

# Cancer in the Decade of Healthy Ageing



A MEMBERSHIP ORGANISATION  
FIGHTING CANCER TOGETHER

## Roundtable discussion

Wednesday 9 June 2021

### Overview

Globally, we are experiencing a 'longevity revolution' in which the proportion of the world's population over the age of 65 is increasing rapidly.

Cancers are more prevalent in older adults, with cases amongst the over-65s accounting for 51% of the global cancer burden. Older adults also account for 59% of overall cancer deaths (1) often as a result of these cancers being detected at a more advanced stage, and the challenges of co-morbidities for diagnosis and treatment. Projections from the International Agency for Research on Cancer (IARC) indicate that as the global population grows, so too will the burden of cancer in older adults. Therefore, now is the time to act to ensure there is effective implementation and scale-up of people-centred and integrated care for older adults with cancer. Actions taken by governments to improve the health and wellbeing of older adults help countries achieve their commitments to UHC and realise the right to health for all people.

One critical development in was the adoption of the UN Decade of Healthy Ageing in 2020. The Decade recognises that communities and countries are often ill-equipped to ensure that older people can live healthy lives with meaning and dignity and aims to galvanise a global movement to address this.

As part of its response to the UN Decade of Healthy Ageing, UICC convened actors from across the healthy ageing and cancer communities. The goal of the roundtable discussion was to bring together

key stakeholders to share perspectives on the current challenges facing older adults, understand the respective challenges and issues from the participants' diverse areas of expertise and explore potential opportunities to inform each other's work and effectively collaborate.

The global ageing population is a clear demonstration of the success of public health policies and programmes which have reduced infant mortality, lowered maternal mortality and tackled several key infectious diseases, and extended global average life expectancy from 64.2 years in 1990 to 72.6 years in 2019. (2) However, in many places around the world, increases in healthy life expectancy have not kept pace and a growing number of older adults are living with one or more health condition.

### Key themes

Over the course of an informative and engaging discussion, several themes emerged, connecting pillars of the Decade of Healthy Ageing with activities spanning the full spectrum of cancer control. The first was the need to recognise the **impact that ageism is having on older adults**. There must be a shift in perception from older adults being a niche population, who are stigmatised as a burden on society with high health demands.

Older adults are a highly heterogeneous population, with substantial differences observed between an individual's chronological and physiological age. There is a growing evidence base that indicates a weak correlation between age and physical and mental decline, (3) whereas there is a much stronger association between the social determinants and healthy ageing. (4) The need to tackle ageism is not unique to the cancer community and this in turn provides a number of opportunities to partner with other health communities and groups. As noted by one participant, there must be a shift in the view of older adults as a minority, as for many countries, they are or soon will be the majority of the population.

Another participant highlighted the need to build a stronger narrative around enabling older adults to live healthy and active lives and in preserving their functional ability. It was pointed out that many health promotion messages do not link the benefits of cancer prevention in terms of the impact on healthy ageing, instead addressing them as separate siloes in policy and programmes. Many participants agreed that there is a **need to better integrate older adults into messaging on cancer prevention and health promotion** to ensure that the whole lifecourse is reflected in the design of health programmes.

Several participants highlighted the **importance of highlighting the ethical concerns around inequitable access** when we discuss care for older adults. At the health system level, while there are specificities to the management of cancer in older adults, the slow development of services in response to the needs of older adults has been linked to systematic discrimination based largely on age due to misconceptions about the feasibility, affordability, and unmet needs of older adults with cancer. While at the individual level, there is some data to indicate that older adults are much less likely to be offered curative care as a result of their age, for example in breast cancer. (5) This discrimination also extends into the development of future medicines and technologies, where older adults are often excluded from clinical trials, etc. despite representing a majority of cancer patients. (6) To address this, there is a clear need to ensure that older adults are systematically included in discussions around access to care as a key population.

Participants emphasised the **mismatch between the right to health and policies to deliver people-centred care to older adults** around the world. In responding to this, a participant emphasised the value to ensuring that we have the strategic documents in place, such as national cancer control (NCCP) and UHC plans. These should enshrine the right to health at all ages, set out clear commitments to deliver people-centred care for all patients at all ages and set out a roadmap to deliver these services. An important starting point for advocacy under the umbrella of the Decade of Healthy Ageing will be to ensure that NCCPs integrate services to respond to the needs of older adults with cancer.

The **need for stronger palliative care** and support networks for older adults emerged several times as a key theme. The COVID-19 pandemic has demonstrated the fragility of palliative and supportive care programmes, recognising the critical role that palliative care plays in maintaining quality of life as well throughout a person's cancer journey. Patient centred care, particularly for older adults, is of critical importance, as decision-making about care may be taken away from individuals on the basis of age. As such, there is a strong need to champion a whole-of-person approach to services for older adults and make the best use of tools like geriatric assessments to build care around the needs, capacities and preferences of older adults.

The discussion also touched on the **need to broaden our understanding of supportive care** to include the infrastructure that older adults use, such as new technologies, internet access, training of healthcare workers etc. The pandemic has brought to the fore a suite of innovations that can help address inequities and further work is needed to build the policy and financial environment to select the most appropriate and ensure older adults can access them. As one participant commented, there is a lot that the cancer community can learn from other health and development communities when thinking about how we can improve access to services.

Finally, it was noted that the **voices of older adults are often missing from discussions** about health and, particularly, around care for older adults. From a policy perspective, these voices are important to humanise many of the issues being discussed and drive governments and other stakeholders to take action, using the tools already available.

Looking ahead, there is a question around how the cancer community can use existing platforms and new initiatives to raise these voices and ensure that they are included in discussions about cancer control such as in the implementation of the EU Beating Cancer Plan.

## Follow-up opportunities

Reflecting on the discussion, UICC has identified the following areas for action:

- Raise awareness of cancer in older adults amongst the cancer community.
- Work to reflect the full life course in UICC's communications and policy work, including health promotion and disease prevention.
- Support the inclusion of older adults into National Cancer Control Plans and UHC strategies.
- Advocate for robust palliative care as a core component of UHC.
- Work to integrate the voices of older adults with cancer into relevant documents, fora, and discussions.
- Collaborate with partner organisations to highlight and tackle ageism in discussions on cancer and NCDs, noting the global health community is the reporting back in 2023 on the Decade of Healthy Ageing and the second UN High-Level Meeting on UHC.

## References

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## Participants

- Dr Matti Aapro, President-Elect, European Cancer Organization
- Mr Lewis Arthurton, Communications and Policy Manager, Alzheimer Disease International
- Dr Jane Barratt, Secretary General, International Federation on Ageing
- Dr Michael Hodin, Executive Director, Global Coalition on Ageing
- Dr André Ilbawi, Technical Officer, WHO
- Dr Corinne Leach, Strategic Director, Cancer and Aging Research, American Cancer Society
- Ms Adrienne Mendenhall, Director of Business Development, Access Health International
- Ms Silvia Perel Levin, Chair, UN Open-Ended Working Group on Ageing (Geneva)
- Dr Katherine Pettus, Advocacy Officer, International Association for Hospice and Palliative Care
- Dr Ritu Sadana, Unit Head, Ageing and Health, WHO
- Mr Hampton Shaddock, Head, Global Public Affairs, Sanofi Genzyme
- Dr Enrique de Soto Peris, Geriatric Oncologist

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