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Track 4: Modern diagnostics & therapeutic areas

Track: Chemotherapy

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"I'M NOT LOOKING TO LIVE TO BE 100 ...": THE ROLE OF SELF-PERCEPTION OF AGE IN DECISIONS ABOUT ADJUVANT CHEMOTHERAPY FOR OLDER ADULTS WITH CANCER

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Introduction: For older patients with cancer, decisions to start adjuvant chemotherapy are often complicated by the presence of age-related health difficulties. Treatment decisions often need to balance both quantity and quality of life. Previous studies suggest that many older adults report feeling younger than their age, even when faced with complex health conditions such as cancer. Little is known about how self-perceptions of age play a role in treatment decisions.

Objectives: To explore how patients' self-perception of age relates to their discussions of goals and priorities when making decisions about adjuvant chemotherapy.

Methods: Semi-structured, audio-recorded interviews were conducted with 12 patients ages 70 and above, to explore decision-making about adjuvant chemotherapy. Interviews were led with a guided script which included two questions about age as a factor in the decision-making process. Subjects were recruited as part of a larger study to develop and test the feasibility of a decision tool for older adults making decisions about adjuvant chemotherapy at the University of Rochester. Subjects were eligible if they had undergone surgery for their cancer, had a cancer for which chemotherapy is part of the standard treatment for curative intent, and a decision about chemotherapy was made within 6 months of enrollment. The interviews were subsequently transcribed and analyzed by 3 coders using the constant comparative method to develop codes and themes. Demographic data was also collected following the interview using a written questionnaire and all subjects were asked the question: 'How old do you feel?'

Results: The mean age of subjects was 76.5 years old (range 71-85); 50% were female. 8.3% had lung cancer, 16.7% breast cancer, while the rest had gastrointestinal cancer. The mean perceived age by patients was 54.4 years old (range 21-80). Only one patient reported a perceived age older than their chronological age. Amongst other themes, patient's comments concerning self-perception of age in relation to preferences about proceeding with adjuvant chemotherapy were found in 11 of 12 transcripts reviewed. Most patients commented about feeling younger than their age. Patients who felt age should not make a difference or noted a goal age to live to, chose to proceed with adjuvant therapy. Others, whose comments focused on the burden of side effects and/or importance of quality of life at their age, supported their choice of no adjuvant treatment. Interestingly, two patients who commented on the difficulty of treatment at their age chose to proceed with chemotherapy, but also discussed a need to discontinue due to toxicity. The table below provides the patient's chronological age, perceived age, representative quotes, as well as the treatment choice they elected to proceed with.

Image:

Patient Quote	Chronological Age	Age Patient Feels	Adjuvant Treatment Received
"... I never think of myself as being very old so -"	71	60	Hormone Therapy
"If I have ten great years ... look like this ... can do what I do now ..., I'd sign on now. As opposed to living to be 92 and have some mental disorder ..."	72	50	Oral chemotherapy
"I don't think it [age] made any difference if I put down 37 or 73; it's a hell of a choice to make. I opted for what I think is the best choice, the most successful, the best documented."	73	37	IV Chemotherapy
"I've got to try and out-beat my father; my father lived to be 90 – I want to go to 99 at least."	74	40	IV Chemotherapy
"They never said that was a problem, that my age would be a problem."	78	55	IV Chemotherapy
"As you know, your body starts to break down and all things start happening as you get older. Luckily we have all these good doctors to fix us up." "... people are living to be over 100 ..."	84	60	IV Chemotherapy
"Your body's weaker when you get my age. If I were 50, the treatment would probably be a lot more effective."	71	80	IV Chemotherapy
"Life is very difficult when you go through this. It makes a difference when you're an older person and widowed and on your own."	83	73	IV Chemotherapy
"But I also know many times there's lots of side effects. I am 72 and I just didn't want to deal with [them]."	72	62	No Treatment
"I'm not looking to live to be 100 ..." "I don't want to go through this stuff when I'm 75 and older."	74	60	No Treatment
"One of my doctors ... said to me that my body is 10 years younger than my age." "... I work towards quality of life, not quantity."	85	21	No Treatment
No comment on age	81	55	No Treatment

Conclusion: Our mixed methods analysis of the interviews revealed that patients brought up their age and self-perceived notion of aging frequently when discussing their decision about adjuvant chemotherapy. Their comments tended to reflect the choice they made about receiving adjuvant treatment. This may be a glimpse into the important, yet unclear, process of how older adults with cancer prioritize values and make decisions about adjuvant chemotherapy. Future research should examine how oncologists can effectively elicit patient's self-perceived notion of age and use this information to better understand older patients' goals when developing a treatment plan.

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Keywords: Adjuvant Chemotherapy, Decision Making, Older Adult, Self-perception of Age