–69 y</td>
<td>3,811,640</td>
<td>26%</td>
<td>1,858,250</td>
</tr>
<tr>
<td>70–79 y</td>
<td>3,762,310</td>
<td>26%</td>
<td>2,026,380</td>
</tr>
<tr>
<td>&gt;80 y</td>
<td>2,841,340</td>
<td>20%</td>
<td>1,391,130</td>
</tr>
</tbody>
</table>

Survivorship by Age

Global Survivorship


Interactions
Early Palliative Care, Survival

Ave Age: 65

Cancer, Aging, and Geriatric Syndromes

Mohile et al, JCO, 2011
Survivorship for Older Veterans

Martin LA et al, J Psychosoc Onc, 2014
Social Support, Age, QOL

Conceptual Scheme

Thanks!
Thanks!

wdale@medicine.bsd.uchicago.edu

@WilliamDale_MD

https://chicago.academia.edu/WilliamDale