

# Statements from the President's Cancer Panel

## *President's Cancer Panel*

### *Living Beyond Cancer: Meeting the Challenges of Older Adult Survivors January 05, 2004*

On January 5, 2004, the President's Cancer Panel held its final meeting in the series *Living Beyond Cancer* that has examined issues faced by cancer survivors and ways to improve research and services in this area of the National Cancer Program. This meeting, held in Philadelphia, Pennsylvania, focused specifically on the challenges faced by older adult survivors: those diagnosed at or after age 60. (Prior meetings have focused on issues specific to pediatric, adolescent and young adult, and adult cancer survivors.)

Data presented indicate that by the year 2030, 70 million people (1 in 5 Americans) will be over the age of 60-double the current size of this age group-due primarily to the aging of the "baby boomer" generation. Fifty-nine percent of cancer diagnoses occur among those over the age of sixty-five. How to pay the costs of meeting this impending health care burden as well as meet the real and growing needs of cancer survivors was raised as an issue. Advances in prevention and early detection, as well as the development of more effective, less toxic treatments should be priorities in helping to reduce the "suffering and death" due to cancer and alleviating fiscal concerns.

Older adults face specific survivorship issues. Medically, they may be coping with comorbid conditions that mask disease symptoms or complicate treatment regimens. Pharmacogenetics-the influence of age and genetics in metabolizing drugs-is a therapy consideration. Research issues include lack of long-term surveillance data and established followup guidelines for older adults. Much remains to be learned about the physical and psychological effects of cancer and its treatment in this population. Until recently, older patients were often excluded from participation in clinical trials, leaving a paucity of relevant data.

Survivors who testified raised a number of concerns, including: the need for further education on screening and early detection in this age group, post-treatment support for patients and caregivers, and financial assistance. Many elderly patients live on fixed or limited incomes and cannot afford supplemental insurance to pay for supportive services to improve their quality of life. The Panel heard that it is often the "little things" that count for older adults (meals, transportation, support groups). The need for caregiver support is often unmet among this age group; survivors may no longer have partners, friends, or family to support them. Likewise, the burden on caregivers of older adult survivors can be significant, particularly when the caregiver is also an older adult.

Themes that resurfaced were the need for an electronic health record that resides with the patient post treatment (a valuable tool for older adults who may have memory difficulties); a plan for transition from treatment to daily living (with the added

suggestion that patients be assigned a "survivorship team" to manage their follow up care for up to five years); and navigators/guides who can assist older patients in advocating for themselves within a complex medical system (both during and after treatment). The difficulties of redefining "normalcy" and fears of recurrence were echoed once again, along with the commitment of cancer survivors to share their knowledge and experience with others in order to make their difficult journey more bearable.

The Panel also listened to testimony from several representatives of the insurance industry, including The Centers for Medicare and Medicaid Services (Medicare reimburses one-third of the nation's health care costs). Support was expressed for clinical trials participation and the development and use of evidence-based guidelines as the standard for reimbursing cancer care costs. One insurance industry speaker noted that while prevalence of cancer increased one-half percent among plan participants, corresponding costs of cancer treatment increased 14 percent. Geographic disparities in the performance of clinicians, rising costs of cancer drugs, and growing administrative costs were all cited as contributing to this cost increase. These issues again emphasize the question of how resources will be garnered to meet the cancer care challenges presented by an aging population.

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The President's Cancer Panel, an advisory group established by Congress to monitor the Nation's efforts to reduce the burden of cancer, reports directly to the President on delays or blockages in that effort. For more information, visit the Panel's web site at <http://deainfo.nci.nih.gov/ADVISORY/pcp/pcp.htm>, call 301-451-9399, or e-mail to [pcp-r@mail.nih.gov](mailto:pcp-r@mail.nih.gov).