

# Long-term Toxicity of Cancer Treatment in Older Patients



Armin Shahrokni, MD, MPH, Abraham J. Wu, MD,  
Jeanne Carter, PhD, Stuart M. Lichtman, MD\*

## KEYWORDS

• Older cancer survivors • Frailty • Cancer treatment • Toxicity • Quality of life

## KEY POINTS

- The number of older cancer survivors is expected to increase in the next few decades because of the aging population, earlier cancer stage diagnosis, and proper cancer treatment.
- Although effective on cancer treatment, both chemotherapy and radiation therapy may have long-lasting negative impacts on older cancer survivors' quality of life.
- Long-term toxicities of breast and prostate cancer treatment on cognition, cardiac function, emotional wellbeing, muscle and bone health, balance and coordination, and sexual health are well known.
- In order to maintain older cancer survivors' quality of life, it is critical that primary care providers screen, diagnose, and properly manage long-term toxicities of cancer treatment.

## INTRODUCTION

The number of cancer survivors is increasing in the United States. In 2014, there were 14.5 million cancer survivors. By 2024, this number is expected to increase to 19 million, with the significant portion of them being older than age 65 years.<sup>1</sup> Because more patients are diagnosed with earlier stages of cancer, the likelihood of cancer survivors living beyond 5 years after the initial cancer diagnosis has increased.<sup>2</sup> The role of primary care providers in the immediate and long-term follow-up of patients with cancer is still being defined, because there are significant differences between primary care providers' and oncologists' preferences toward follow-up care of the cancer survivors. Although 38% of primary care providers prefer shared care of the cancer

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Department of Medicine, Memorial Sloan Kettering Cancer Center, 650 Commack Road, Commack, NY 11725, USA

\* Corresponding author.

E-mail address: [lichtmas@mskcc.org](mailto:lichtmas@mskcc.org)

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survivors with the oncologists, only 16% of oncologists were in agreement with this model of care. More than half of primary care providers thought they had the necessary skills to take care of the cancer survivors, whereas this was agreed to by only 23% of the oncologists.<sup>3</sup> The primary care providers who were more confident in their skills to provide follow-up care for patients with cancer were more involved in the care of patients with cancer.<sup>4</sup>

### INTERACTION BETWEEN AGING, CANCER, CANCER TREATMENT, AND THEIR IMPACT ON FRAILITY

Frailty, broadly defined, is a state of decreased (or total lack of) reserve and resistance to physical and emotional stressors, caused by continuous decline in various organ functions.<sup>5</sup> As patients age, they tend to become more frail, although aging and frailty do not correlate with each other all the time.<sup>6</sup> Patients with cancer are more likely to be frail compared with patients without cancer.<sup>7,8</sup> Moreover, cancer treatment can lead to frailty<sup>9</sup> (Fig. 1).

### MEASURING FRAILTY AND GERIATRIC DEFICITS

Comprehensive geriatric assessment (CGA) (Box 1) performed by health care providers has been a useful tool to assess and manage frailty and geriatric deficits among older patients with cancer and survivors.<sup>10,11</sup> In the cancer setting, the data on usefulness of CGA in predicting short-term toxicities of chemotherapy,<sup>12,13</sup> complications and outcome after cancer surgery,<sup>14,15</sup> and cancer treatment decision making<sup>16,17</sup> are emerging.

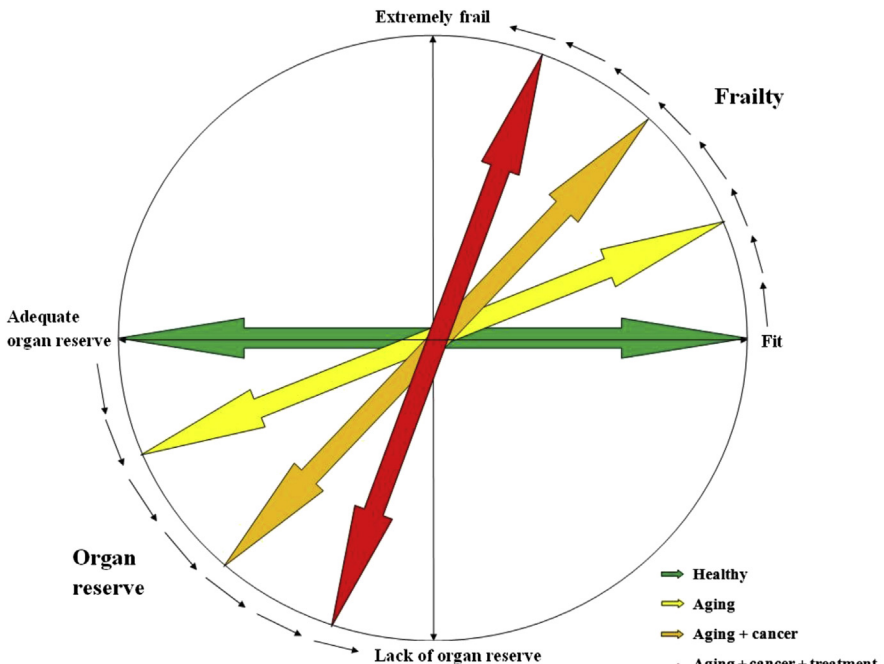


Fig. 1. Impact of aging, cancer, and cancer treatment on patients' fitness and frailty.

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