

Ageism's Impact on Cancer Care: Countering Stereotypes

Meeting The Challenge

Fourth Annual Cancer Disparities Symposium
Medical College of Wisconsin, Division of Hematology & Oncology
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WHEN I'M 64.....

- <https://youtu.be/HCTunqv1Xt4>

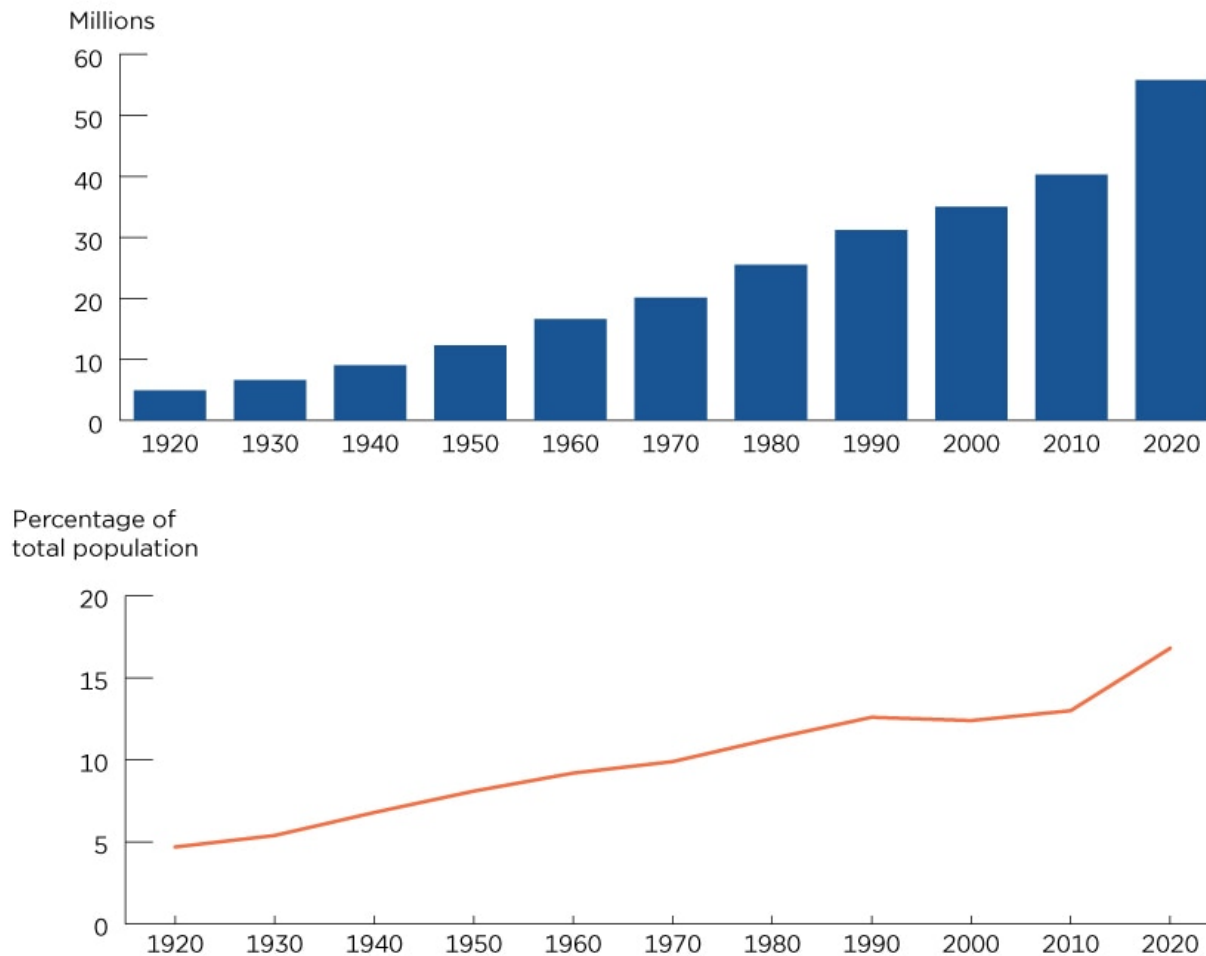


STATE OF OUR AGING NATION

- Approximately 8,000 Americans turn 60 each day.
- Older adults are the fastest growing segment of the US population
- 1 in 4 Americans will be 65 years or older by 2060.
- The U.S. population age 65 and over grew nearly five times faster than the total population over the 100 years from 1920 to 2020, according to the 2020 Census.
- The older population reached 55.8 million or 16.8% of the population of the United States in 2020.

Figure 1.

Population 65 Years and Over by Size and Percentage of Total Population: 1920 to 2020



Note: For information on data collection, confidentiality protection, nonsampling error, and definitions, refer to <https://www2.census.gov/programs-surveys/decennial/2020/technical-documentation/complete-tech-docs/demographic-and-housing-characteristics-file-and-demographic-profile/2020census-demographic-and-housing-characteristics-file-and-demographic-profile-techdoc.pdf>.

Source: U.S. Census Bureau, Decennial Census of Population, 1900 to 2000; 2010 Census Summary File 1, and 2020 Census Demographic and Housing Characteristics File (DHC).

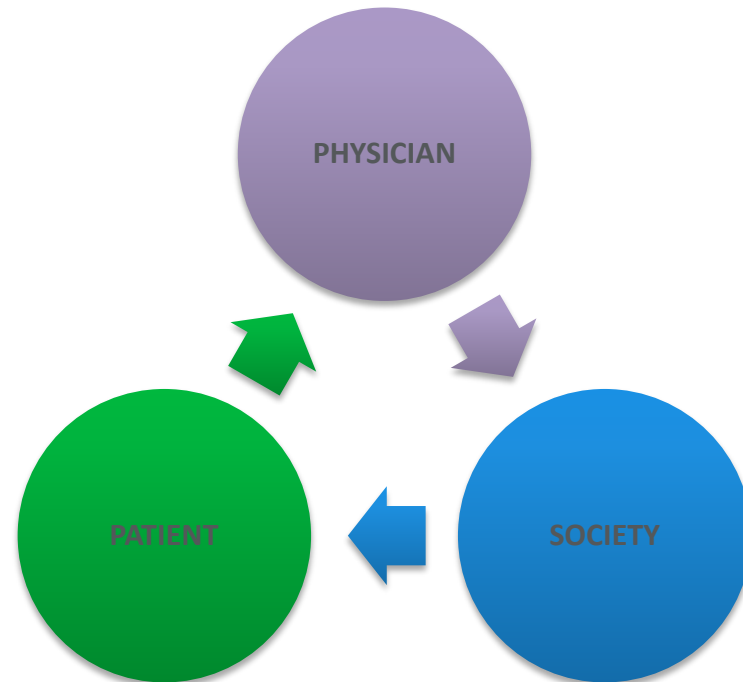
AGEISM- WHAT IS IT?

Why should we care?

- AGEISM-discrimination on the grounds of a person's
- THREE TYPES- institutional, interpersonal, self-directed.
- The WORLD HEALTH ORGANIZATION-Global Campaign to Combat Ageism.



CIRCULAR AGEISM



ACROSS THE LIFE-SPAN AND EVERYWHERE

Institutional Ageism

- The Laws, Rules, social norms, policies and practices that UNFAIRLY RESTRICT opportunities and systemically disadvantage individuals because of their age.
- EXAMPLE-COVID.
- Institutional ageism can legitimize the exclusion of people from power and influence.

Are nursing home residents expendable?

BY JUNE MCKOY, ANNA LIGGETT AND
FERNANDA HEITOR, OPINION CONTRIBUTORS
- 04/23/20 3:30 PM ET



ACROSS THE LIFE-SPAN AND EVERYWHERE

Interpersonal Ageism

- Occurs within interactions between two or more individuals.
- Example... using age to devalue an individual's work (“that’s pretty good for someone your age”)
- Example.. to discredit someone's capacity (“they're old and just confused”)
- Example... to patronize or disrespect (“you must be having a senior moment”)
- Example...how we communicate (speaking louder, slower, and/or in simpler terms).

ACROSS THE LIFE-SPAN AND EVERYWHERE

Self-directed ageism

- An internalized bias and the belief that you should not or cannot do something based on your own age.
- Example...“I’m too old to switch careers.”
- Example... “Perhaps I should not get treatment for my cancer since I am in my 80s.”
- This internalized ageism damages individual self-worth...and can be anxiety provoking; makes us fearful of growing older.

ACROSS THE LIFE-SPAN AND EVERYWHERE

Shortens the Lifespan

- Ageism is associated with a shorter lifespan, poorer physical and mental health, slower recovery from disability and cognitive decline.
- Ageism reduces older people's quality of life, increases their social isolation and loneliness (both of which are associated with serious health problems).
- Ageism contributes to poverty and financial insecurity in older age, and one recent estimate shows that ageism costs society billions of dollars.

AGEISM IN CANCER

The Last “ISM.”

- Age is a major risk factor for cancer.
- It is estimated that in 2030, 70% of diagnosed cancers in the United States will be in patients >65 years old.
- **The perception of aging among healthcare professionals, including physicians, is still negative.**
- Elderly patients are often excluded from clinical trials – between 1996 and 2002, 68% of people included in clinical trials for cancer were aged 30–64 years old, whereas only 8.3% of people were 65–74 years old (this represents, respectively, 3% and 1.3% of incident cancer patients in each age group).

STARTLING...

Cancer and Aging Demographics

- Number of adults 85 years old and older, often called the “oldest old” is expected to nearly triple from 6.4 million in 2016 to 19 million by 2060.
- People 85 and older represent only 2% of the population, but 8% of all new cancer diagnoses. That translates to about 140,690 cases in 2019.
- Cancer is the second-leading cause of death in the oldest old, following heart disease.
- As of January 1, 2019, an estimated 1,944,280 people 85 and older were cancer survivors, representing 1/3 of all the men and 1/4 of all the women in this age group. ***They are the fastest-growing group of cancer survivors.***
- Among adults 85 years and older with no history of cancer, the risk of a cancer diagnosis in their remaining lifetime is 16.4% for men and 12.8%

Leader in Geriatric Oncology, Arti Hurria, MD, FASCO, Dies at Age 48



“The time-honored medical tradition of compassion and active listening is the core of what we do in geriatric oncology.”

AGEISM IN CANCER

The Last “ISM”

- “Advanced” age alone should not be a contraindication for treatments that can increase a patient’s quality of life or significantly extend a patient’s survival.
- .Aging related changes (more frequent comorbidities, reduction of immune function) are not a contraindication for receiving cancer treatment.
- Adapting the therapy to meet the patient is critically important. Concerning radiotherapy, a study of nonagenarians showed that they exhibited good tolerance (89% finished the treatment and had an average of 13 months of survival after radiotherapy).
- Older adults receive fewer conservative and reconstructive procedures such as breast reconstruction in equivalent clinical situation. Physicians recommended breast reconstruction in 95% of cases for patients under 31 years old, in comparison to only 65% of cases in patients over 59 years old. (One boob less after age 59...what’s the difference?!“)?

AGEISM IN CANCER

The Last “ISM.”

- Many reasons are provided to justify the exclusion of elderly individuals from **CLINICAL TRIALS**:
- -avoiding attrition (mortality, relocation, health decompensation), minimizing confounding variables associated with comorbidities, avoiding lengthier study processes.
- **SERIOUS PROBLEM**: available data cannot be applied generally to all older adults with cancer given the nature of the physiological changes that occur and the presence of comorbid illnesses; additionally, there will be differences in their presentation and in their social status.
- Comprehensive Geriatric Assessment is used to assess the health status and comorbidities of elderly cancer patients.

AGEISM IN CANCER

The Last “ISM.”

- There is discrimination against elderly patients in **CLINICAL CARE**.
- Older patients are undertreated when compared to younger patients. For instance, based on clinical vignettes, Protière et al showed that physicians recommend chemotherapy for breast cancer in 99% of cases among people 55 years old, but only 60.4% among people 76 years old whose clinical situations are the same.
- A survey from the UK showed that the intensity of cancer treatment is influenced by age in 49% of early-stage cases and 51% of advanced-stage cases.
- Young and old patients are not evenly treated; in the case of breast cancer treatment, older patients have a lower probability of receiving standard care.

AGEISM IN CANCER

The Last “ISM.”

- The stereotype “to be old is to be ill” has negative consequences: the more patients believe it and the more physical symptoms they perceive, the poorer their health maintenance behaviors and the higher the probability of mortality at a 2-year follow-up.

AGEISM IN CANCER

Call to action

- Advocate for and help enact policies and laws to address discrimination and inequality that is based on age.
- Amplify accurate information and call out stereotypical examples of aging. Challenge ageist attitudes on all levels.
- Create awareness of the diversity and complexity of experiences across the lifespan and honor the full life journey.
- Promote positive perceptions of aging. Studies have shown that older adults with positive self-perceptions of aging live 7.5 years longer than those with less positive self-perceptions of aging.

AGEISM IN CANCER

Countering the Stereotype

- First- be careful with our vocabulary (avoid **elderspeak**) and try to include positive commentary on aging (i.e., positive stereotypes).
- Second- to support the well-being of the older adult with cancer, take the time to talk; ask about any grandchild in order to evoke some good memories (i.e., intergenerational reminiscence), or about important activities for them (i.e., self-affirmation).
- Consider integration of an aging specialized psychologists and social workers in oncology clinics to do systematic screening of the view of aging that older adult patients possess about themselves.
- Systematic training of all health care professionals on aging, with specific awareness regarding our attitudes and the impact of our negative aging view on older adult patients.

“If you want to go fast, go alone. If you want to go far, go together.”

Dr. Hurria was someone who looked beyond the technology and dazzling science, knowing that sometimes the best doctoring is provided by sitting at a patient’s side and listening to his or her story. **“The experience that comes with holding a patient’s hand during a cancer diagnosis is one that I don’t think is paralleled anywhere else in medicine,”** she has been remembered as saying.



CONTINUING UMBRELLA OF
RESEARCH EXPERIENCES
A program of the National Institutes of Health



THE AMERICAN CANCER SOCIETY



If you want to go fast, go alone. If you want to go far, go together.

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CHALLENGES AHEAD

- Aging of the population in the US, with tandem increase in cancer burden; this population **will be more diverse**.
- Decreasing oncology workforce in general; **dearth of oncologists from across the board, especially among underrepresented groups**.
- **Aging oncology workforce** nearing retirement.
- Most oncology **training programs remain with limited training slots**; unwillingness to expand and provide financial support for fellows.



Lurie Cancer Center Announces DEI and COE Leadership Appointments *05.05.2022*



- ENHANCE** the diversity of the research workforce.
- PROMOTE** career-enhancing research opportunities for early- and mid-career researchers from diverse backgrounds.
- FOSTER** an **EQUITABLE** and **INCLUSIVE** environment throughout the Lurie Cancer Center.

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