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Comorbidity in older adults with cancer

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ABSTRACT

Comorbidity is an issue of growing importance due to changing demographics and the increasing number of adults over the age of 65 with cancer. The best approach to the clinical management and decision-making in older adults with comorbid conditions remains unclear. In May 2015, the Cancer and Aging Research Group, in collaboration with the National Cancer Institute and the National Institute on Aging, met to discuss the design and implementation of intervention studies in older adults with cancer. A presentation and discussion on comorbidity measurement, interventions, and future research was included. In this article, we discuss the relevance of comorbidities in cancer, examine the commonly used tools to measure comorbidity, and discuss the future direction of comorbidity research. Incorporating standardized comorbidity measurement, relaxing clinical trial eligibility criteria, and utilizing novel trial designs are critical to developing a larger and more generalizable evidence base to guide the management of these patients. Creating or adapting comorbidity management strategies for use in older adults with cancer is necessary to define optimal care for this growing population.

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1. Introduction

Comorbidity, defined as a medical condition that exists along with an index condition, is an issue of growing importance due to changing demographics and the increasing number of adults over the age of 65 with cancer [1,2]. In a study of Medicare beneficiaries, over two-thirds had two or more medical conditions and nearly 25% of participants had four or more conditions [3]. Fig. 1 shows the prevalence of 10 common co-occurring chronic conditions among Medicare beneficiaries 65 years of age or older with various cancer types. While the prevalence of multiple chronic illnesses in older adults is rapidly increasing in the United States, [3] older adults with cancer have an even higher prevalence of comorbidity than an age-matched control group without cancer [4]. More than half of all older adults with cancer have at least one comorbidity that may impact their cancer treatment [5]. The frequent practice of excluding patients

with common comorbid illnesses and the lack of systematic measurement of comorbidities in cancer clinical trials limit the evidence base for making informed decisions regarding these patients. The best approach to the clinical management and decision-making in older adults with comorbid conditions remains unclear [6]. Most clinical practice guidelines, in cancer and elsewhere, are single disease focused, limiting their application in patients with multiple comorbid illnesses [7]. Recognizing and managing comorbidities in older adults with cancer will become an increasingly routine issue for oncologists and may in fact already be the rule rather than the exception.

Although the term multimorbidity is frequently used interchangeably with comorbidity, we define multimorbidity as the presence of several comorbid illnesses in which one single condition is not the predominant focus. As this article is specifically addressing comorbidities within the context of cancer, we will be using the term comorbidity regardless of

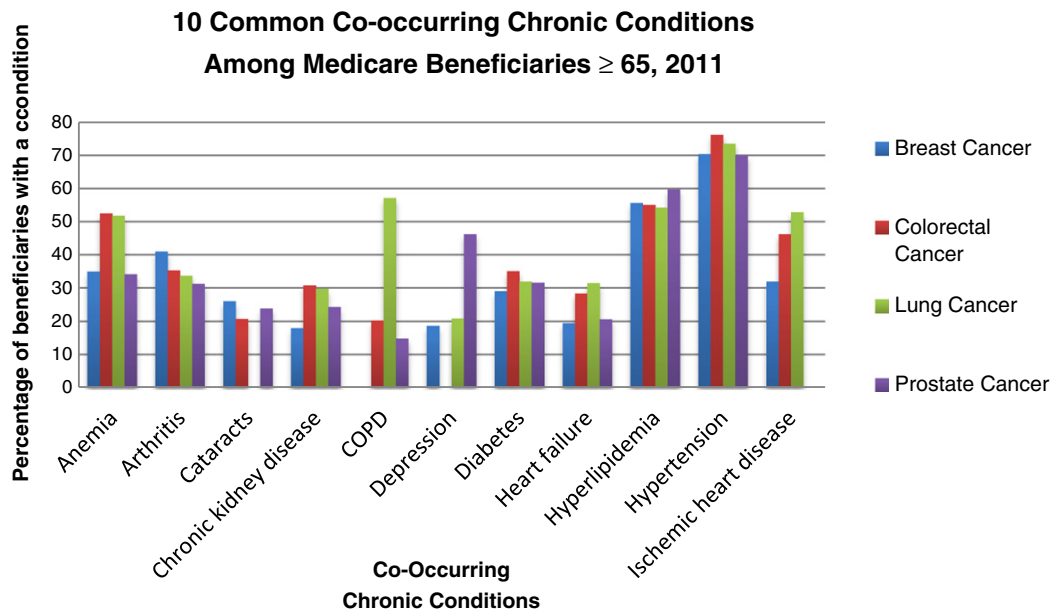


Fig. 1 – Prevalence of 10 common co-occurring chronic conditions among Medicare beneficiaries 65 years of age or older with various cancer types as the index condition. This figure includes the 10 most prevalent comorbidities, out of a set of 28 conditions, among beneficiaries with each individual cancer type as identified by diagnoses codes in Medicare claims data. This figure is based on data previously published as part of ASCO Clinical Practice Guidelines [72–75].

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