

# Alberta Doctors' Digest

## Addressing the needs and concerns of older adults with cancer in Alberta

In Alberta, more than half of new cancer cases (58%) are diagnosed among those aged 65+ and more than a quarter (27%) are diagnosed among those aged 75+ [1]. Vast variation in older adults' health and functional status, shaped by age-related concerns such as comorbidities, cognitive changes and lack of social support, adds complexity in cancer treatment decision making and impacts outcomes [2].

Although a high proportion of those receiving cancer care are older adults, important inequities across the cancer care continuum have been documented [3]. Survival has increased more slowly and to a lesser degree [4], clear patterns of undertreatment and overtreatment exist [5] and there is a clear lack of research due to under-representation in clinical trials [6] and development of supportive interventions [7]. Older adults receiving cancer care in Alberta, particularly those aged 75+, express lower satisfaction with person-centred care and important unmet needs [8]; however, there is a lack of targeted programs and services to address these concerns.

Given that the number of older adults with cancer in Alberta has more than doubled over the past 30 years [1] and is expected to nearly double again in the next 30 years [9], there is a critical need to assess and address age-related concerns in cancer care to optimize outcomes.

### **Geriatric oncology: A growing field**

Optimal outcomes for older adults with cancer depend on appropriate diagnostic and treatment decision making and integrated, tailored supports throughout the cancer care trajectory and into survivorship. Geriatric oncology is a growing field of interest in which clinicians and researchers across disciplines and professions are striving to address these concerns [10]. Guidelines from the American Society of Clinical Oncology and the National Comprehensive Cancer Network now recommend the integration of geriatric assessment and management into the care of adults aged 65 years and older with cancer, particularly those considering cancer-specific treatment [11, 12].

Randomized controlled trials of geriatric assessment and management for older adults receiving cancer treatment show improved communication, decreased toxicity complications with improved treatment completion and patient-centred outcomes [13]. Economic evaluation highlights a reduction in health system costs [14]. In Canada, teams in other provinces are actively working to integrate geriatric expertise to address age-related concerns that impact cancer care by establishing geriatric oncology clinics, advanced practice nursing roles in geriatric oncology, geriatric oncology educational initiatives, and nurse-led geriatric screening; and by advancing research to inform care of older adults with cancer and those close to them.

## Geriatric oncology in Alberta

In Alberta, a group of interested oncologists, geriatricians and nurses began meeting in January 2025 to discuss ways to foster connections and the development of geriatric oncology in our province. As a group, we have identified concerns in the care of older adults with cancer from the perspective of physicians and nurses with specialization in geriatrics and oncology.

Faced with a broad spectrum of older adults, oncologists question if they are offering the right treatments to the right patients. As Dr. Karen King, a medical oncologist at the Cross Cancer Institute, explains: “We see a lot of patients over 65 that we often wonder, ‘Should we be treating?’ [or] ‘Can we treat?’ because of one issue or another pertaining to geriatric [concerns] ... Historically, we don't always treat older patients thinking that we're going to make their quality of life worse.”

Dr. Desiree Hao has noticed similar challenges in her medical oncology practice at the Arthur J. E. Child Comprehensive Cancer Centre: “I now treat more octogenarians than I probably ever have in my career. And I wonder sometimes if there are some that I'm not treating because people perceive that they were too old.”

Dr. Hao also sees this in oncologists' decision making: “I remember the geriatrician from Toronto saying that oncologists probably underestimate the life expectancy of older folks, and sometimes prematurely write off treatment because of their age. It made me thoughtful that maybe there are some folks that haven't had a chance at treatment that really should have a chance.”

Geriatricians, on the other hand, find themselves involved too late, addressing geriatric concerns and syndromes that arise after cancer treatment. Dr. Alexandra Marin, a care-of-the-elderly physician at the Misericordia Hospital in Edmonton, has seen this in her practice: “I see unmet needs for geriatric input for patients going through cancer care in various settings. For example, we see seniors hospitalized on surgical units ... mostly for confusion, delirium, falls, polypharmacy. They were not prepped for this intervention by geriatric attention prior to the surgery and then are going through post surgical complications in terms of geriatric syndromes.”

Dr. Frances Carr, a geriatric medicine specialist at the University of Alberta, highlighted the value of the Alberta Geriatric Oncology Interest Group in addressing these concerns: “Setting up this interest group, I think there's so much potential for what we could do because I think there's a lot of gaps at the moment.” These complementary perspectives from oncologists and geriatricians on challenges highlight important opportunities for collaboration.

Dr. Selyne Guo, a geriatric medicine specialist at Rockyview Senior's Health in Calgary, is working to address these gaps by establishing the first onco-geriatrics clinic in Alberta. Since 2023, she has been providing geriatric assessment for older adults receiving systemic or radiation treatment at the Arthur J. E. Child Comprehensive Cancer Centre. Dr. Frances Carr is collaborating with Dr. King and the breast cancer team at Cross Cancer Institute to conduct a quality improvement study to integrate virtual geriatric assessment early in the trajectory of cancer care to inform treatment decisions and strengthen support to improve patients' quality of life.

Similarly, Dr. Krista Reich, also a geriatric medicine specialist at Rockyview Senior's Health in Calgary, and Dr. Naheed Rajabali, a geriatric medicine specialist at the Royal

Alexandra Hospital in Edmonton, are addressing this gap for older adults facing cancer surgery through their pre-operative geriatric assessment clinics. Dr. Reich is working to study the impact of her clinic: “I think there's an unmet need there, and that we can definitely add value. But I think we've had similar challenges that not everyone sees our value, and we're trying to demonstrate that.”

Nurse researchers are also working to identify and address age-related concerns in cancer care. Dr. Kimberly Shapkin, NP, PhD, a nurse practitioner who recently completed her PhD at the University of Calgary, looked at nurse practitioner perspectives on treatment decision making among people with dementia and cancer. She described the prevalence of the concerns: “I found it interesting to talk to nurse practitioners that had an oncology focus, and hearing their experiences, and how they make decisions around this older adult population that they're caring for ... they were pulling and pulling stories, realizing, ‘Wow, I didn't know there were so many people with cognitive impairment or dementia that I had cared for in my oncology clinic.’”

Collaborations are also emerging from within the Alberta Geriatric Oncology Interest Group. For example, the hematology group in Calgary began collaborating with Dr. Guo in Calgary and Dr. Naheed Rajabali and Dr. Michael Grossi, a fellow in geriatric medicine, in Edmonton, to assess frailty with a full comprehensive geriatric assessment that informs treatment decision making and optimization of patients prior to bone marrow transplant. This collaboration addresses the change that Dr. Tay, a hematologist at the Arthur J. E. Child Comprehensive Cancer Centre, has noticed in his practice: “With the aging population, there is a shift in demographics and the people I care for ... [who] come with lots of other health issues and concerns ... so trying to navigate many difference facets of health is complicated. While this is can be a burden, this could be an opportunity, if we can provide more comprehensive care, if there's enough interested parties as well as the resources to do so.”

Trainees joining the group also are seeing value and opportunity. As Dr. Vanessa Samuel, a PGY5 medical oncology resident described: “My interest in geriatric oncology has been long standing ... over the last year of being a resident in medical oncology, I've seen the need for comprehensive geriatric assessments in clinics and how that would enhance our decision making.”

## **Call to action**

In working to raise awareness of the specific challenges facing older adults with cancer, those close to them and those involved in their care, the Alberta Geriatric Oncology Interest Group invites involvement of others who would like to contribute to addressing age-related issues through the cancer care trajectory. This will require proactive interdisciplinary, interprofessional collaboration among those in primary, community and oncology care.

Next steps within the interest group include a needs assessment to better understand existing concerns and opportunities for collaboration to strengthen care of older adults with cancer and promoting educational sessions on geriatric oncology in the province. We also encourage interested readers to seek out existing educational resources to increase knowledge and skills in geriatric oncology (see the list below) and promote referral to existing clinical services offering geriatric assessment to older adults facing cancer and cancer treatment.

## Key Articles & Resources

Cook S, Alibhai S, Mehta R, Savard M-F, Mariano C, LeBlanc D, Desautels D, Pezo R, Zhu X, Gelmon KA, et al. *Improving Care for Older Adults with Cancer in Canada: A Call to Action*. *Current Oncology*. 2024; 31(7):3783-3797. <https://doi.org/10.3390/currncol31070279>

Dale W, Klepin HD, Williams GR, Alibhai SMH, Bergerot C, Brintzenhofeszoc K, et al. Practical assessment and management of vulnerabilities in older patients receiving systemic cancer therapy: ASCO guideline update. *J Clin Oncol*. 2023;41(26):4293-4312. <https://doi.org/10.1200/jco.23.00933>

### ***Princess Margaret Cancer Campus – Older Adults with Cancer – Learning Modules***

*The Princess Margaret Cancer Campus – Older Adults with Cancer Learning Modules* is a three-part program that provides healthcare providers with formal education in geriatric oncology, addressing the specific needs of older patients with cancer. Earn a certificate of completion for each of the three units.. It is available for free, with registration. To access the course: (1) Go to Cancer Campus <https://pmcancercampus.ca>, (2) Click “log in” to create a new account, (3) Find the Older Adults with Cancer course on Cancer Campus homepage and click “enrol in course.”

### ***International Society of Geriatric Oncology (SIOG)*** <https://siog.org/>

The *SIOG Advanced Course in Geriatric Oncology* is a 3-day CME accredited training programme in Treviso, Italy, led by international experts in the field of geriatrics and oncology to provide specific skills in assessment, care pathways, and therapeutic choices for older patients with cancer. This advanced course covers the general principles of cancer treatment using case-based discussions in geriatrics for clinical oncologists as well as in clinical oncology for geriatricians. 2026 dates are pending.

<https://siog.org/events/siog-events/siog-2025-advanced-course-treviso-italy/>

### ***CANO/ACIO Caring for Older Adults with Cancer: A Toolkit for Oncology Nurses***

A resource to promote interprofessional collaboration in assessing and addressing age-related concerns among older adults with cancer, this toolkit highlights geriatric domains known to impact cancer treatment and outcomes, including tools for assessment and potential nursing interventions. Free, with membership or non-member registration.

[https://www.cano-acio.ca/page/oa\\_toolkit](https://www.cano-acio.ca/page/oa_toolkit)

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