Editorial

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Comprehensive Approach for Older Cancer Patients: New Challenge in an Aging Society

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Worldwide, it is represented that life expectancy of humans is reaching 73 years, when it comes to the advanced countries, is even reaching 80 years [1]. Life expectancy will continue to increase in the future as medical science and other diverse fields develop. Following the reason, the ratio of old-age population is gradually increasing and entering an aging society. As medical and social costs for these older people are inevitably increasing, preparation, therefore, is needed accordingly. Especially when patients get older, they will be accompanied by various types of diseases as well as increasing cancer rates. More than half of patients newly diagnosed with cancer are already age over 65 years, and this number is expected to increase [2].

However, for older patients with cancer, treatment is needed to be approached in different ways than younger patients. Although comparative data sets on the treatment depending on the age in general cancer treatment are reported, high-quality medical evidence for cancer treatment in older patients is insufficient because this group is underrepresented in clinical trials. Furthermore, the patients' chronologic age alone does not fully represent their general condition, which adds complexity to the treatment decision for older cancer patients. Some studies evince that older patients get lower overall and disease-free survival rates, while others show barely any difference. The reasons for the worse prognosis are the increase in comorbidities, low socioeconomic status, and high treatment refusal rate of older patients [3, 4].

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The issue that curable treatment is apposite to older patients with cancer is yet controversial; also research for the evidenced base is insufficient. National Comprehensive Cancer Network Guidelines for Older Adult Oncology presents the research and treatment directions for cancer of old patients for the following reasons, which are unique issues to consider when taking care of an older adult with cancer. The biologic characteristics of certain cancers and their responsiveness to standard therapy may be different in older patients compared to their younger counterparts. The physiologic changes associated with aging may impact older patients' ability to tolerate cancer therapy and should be considered in the treatment decision-making process. Advanced age alone should not be the only criterion to preclude effective treatment that could improve the quality of life (QoL) or lead to a survival benefit in older patients [5].

Thus, in older patients with cancer, it is different from younger patients to set treatment goals in a way that maximizes the most benefits for patients from a variety of perspectives, rather than simply treating them for complete recovery. That is to say, it may be more valuable to live pleasantly with a high QoL despite living with cancer than to live the rest of their life in pain for cancer treatment. It is also important to consider that older patients are more vulnerable to treatment toxicities, which increases the relevance and value of QoL [6]. On the other hand, simply because of age, many older cancer patients are less likely to receive standard treatment compared to their younger counterparts. Most experts say that age should not be an issue, however, many oncologists are reluctant to offer standard treatment to older patients due to concerns about increased risks of treatment toxicity and higher non-cancer mortality. Therefore, it would be most ideal to approach older cancer patients with treatment tailored to each patient's characteristics, reflecting various perspectives, such as their current health status, comorbidities, cancer characteristics, willingness to be treated, QoL, and socioeconomic status, rather than simply approaching with age [7].

Lee and Shin [8] demonstrated that far-elderly patients with colorectal cancer tend to undergo standard treatment less frequently than younger patients in their retrospective study. In older patients, fewer received adjuvant chemotherapy, and over

60% of stage IV patients did not receive any treatment. Only 3.4% of them underwent local treatment for their metastatic disease, which was quite lower compared to the younger group (75.5%). As a result, their overall and disease-free survival were inferior. We believe that their results are not different from those we are facing in the real world. Further clinical and molecular biological investigations of older patients with colorectal cancer are mandatory to establish proper patient selection criteria for effective treatment and to improve treatment outcomes not only the oncologic but also the comprehensive.

CONFLICT OF INTEREST

No potential conflict of interest to this article was reported.

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