



Cancer Facts

Elderly and Cancer

WHO WE ARE

We are people in the United States who are 65 years of age and older. Some of us, aged 65-74 years old are referred to as the “younger-old,” those 75-84 are called “old,” and those of us who are 85 years and older are the “older-old.” We represent a significant segment of the population (more than 12%) and our numbers are expected to more than double by the middle of the 21st century to 86.7 million (21%), or one in five Americans.⁽¹⁾ During the last century our numbers increased tenfold from 3.1 million in 1900 (about 1 in 25 Americans) to 35.0 million in 2000 (about 1 in every 8 Americans).⁽²⁾ Of the 37.3 million elderly in 2006, about

30 million (85%) of us are non-Hispanic/whites, 2.8 million (8%) are African American, and 1.7 million (5%) are Hispanic/Latino. Asian Americans account for 801,000 (2%), American Indians/Alaska Natives account for 138,400 (0.4%), and Hawaiian and Pacific Islanders total 21,000 (0.006%).⁽³⁾

By the year 2050 under current projections, our numbers in minority populations are expected to outpace non-Hispanic/whites. While the number of elderly non-Hispanic whites is anticipated to double to 62 million, the number of elderly African Americans will nearly quadruple to over 9 million. Elderly Hispanic/

Latinos will total about 12 million; 11 times as many as in 1990. The number of American Indians/Alaska Natives will grow to 562,000, while Asian and Pacific Islander elderly will approach 7 million.⁽⁴⁾

Despite this 65 year age limit, we are often recognized as elderly at widely divergent ages depending on our cultural backgrounds. For example, we may be considered elderly as young as 40 years of age for many Southeast Asian subgroups and among some American Indian/Alaska Native populations.⁽⁵⁾ Yet in spite of these differences, as elderly people we remain active and vital members of society and our communities.

Causes/Etiology

- About 26% of the elderly have only Medicare coverage compared to about 16% of Americans under the age of 65 who have no health insurance coverage whatsoever. ⁽⁶⁾
- Sociocultural and political barriers interfere with health care access for elderly African American/black women in the rural South. Elderly African American/black women in rural North Carolina report feeling “distanced” from the local health care system and often allow this feeling to translate into delay or avoidance of breast cancer screening or other preventive services. ⁽⁷⁾
- In 2002, only 7% of the Hispanic/Latino elderly population reported having Medicare coverage compare to 79% of non-Hispanic/Latino whites. ⁽⁸⁾

Screening

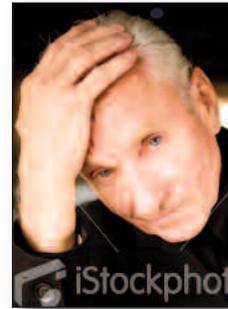
- Mammography and Pap tests are underused by women who are older, members of certain racial and ethnic minority groups, have less than a high school education, or live below the poverty level. ⁽⁹⁾
- Between 60% and 80% of American women with newly diagnosed invasive cervical cancer have not had a Pap test in the past five years. Particularly, elderly, African American/black, and low income women are less likely to have regular Pap tests. ⁽¹⁰⁾
- Despite the proven effectiveness and availability of various colorectal cancer screening tests, many elderly adults aged 50 and older are not regularly screened. ⁽¹¹⁾
- Older African American/black and Hispanic/Latino women are less likely to be screened for breast and cervical cancer than their younger counterparts. ⁽¹²⁾

ORTHOBIOTECH

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- Among the elderly, African American/black men are more likely to be diagnosed with advanced prostate cancer than non-Hispanic/Latino white men. Furthermore, the prostate cancer mortality rate for African American/black men is twice as high compared to non-Hispanic/Latino whites. ⁽¹³⁾
- Only 17% of American Indian/Alaska Native women ages 60 and older report ever having a mammogram, compared to 38% of all U.S. women in this age group. ⁽¹³⁾
- Cancer screening rates are low for all Americans, with the lowest rates found among racial and ethnic minorities, low-income Americans, the elderly and the medically underserved. ⁽¹⁴⁾
- Hispanic/Latina women aged 50 and older have the lowest mammography utilization rates (63.5%) and Hispanic/Latina women 18 and over have the lowest Pap test utilization rates (80.9%) compared with other racial and ethnic groups. ⁽¹⁵⁾
- Older Hispanic/Latino women continue to be less likely to be screened for cancer than younger women and are subsequently often diagnosed at later stages of cancer. ⁽¹³⁾
- More than 40% of Mexican American women aged 75 or older report never having had a mammogram and almost half report never having had a Pap test. ⁽¹⁶⁾
- Sabatino et al. reported that in 2005, Hispanic/Latina women were less likely than non-Hispanic/Latina women to report breast cancer screening (58.1% vs. 69.0%). ⁽¹⁷⁾
- The probability of having a Pap test decreases in women over the age of 65 (as compared to those who are younger than 65). ⁽¹⁸⁾

Disparities

- Cancer survival rates among elderly American Indian/Alaska Natives are the lowest among all United States subpopulations. ⁽²⁾
- Elderly people of color, especially African Americans/blacks and Hispanics/Latinos have a greater number of functional disabilities (restricted activity and bed-disability days) than elderly non-Hispanic/whites. ⁽⁵⁾
- Elderly and certain ethnic groups receive substandard care and generally have poorer mortality outcomes compared to younger, white, or more affluent patients. ⁽¹⁹⁾

- African Americans/blacks and Native Americans/Alaska natives treated for colorectal cancer receive less intensive therapy and have poorer survival than non-Hispanic/Latino whites. In addition, older colorectal cancer patients are less likely to receive adjuvant chemotherapy after surgical removal of a colon or rectal tumor than younger patients, partially because of increased chemotherapy toxicity in the elderly. ⁽¹⁹⁾
- Ninety percent of colorectal cancer cases in the United States occur after age 50. Colorectal cancer incidence per 100,000 by race indicate the following: African American/blacks (61.2%), White (50.1%), Asian and Pacific Islander (40.9%), Hispanic (39.2%) and Native American (43.5%). ^(6, 20)
- There is a lack of basic data about aging minority populations. This is largely due to small sample sizes of these populations and to language barriers that prevent certain racial and ethnic groups from participating in survey research. ⁽¹⁰⁾
- The perception of illness by elderly Asian Americans, which focuses primarily on symptoms, makes it difficult for them to conceptualize and thus seek treatment for diseases such as cancer, hypertension, or diabetes mellitus. ⁽²¹⁾
- According to Lewis and colleagues, 61% of new cancer cases occurred among the elderly in 2003, but only 25% of participants in national cancer clinical trials were over 65 years of age. Moreover, in Phase II and III clinical trials, the elderly carried 60% of the disease burden, but represented only 32% of enrolled patients. ^(22, 23)
- African Americans/blacks with cancer have shorter survival times than non-Hispanic/Latino whites at all stages of diagnosis. Relative 5-year survival rates are higher among black persons diagnosed at younger ages (52% among African Americans diagnosed before age 45) than in persons diagnosed at older ages (43% among those diagnosed after age 75). ⁽²⁴⁾



- Disparities in practice patterns between younger and geriatric patients with bladder cancer exist. A recent study provided evidence that aggressive surgical management of bladder cancer in elderly patients over the age of 80 may improve survival. ⁽²⁵⁾
- Based on recent analysis of long-term breast cancer survival among women who have already survived five years after diagnosis, African American/black women are less likely than non-Hispanic/white women to survive an additional five years. ⁽²⁶⁾
- In 2006, only 38 % of American Indian/Alaska Native elderly men had a PSA test, this is significantly lower than the U.S. elder rate of 61 percent. ^(27, 28)
- Women aged 40 and older are recommended to get one mammogram each year. Only 54% of American Indian/Alaska Native elder women had their last mammogram within the year. This is significantly lower than the U.S. elder rate of 62 percent. ⁽²⁷⁻²⁹⁾
- American Indians/Alaska Natives are underrepresented in clinical trials. LaVallie et al. reported the factors that increase the willingness to participate were having a lead researcher of Native descent, having a study physician with experience treating American Indians/Alaska Natives, personal experience with the cancer being studied, family support for participation, and belief/hope that the study would result in new treatments. ⁽³⁰⁾
- More than 68% of American Indian/Alaska Native women aged 40 and over in California had a mammogram within the past two years, however, 1 in 10 American Indian/Alaska Native women 40 years and older, reported never having a mammogram. ⁽³¹⁾
- Although the inability to speak English constitutes a major barrier for elderly Asian American women when seeking health care, it is further complicated by the fact that many Asian elderly believe the healer is supposed to make a diagnosis without much discussion and with little or no physical contact. Thus, physicians who ask too many questions, request too many tests, or suggest probabilities of outcomes, are likely to lose credibility among these elderly. ⁽³²⁾

Outcomes

- It is anticipated that both health insurance and health care services will be less available and accessible for elderly women of color than among elderly non-Hispanic/Latino white women. ⁽⁵⁾
- Racial and ethnic minority elders report lower rates of health care utilization than those by non-Hispanic/Latino whites, despite the greater per capita need for health care services. ⁽⁵⁾
- In general, racial and ethnic elderly minorities covered by Medicare suffer from more illnesses and are more apt to live in poverty. As such, they face greater risk of access problems and financial burdens. ⁽²⁶⁾
- Elderly American Indian/Alaska Natives receive health services at lower rates than their counterparts in the general populations. The Indian Health Service discharge rate among the elderly (171.4 per 1000) is half the US rate (344.6 per 1000). ⁽³⁰⁾
- Breast cancer is the most common cancer among Native Hawaiian females, with the peak incidence of all cancers occurring among 65- to 74-year olds. ⁽³³⁾
- Hospice care can alleviate suffering at the end of life for patients with cancer. African Americans/blacks (42.5%) and Hispanics/Latinos (44.5%) were significantly less likely than non-Hispanic/Latino whites (46.5%) to use hospice care. ⁽³⁴⁾
- Ten percent of elderly African American/blacks with Medicare coverage report delays in receiving health care due to cost, along with 7% of Hispanics/Latinos and 5% of non-Hispanic/Latino whites. ⁽³⁵⁾

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