

Improvement of Cancer care in Old Aged Patients

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Abstract

The illness of cancer affects people all over the world. Modern cancer research aims to tackle the disease's global effects, yet not all groups are taken into account. Due to a lack of information on this particular age group, elderly cancer treatment is particularly challenging for biological scientists and healthcare professionals. This prospective study's goal was to assess the features of elderly cancer patients in order to enhance cancer care. The profiles have been compared to those of younger patients in terms of epidemiological information, clinical data, co-morbidity, treatment, toxicity, clinical result, and survival pattern.

Keywords: Cancer affects; Modern cancer research; Elderly cancer treatment; Biological scientists; Co-morbidity

Introduction

Because they are frequently undertreated and considerably less likely to participate in research studies than younger patients, there aren't many articles on cancer therapy that feature older patients [1]. This lack of scientific interest in the treatment of cancer in the elderly opens the door for innovative approaches to identify and enhance current medicines. The National Cancer Intelligence Network reports that the rates of surgery and radiotherapy for various age groups of cancer patients vary. These findings suggest that elderly patients have a lower likelihood of receiving effective and appropriate care.

There are also unresolved problems, such as whether cancer therapy is necessary for a certain elderly patient's condition, whether it is actually administered, if the patient accepts it, and whether it is properly recorded. This data gap necessitates the development of individualised and progressive healthcare regimens for older cancer patients.

The treatment of cancer in elderly patients will be the main topic of this article, with a focus on crucial elements that researchers and carers should take into account while developing cancer treatments, such as the patient's personal circumstances. This article will also look at how more specialised therapies, including X-ray brachytherapy, may be an option for treating specific tumours and patients [2]. The necessity of offering integrative care and cancer therapy to older cancer patients will also be covered in the paper.

Enhancing cancer treatments for elders

The most important question to ask while treating cancer in elderly patients is whether or not the patient's unique situation is taken into consideration. In order to properly treat elderly cancer patients, certain social and medical care issues must be taken into account and analysed. The type of cancer therapy used, how quickly it is provided, whether surgery is required, and the role of patient decision-making all play a part in effective therapies for cancer in the elderly [3]. How far cancer therapy can advance for elderly patients will depend on the factors that influence patient choices. Will a breast be removed, for instance, if an older woman with breast cancer is unable or unwilling to travel to and from the hospital for multiple follow-up treatments?

Researchers looked at how travel time and distance to radiotherapy affected older breast cancer patients' tendency to accept a mastectomy in a 2017 study that was published in *Annals of Surgical Oncology* [4]. The study revealed that older patients with breast cancer faced

difficulties in receiving standard cancer treatment, including whole-breast irradiation and breast conservation surgery, due to accessibility to radiotherapy facilities, both in terms of distance and travel time.

Patients who resided more than 9.2 miles from a radiation centre, for example, were nearly 40% more likely to have a mastectomy than those who did not [5]. Additionally compared to patients who travelled for a shorter period of time those who travelled for longer than 19 minutes had a 36 percent increased likelihood of having a mastectomy?

What potential negative consequences on a senior patient's quality of life can a permanent stoma as a component of treatment for colorectal or anal cancer have [6]? Are further "living with and beyond" factors being considered, such their capacity to physically alter the stoma? What are the effects of dementia on a senior patient's capacity to maintain a stoma? How will this affect the partner and their on-going care? When it comes to treating superficial skin malignancies, is surgery always the best option? Europe-wide, low-intensity X-ray brachytherapy is one treatment that is available. Removing the malignancy with the least amount of cosmetic adverse effects possible.

It is crucial for oncologists and carers to employ a multidisciplinary approach in order to develop and carry out individualised therapy for cancer in elderly patients because of all of these serious concerns regarding the particular conditions in which an elderly patient exists [7, 8].

Early cancer identification and screening for elderly cancer patients

Uncertainty exists over the ideal methods for cancer screening in older people. Although there are basic recommendations for screening decisions, in the case of breast cancer, they appear to be left up to the physicians' or patients' judgement. It's possible that too many older persons with low life expectancies are being screened for prostate cancer [9, 10]. After getting a cancer diagnosis, elderly people should undergo

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a thorough evaluation to determine how comorbidities, physical function, and psycho-social health may affect treatment options.

May X-ray brachytherapy help older cancer patients?

The acceptability of surgical intervention as a therapy option for cancer in the elderly is decreased by the fact that surgical complications and survival rates often increase with patient age. Radiation therefore provides senior citizens with a distinct kind of cancer treatment. Based on research on senior people with rectal cancer, for instance [11], scientists advise that contact radiation, also known as Papillon radiotherapy or X-Ray brachytherapy, has a significant likelihood of being both safe and effective in treating elderly patients with early-stage rectal cancer.

Older individuals may benefit from various forms of radiotherapy as a curative alternative to chemotherapy, which could help with the numerous distinct social and environmental issues that this patient population faces. While the patient is under anaesthesia, intra-operative radiotherapy administers high radiation doses targeted at tumours or tumour beds, improving the treatment of cancerous cells while minimising radiation to healthy cells. Breast-conserving surgery can be used to treat breast cancer in elderly individuals by performing a single radiotherapy “boost” to the tumour bed as opposed to the numerous fractions required when attempting to deliver partial or full breast irradiation [12, 13].

Creating new therapies for elderly cancer

Breast intra-operative radiation, colorectal cancer, and superficial skin cancer are the three main conditions that the Papillon + TM X-Ray Brachytherapy system from Ariane Medical Systems is used to treat. This method can modify cancer therapies for elderly patients to suit specific patient care requirements because of its versatility in terms of duration, dose, and brachytherapy fractions.

The convenience of use and comfort of cancer treatment are significantly improved by the Papillon + TM X-Ray Brachytherapy system, which was also built with consideration for the factors that influence patient decisions [14]. Our Papillon + TM device treats tumours that are conveniently located as part of a multimodal approach to the treatment of colorectal cancer. The Papillon + TM IORT capabilities can speed up therapy and lessen the frequency of hospital visits for elderly breast cancer patients. Thirdly, the technique successfully treats non-invasive, superficial skin cancer tumours while causing little scarring or cosmetic harm to older patients’ more delicate skin. The Ariane Medical Systems Papillon + TM X-Ray Brachytherapy system offers patient choice and care by minimising the need for surgery to treat cancer in older patients.

Conclusion

It is vital to carefully consider the clinical effects and the personal consequences of contemporary cancer treatments for elderly patients. In addition, just as important as selecting the “gold standard” treatment choice as the first option when creating a treatment plan are factors

relating to the patient, such as their residence, their function as a caretaker, and their mental health.

Targeted cancer therapies were created by Ariane Medical Systems, a renowned international service provider. The biomedical experts and doctors at Ariane Medical Systems provide patients individualised therapies using cutting-edge techniques like the Papillon + TM X-Ray Brachytherapy system, which is particularly effective in treating cancer in the elderly. The conclusion that can be drawn from the findings of the current study is that physicians should provide elderly cancer patients with the same access to therapy and survival alternatives. It is necessary to do a clinical trial with a larger patient population, including senior people, in order to improve the continuum of cancer care for diagnosis, treatment, and survival.

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Conflict of Interest

The author declares has no conflict of interest.

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