

# Are older adults getting the most effective cancer treatments?

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As people age, cancer becomes an increasing health concern. Solid cancer tumors are cancers that don't affect the blood and instead form tumors, or growths of abnormal cells in certain parts of the body. These solid cancer tumors mainly impact people who are 65 and older.

If you or an older loved one is diagnosed with cancer, many different factors come into play to guide treatment choices. However, leading geriatric oncologists (specialists who treat cancer in [older adults](#)) say that, perhaps surprisingly, age is not necessarily one of them. Recently, leaders in the field emphasized that being older, on its own, does not necessarily mean that [surgical treatment](#) is not an option for you.

Older patients with cancer may not receive the same treatment as younger adults. The reasons for this are unclear and may include the fact that surgical oncologists fear a higher risk of poor outcomes for older cancer patients following surgery. They may be uncertain about how surgery will affect an older patient's survival and quality of life. But since long-term outcomes after surgery for older adults with cancer have not been well-studied, we don't know whether such concerns are justified.

Fortunately, a screening tool exists that may help surgical oncologists and other physicians decide which patients might face complications after surgery. The "Preoperative Risk Estimation for Onco-Geriatric Patients" (or PREOP) [risk score](#) uses several easy-to-administer tests and can be given to people before surgery. The risk score includes a

nutritional risk score to make sure you aren't malnourished and a test called [Timed Get Up and Go](#) (TUG). In this simple test, you are timed getting out of a chair, walking 10 feet, and sitting back down again.

In addition to these two tests, the PREOP risk score also takes into consideration your gender, how significant your surgery will be, and an anesthesiologist's assessment of your physical condition. In a previous study, a high PREOP risk score was found to be associated with an increased risk of major postoperative complications within 30 days after surgery.

A team of researchers recently examined how the PREOP score might predict how older adults fared following surgery for cancer. The researchers said they hoped their study would help both physicians and patients make decisions regarding cancer surgery. They published their study in the *Journal of the American Geriatrics Society*.

The researchers studied information from the PREOP study, designed by the surgical taskforce of the International Society of Geriatric Oncology (SIOG). The study was conducted on patients aged 70 or older who had surgery for suspected cancerous solid tumors. Medical centers that participated in the PREOP study collected additional information on survival for up to five years after a patient's surgery. They also wanted to learn more about whether the patients were independent or entered an assisted living facility or a nursing home within two years after surgery. The researchers in this new study examined information from 229 patients.

The patients in the study were followed for about 4.5 years after their surgery. Overall, the survival rate after surgery was:

- 84 percent survived 1 year after surgery
- 77 percent survived 2 years after surgery

- 56 percent survived 5 years after surgery

Of the patients who were alive one year after surgery, 43 (26 percent) moved to an assisted living facility or a nursing home, and by 2 years almost half of the entire study population (46 percent) moved to a care facility or had died. Survival at one year after surgery was worse for patients with a high PREOP risk score, compared with a normal PREOP risk score. However, the PREOP risk score could not predict whether patients were at an increased risk of needing to be cared for in a health facility or institution.

The researchers said that their study suggested that advancing age, on its own, should not be a reason for older adults to rule out surgery to cure or treat cancer. In fact, the researchers said they learned that survival rates were good and that most people were able to live independently at home even after surgery.

Still, the researchers noted that not all older patients with [cancer](#) will be able to return to the level of function they had before their surgery. They suggested that patients should have a detailed discussion with their doctors about the goals and expectations of [surgery](#). The PREOP risk score can be used as a tool to guide this discussion.

**More information:** Monique G. Huisman et al, Long-Term Survival and Risk of Institutionalization in Onco-Geriatric Surgical Patients: Long-Term Results of the PREOP Study, *Journal of the American Geriatrics Society* (2020). [DOI: 10.1111/jgs.16384](https://doi.org/10.1111/jgs.16384)

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