Driving change for older adults with cancer

UICC
global cancer control
A MEMBERSHIP ORGANISATION
FIGHTING CANCER TOGETHER

Focusing on older populations to leave no one behind

Background

Globally, we are experiencing a 'longevity revolution' in which the proportion of the world's population over the age of 65 is increasing rapidly. (1) There are currently over 703 million people worldwide above the age of 65 years, equating to 9.1% of the global population, and estimates suggest that this is expected to rise to 15.9% (1.5 billion) by 2050. (1) The rate at which the global population is ageing[1] is also accelerating particularly in the low- and middle-income countries (LMICs), where the population of over-65s is projected to grow from 37 million in 2019 to 120 million in 2050. (1)

An ageing population poses a growing challenge for governments around the world because we do not yet have the health system responses in place to ensure that these additional years are lived in good health. As populations currently age, the number of people living with at least one health chronic health condition increases, and therefore also the demand for healthcare services. With a faster rate of ageing occurring globally, the time available to governments to adopt policies and establish the health and social systems necessary to care for older adults is becoming shorter. For example, in France, the increase in the over-60s from 10% to 20% of the population took place over nearly 150 years; however the World Health Organization (WHO) estimates that Brazil, China and India will have just over 20 years to navigate the same demographic change. (2)

Key Messages

- Cancers are more prevalent amongst older adults, accounting for over 50% of cases and 55% of mortality globally.
- Populations are ageing at an increasing rate, meaning that many governments in low- and middle-income countries have a limited period of time to develop policy and health system responses.
- Older adults with cancer require tailored support, from initial assessments to additional support, but research into the treatment and care of older adults with cancer is limited.
- There is a global shortage of cancer services for older adults with cancer, with many of the available facilities clustered in high-income countries and urban centres.
- There are clear, actionable and feasible interventions that countries across the income spectrum can take to improve the quality of care for older adults with cancer.

[1] The rate of population ageing refers to the change in the median age of a population over time. Population ageing is the result of declining fertility rates and increased life expectancy.

A global need

Cancers are more prevalent in older adults, with cases amongst the over-65s accounting for over 50% of the global cancer burden in 2018. (3) Moreover, as the global population grows and ages, estimates suggest that the incidence of cancers will continue to increase through to 2050, with the greatest increases amongst the over-80s in China (+327% compared to 2018), Latin America and the Caribbean (253% compared to 2018) and Africa (228% compared to 2018). (4)

	Incidence	Incidence 65+	65+ incidence as a % of incidence	Mortality	Mortality 65+	65+ mortality as a % mortality
AFRO	811,228	235,129	28.98%	533,877	190,242	35.63%
EMRO	676,508	218,152	32.25%	418,955	168,645	40.25%
EURO	4,573,972	2,718,762	59.44%	2,144,253	1,494,790	69.71%
SEARO	2,003,789	675,542	33.71%	1,336,026	523,794	39.21%
PAHO	3,791,517	2,159,920	56.97%	1,371,024	908,486	66.26%
WPRO	6,218,238	3,105,537	49.94%	3,748,973	2,342,877	62.49%
Global	**18,078,957**	**9,113,698**	**50.41%**	**9,555,027**	**5,629,910**	**58.92%**

Table 1 – Estimated incidence and mortality from cancer globally in 2018, by WHO region and age group (IARC, 2018)

Caring for older adults is multi-faceted as there are several intersecting issues that need to be addressed:

- **Tailoring treatment to individual capacities** – Ageing is not a linear or consistent trend, meaning that individuals of the same chronological age may have different physical and mental capabilities, which will shape which treatments are feasible and desirable. (5) The gold standard for assessing these capacities is a geriatric assessment (GA), but these processes are often time- and resource-intensive and may not be required for all patients. (6) In place of this, a brief assessment of older adults conducted by the clinician can be a valuable screening tool to identify those patients in need of a GA and help treatment teams refine treatment plans and identify which multidisciplinary interventions may be needed to support older patients. (6)

- **Responding to social isolation** – Social isolation and reduced mobility can shape the ability of older adults with cancer to access health services and may impact cancer survival. (7) Social isolation and loneliness are well documented as risk factors for poor physical and mental health status, (7) and ones on which there has been limited policy development, such as the inclusion of measures to improve the social determinants of health amongst older adults in cancer and NCD plans. A comprehensive approach to improve care for older adults with cancer should encompass policy and programmatic responses to reduce social isolation.

- **Improving awareness and understanding** – Poor awareness of the burden of geriatric cancers, as well as the signs and symptoms of some of the most common cancer types, can be a substantial hurdle to improving cancer survival in older adults. Late diagnosis of cancer in older adults is common and reduces the opportunities for successful treatment; it may also contribute to higher levels of excess mortality that has been documented amongst older adults in the first few months after diagnosis. (8) Poor awareness of early warning signs of cancer may delay care-seeking behaviour and be compounded by the reticence of many older adults to seek care. At the same time, the poor awareness of cancer and ageing amongst policymakers is likely to limit national policy responses to address the growing burden of cancer in older adults.

- **Managing comorbidities** – Once an older adult has received a cancer diagnosis, the presence of comorbidities can complicate the development and delivery of appropriate care pathways. While there has been an increase in the number of guidelines available to support clinicians, many take a disease-centred approach and do not address comorbidities and the additional burden that they may place on an individual's physical and mental health.

- **Accessing treatment and care services** – The ability of health systems to respond to the increasing burden of cancer varies significantly and accessing tailored services is likely to be a particular challenge in LMICs where cancer services are at an earlier stage of development. There is a growing movement calling for the development of dedicated geriatric cancer clinics or programmes, due to the need of older adults for additional and tailored support. Much of the progress to date, however, has been seen largely in high-income countries in western Europe and North America. Since 2015, there has been a notable growth of geriatric care services in some Latin American countries, with the establishment of programmes in capital cities in Brazil, Mexico, Argentina and Chile, (23) as well as in South-East Asia. The location of these services in urban centres, however, means they will remain out of reach of the majority of patients unless a decentralised approach to care is undertaken, such as including appropriate supportive services at the primary care level.

- **Limited human resources for health** – A key challenge in the development of health services for older adults with cancer is the shortage of specialist training and education. A 2014 systematic review found that 41% of the countries included in the review reported some geriatric content in the medical school curricula, and geriatricians were largely not responsible for teaching geriatric medicine courses. (9) The majority of the data came from high-income countries, with comparable data for LMICs almost non-existent. This means that many existing oncology specialists may not be equipped with the skills and best practices to effectively manage the increasing number of cancer cases seen in older adults.

- **Protecting from financial catastrophe** – While the costs of care are of concern for individuals across age groups, older adults may be particularly at risk as a result of fixed incomes (like pensions) or because they depend on support from family members and other networks. Globally, around 68% of the population above pensionable age receive a pension, dropping to 23% in sub-Saharan Africa. (10) The long-term nature of many geriatric treatment pathways and increasing use of novel treatments, particularly in HICs, pose an increasing financial burden for older people with limited financial flexibility.

- **Including older adults in research** – Robust data is the foundation for effective policy and clinical decision making; however, older adults are often systematically omitted, either as a result of restrictions on age limits (including mortality reporting which stops at 70, or clinical trial age cut-offs) or exclusion as a result of comorbidities in research studies and clinical trials. (12,13) These limit the applicability of study conclusions to older populations, who constitute a growing majority of cancer patients. This raises potentially serious questions around the effectiveness of existing policy and treatment recommendations.

Driving change

Responding to the growing burden of cancer in older adults requires focused attention on older populations within cancer control policy and planning at all levels. Internationally, there has been an increased focus on the needs of older populations with the inclusion of a specific commitment in the 2019 UN Political Declaration on Universal Health Coverage (UHC) to "*scale up efforts to promote healthy and active ageing, maintain and improve quality of life of older persons and to respond to the needs of the rapidly ageing populations, especially the need for promotive, preventive, curative, rehabilitative and palliative care as well as specialized care and the sustainable provision of long-term care, taking into account national contexts and priorities;*".

Older people are also identified as a particularly vulnerable group within the Sustainable Development Goals, meriting specific attention as countries develop national priority UHC packages, cancer and NCD strategies, as well as the social and financial mechanisms to fulfil the commitment of 'leaving no-one behind'.

Concurrently, the WHO has established 2020-2030 as a decade on healthy ageing, creating an opportunity to galvanise stakeholders from across different sectors to improve the lives of older people. The decade identifies four key areas for action that are relevant to cancer patients, including: changing attitudes towards age and ageing; fostering abilities of older people in communities; delivering person-centred integrated care and primary health services responsive to older people; and providing access to long-term care for older people who need it. (15)

Nationally, progress on ageing and cancer is far more variable. There has been notable progress in a small number of high-income countries with high geriatric cancer burdens, demonstrating that progress is possible and feasible. Driving change will require concerned and coordinated policies that integrate the needs of older adults into health discussions. Several actions must be taken to do so:

- **Explicitly recognise and address the needs of older adults in national health strategies**, including national cancer control plans, NCD strategies and national UHC benefit packages and financial protection measures. This should form a central part of a lifecourse approach to health, which was enshrined in the 2019 UN Political Declaration on UHC, recognising the value of life at all stages. Due to the lag time in service implementation and the shortened window for policy implementation in many LMICs, planning and investments are needed now to effectively respond to a growing population of older adults.

- **Track the impact of policies on the health of older adults** by ensuring that older adults are not excluded from national data collection mechanisms, such as national cancer registries, due to arbitrary age limits, and that these data are disaggregated and analysed to inform and evaluate health strategies.

- **Integrate information on geriatric care into core curricula for oncology care providers**, including the availability of different tools to assess the needs and capacities of older adults with cancer, approaches to treatment and care (including palliative care), and engaging geriatric and allied health professionals in tumour boards.

- **Invest in research into the needs of older adults with cancer,** including prevention, screening, digital health, management of comorbidities to inform guidelines, best practices and the investment cases for geriatric oncology, as well as inclusion in clinical trials and other research.

- **Share information internationally to foster the development of best practices** and 'best buys' to support the most effective use of resources to address the needs of older people with cancer.

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