

THE TOTAL PATIENT



Cancer in the very elderly: Three programs designed especially for frail patients

Bette Weinstein Kaplan

Coping with cancer at any age is difficult enough. Coping with cancer at an advanced age can be really overwhelming. Along with more years come more health problems. Older people are more sensitive to medication and more susceptible to medication reactions. They often have complicating comorbidities and depressive symptomatology. They may have more financial hardship and fewer family and friends for support.

Elderly patients need more intervention from oncology and other health care staff; some hospitals and medical centers have separate departments or staff members to address their needs. This month's column presents three facilities with programs specifically designed to provide care to elderly patients with cancer.

MEMORIAL SLOAN-KETTERING CANCER CENTER

Memorial Sloan-Kettering Cancer Center (MSKCC) in New York City is one facility that has taken special consideration for the geriatric patient with their *65+ Program*, which is composed of a multidisciplinary geriatric team. In addition to oncologists, the program employs physicians, nurse practitioners, nutritionists, and even pharmacists who subspecialize in geriatrics. In addition, MSKCC utilizes psychiatrists, nurses, social workers, and specialists in pain

and palliative care, rehabilitation, clinical trials, and integrative medicine.

The integrative medicine service uses nonpharmaceutical techniques to enhance the medical cancer treatment. For patients whose age makes them frail and prone to medication sensitivities, these techniques can be especially helpful. Staff members truly treat the total patient with acupuncture and other therapeutic techniques that

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offer music, massage, mind/body therapies, and yoga. The fitness classes are specifically geared towards the patient of advanced age. Many of the program's services are also available to the patient's family members and caregivers as well.

Social workers play an especially important role in the treatment of the very elderly with cancer. Adjustment to a serious illness is always difficult, but for people living alone and who may have difficulty getting out and about on their own, it can be especially difficult. The *65+ Program* social work staff ensures that the risk of social isolation

does not become a reality as the patient fights his or her illness.

DANA-FARBER/BRIGHAM AND WOMEN'S CANCER CENTER

Specialized oncology services are offered by the renowned Boston, Massachusetts, facility for patients 65 years and older via a program specifically designed to care for older patients with leukemia and related blood disorders. Their multidisciplinary team is composed of a geriatric oncologist as well as oncologists, geriatricians, physician assistants, nurse practitioners, and social workers who subspecialize in treating leukemia in elderly patients. They understand that patients in this age group are more likely to experience complications from treatment as well as from other age-related illnesses they may have.

Reduced-intensity stem cell transplants are among the treatment options that Dana-Farber utilizes for a subset of older patients (aged up to 75 years).¹ Another practice employed by Dana-Farber/Brigham and Women's is to base all treatments on the patient's functional age instead of calendar years. They are also respectful of a patient's wish to restrict care to palliation only. In such cases, staff monitors patients, only treating symptoms when necessary. They also enroll patients in clinical trials whenever possible.

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M.D. ANDERSON CANCER CENTER

How old is elderly? According to Holly M. Holmes, MD, practicing geriatrician at University of Texas M.D. Anderson Cancer Center, defining who is elderly is becoming increasingly difficult. The traditional definition of age 65 years as the launch of a person's elderly years is no longer applicable; we now need to add 10 or 15 years to that threshold. Holmes says now "people who are 75 [years] and older are more likely to have conditions common to the geriatric population."²

Holmes says the most common reason for bringing her in on a case is polypharmacy, particularly for elderly patients who are already taking eight or nine medications concurrently even before their cancer treatment begins. Taking that many medications alone can cause reactions, interactions, and side effects. Adding cancer treatment on top of that, Holmes explains, the challenge becomes trying to limit the number of medications to decrease side effects and reduce toxicity. As a

former pharmacist, the geriatrician is comfortable reviewing a patient's medication regimen, identifying problems, and coming up with alternatives that reduce the number of drugs the patient is taking. She evaluates everything, including OTC, herbal medicines, and supplements, trying to eliminate any unnecessary drugs, whether they are supplements or medications.²

No matter how old patients are, they need to discuss their treatment options.

The oldest patient Holmes has seen at M.D. Anderson was 98 years old. She says the elderly often handle issues related to cancer easier than do younger patients. People of advanced age have usually had other diseases during their lifetimes, and they are able to cope with

yet one more health problem quite well. No matter how old patients are, they need to discuss their treatment options with the oncology team. The geriatrician explains, "The question is in the context of their other medical problems, any functional problems, their reserve of social support, their ability to be independent, all of those things have to weigh into their decision for cancer treatment. They really don't want to base that solely on their numeric age."² ■

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