

Enhancing Cancer Care for the Elderly

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Abstract

People all across the world are impacted by the sickness of cancer. Though the goal of cutting-edge cancer research is to combat the disease's global effects, some communities are not always taken into consideration. Elderly cancer treatment is particularly difficult for biomedical scientists and healthcare workers due to a dearth of data on this particular age group. In order to improve cancer care, the objective of this prospective study was to evaluate the characteristics of older cancer patients. In terms of epidemiological information, clinical data, comorbidity, treatment, toxicity, clinical result, and survival pattern, the profiles have been compared to those of younger patients.

Keywords: Cancer; Global effects; Elderly cancer treatment; Biomedical scientists

Introduction

There is a dearth of elderly people in cancer therapy articles because they are typically undertreated and much less likely to be enrolled in research trials than younger patients [1]. This dearth of scientific interest in treating cancer in the elderly offers the way for new methods to find and improve existing therapies.

The National Cancer Intelligence Network states that different age groups of cancer patients receive surgery and radiotherapy at varied rates [2]. According to this data, an elderly patient has fewer chances of receiving effective and appropriate treatment.

Additionally, there are still issues that need to be resolved, such as whether cancer therapy is appropriate for a certain old patient's situation, whether it is actually given, if the patient accepts it, and whether it is correctly documented [3]. The creation of individualised and progressive healthcare regimens for older cancer patients is required as a result of this data gap [2].

This article will focus on the treatment of cancer in older patients, with a particular emphasis on important factors that researchers and caregivers should consider while creating cancer treatments, such as the patient's personal circumstances [4]. Additionally, this article will examine how more specialised forms of therapy, such X-ray brachytherapy, may provide an alternative when treating particular tumours and patients [5]. The article will also discuss the need of providing older cancer patients with holistic care and cancer therapy.

Improving Treatments of Cancer in the Elderly

The key inquiry to make when treating cancer in older individuals is whether or not the patient's specific circumstances are taken into account. Elderly individuals with cancer present special social and medical care problems that must be considered and analysed in order to appropriately treat them [6].

Effective therapies for cancer in the elderly depend on a variety of factors, including the type of cancer treatment used, how quickly it is administered, if surgery is necessary, and the role of patient decision-making [7]. The elements that affect patient decisions will determine how far cancer therapy for elderly patients can go. For example, if an elderly woman with breast cancer is unable or unwilling to travel to and from the hospital for numerous follow-up treatments, will she have her breast removed?

In a 2017 study that was published in *Annals of Surgical Oncology*, researchers examined how travel time and distance to radiotherapy affected older breast cancer patients' propensity to accept a mastectomy [8-10]. The study showed that accessibility to radiotherapy facilities, both in terms of distance and travel time, posed challenges to treating breast cancer in elderly patients and affected their decision to undergo standard cancer treatment, which includes procedures like whole-breast irradiation and breast conservation surgery [3].

For instance, patients were over 40% more likely to undergo a mastectomy than patients who lived less than 9.2 miles from a radiation centre if they lived over 9.2 miles away [11-14]. Furthermore, compared to patients who travelled for less time, those who travelled for more than 19 minutes had a 36 percent higher chance of having a mastectomy [3].

What possible physical and mental effects can have a permanent stoma as part of treatment for colorectal or anal cancer has on an elderly patient's quality of life [15]? Are further "living with and beyond" aspects being taken into account, such as their ability to physically change the stoma? How does dementia affect a senior patient's ability to manage a stoma? What effect [16] will this have on the partner and their continued care?

Is surgery always the best option for treating superficial skin cancers? Low intensity X-ray brachytherapy is one treatment that is used as an option all over Europe. Removing the cancer while limiting the cosmetic side effects that surgery might occasionally have [17].

Because of all of these critical concerns regarding the unique conditions in which an elderly patient exists, it is essential for oncologists and caregivers to use a multidisciplinary approach to create and carry out tailored therapy of cancer in the elderly [1].

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Screening and early detection for the older cancer patient

The best practises for cancer screening in older persons are unclear. There are general guidelines for screening decision-making, but in the case of breast cancer, they seem to be left up to the discretion of the clinicians or the patients [18]. The rates of screening for prostate cancer among older people with short life expectancies may be excessive [13, 14]. Elderly patients should be carefully assessed after receiving a cancer diagnosis to see how comorbidities, physical function, and psycho-social health may affect treatment options.

Can X-ray Brachytherapy Aid Elderly Patients with Cancer?

The fact that surgical complications and survival rates usually rise with patient age reduces the acceptability of surgical intervention as a therapy option for cancer in the elderly. Therefore, radiation offers senior individuals a different type of cancer treatment.

Scientific experts advise that contact radiation, also known as Papillon radiotherapy or X-Ray brachytherapy, has a significant possibility of being both safe and effective in treating old patients with early-stage rectal cancer based on evidence on rectal cancer in senior patients, for example [18].

Different types of radiotherapy may be used as a curative alternative for treating cancer in older patients, which may help address the many unique social and environmental problems that this patient population encounters. Intra-operative radiotherapy delivers high radiation doses directed at tumours or tumour beds while the patient is under anaesthesia, enhancing the treatment of malignant cells while minimising radiation to healthy cells [19].

A single radiotherapy “boost” to the tumour bed offers an alternative to the many fractions needed when attempting to administer partial or full breast irradiation, making it possible to perform breast-conserving surgery for the treatment of breast cancer in senior patients.

Developing New Treatments for Cancer in the Elderly

The Papillon + TM X-Ray Brachytherapy system from Ariane Medical Systems is primarily used to treat superficial skin cancer, breast intra-operative radiotherapy, and colorectal cancer [20]. Due to this system’s flexibility in terms of duration, dose, and brachytherapy fractions, it can adapt cancer therapies for older patients to meet particular patient care needs.

The Papillon + TM X-Ray Brachytherapy system was also developed with care for the variables that affect patient choices, greatly enhancing the ease of use and comfort of cancer treatment [20].

As part of a multidisciplinary strategy for the care of colorectal cancer, our Papillon + TM device can treat tumours that are easily accessible. For older breast cancer patients, the Papillon + TMIORT capabilities can expedite therapy and reduce the number of frequent hospital visits. Thirdly, the method targets superficial skin cancer tumours successfully, non-invasively, and with minimal scarring or cosmetic injury to the more sensitive skin of senior patients [20]. By reducing the need for surgery to treat cancer in elderly people, the Papillon + TM X-Ray Brachytherapy solution from Ariane Medical Systems promotes patient choice and care.

Conclusion

It is crucial to evaluate current cancer treatments for senior patients cautiously, taking into account both the clinical impacts and the personal repercussions. Additionally, when developing a treatment plan, considerations pertaining to the patient, such as their place of residence, their role as a caregiver, and their mental health, are equally as crucial as choosing the “gold standard” treatment option as the first option.

Ariane Medical Systems, a leading global service provider, invented targeted cancer therapeutics. With the aid of cutting-edge methods like the Papillon + TM X-Ray Brachytherapy system, which is particularly effective in treating cancer in the elderly, the biomedical specialists and oncologists at Ariane Medical Systems provide patients with tailored treatments. Therefore, based on the results of the current study, it may be inferred that oncologists should give older patients the same opportunity for treatment and survival options. To improve the continuum of cancer care for diagnosis, treatment, and survival, a clinical study with a bigger patient population, including elderly patients, is required.

Acknowledgment

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Conflicts of Interest

The author declares has no conflict of interest.

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