

# Older Adults With Lung Cancer

## Assessment, treatment options, survivorship issues, and palliative care strategies

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**BACKGROUND:** Treatment advances offer options for cancer treatment in older adults that are less invasive and have fewer side effects. Geriatric assessment is a key component of treatment planning to identify functional and physiologic status and is the basis of decision making.

**OBJECTIVES:** This article discusses the role of geriatric assessment, treatment options (e.g., surgical, chemotherapy, radiation therapy), survivorship issues, and palliative care strategies for older adults with cancer.

**METHODS:** Literature was reviewed to identify geriatric assessment implications, current treatment strategies, and survivorship and palliative care interventions for older adults with cancer based on a case study approach.

**FINDINGS:** Geriatric assessment is key to identifying deficits and disabilities in older adults with cancer and is a critical component in oncology treatment planning. Evidence-based, less invasive treatment options are available and offer older adults more tolerable oncologic therapies.

### KEYWORDS

geriatric assessment; survivorship care; palliative care; lung cancer

### DIGITAL OBJECT IDENTIFIER

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**AGING IS ASSOCIATED WITH A PROGRESSIVE DECLINE** in the functional reserve of multiple organ systems, cognition, and social support. Older age comes with increased risk of comorbidities, polypharmacy, malnutrition, and functional dependence. These changes can potentially decrease life expectancy and tolerance of stress, but they occur at different rates in different individuals and are poorly reflected by chronologic age (Balducci, Dolan, & Hoffe, 2015).

The assessment of physiologic or functional age is essential to personalize the treatment of cancer in older adults. Without a complete assessment, treatment decisions may lead to reduced response if undertreated or may result in adverse toxicities, functional decline, or even death if treatment is too aggressive for older adults (Wildiers et al., 2014). A comprehensive geriatric assessment (CGA) includes an interprofessional evaluation of functional status, psychological status, comorbidities, social support, cognitive function, and nutritional status and is conducted as a diagnostic process to identify care needs, plan care, and improve patient outcomes in older adults (Puts & Alibhai, 2018). The geriatric assessment has been shown to identify increased risk of shorter overall survival and chemotherapy toxicity (Li, Soto-Perez-de-Celis, & Hurria, 2017).

The main oncologic treatment options for older adults with cancer consist of surgical intervention, chemotherapy, immunotherapy, targeted therapy, and radiation therapy. This article will explore each treatment strategy and their implications, using a case study of an older adult with lung cancer as an example.

### Case Study

Mr. H is a 77-year-old man who presented to his primary care provider with increasing shortness of breath; a dry, frequent cough; 10-pound weight loss; and one episode of hemoptysis. He has a history of chronic obstructive pulmonary disease, cirrhosis, and hypertension; continues to drink two or more vodka tonics daily; and is a heavy smoker (2–3 packs per day for 60 years). Mr. H was sure that he had a cold and was requesting an antibiotic. His physician ordered a chest x-ray for further evaluation. He initially refused because he did not want to be bothered with another appointment when he needed to be with his wife, serving as her sole caregiver. After explanation and discussion that his symptoms needed further evaluation, he agreed to go for