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Introduction – Caring for our old is caring for our future:

considerations for oncology nursing

Cancer incidence rates will continue to rise, with projections showing approximately 14 million people over 65 years or older to be affected by 2040.¹ In the not so distant future, almost 70% of all cancers will occur among adults aged 65 years or older², meaning that care services around the world will need to be ready to manage and support people and their families both acute care and in the community. Aging alone brings a host of issues to a person's life, from comorbid illnesses and functional decline to polypharmacy; these issues must be taken into account when managing cancer. The term frailty has been introduced to describe an age-related syndrome "characterized by dependency in activities of daily living, a loss of reserve in response to stressors, and a decline in body functions and systems, resulting in mortality and morbidity".³ Recent data indicate that more than 50% of older patients with cancer will be identified as frail.⁴ The connection between older age, frailty and cancer-related outcomes is also gaining interest. Unsurprisingly, evidence suggests that sustained and worsening frailty before a cancer diagnosis can lead to increased risk of mortality with further decline in physical

function post-diagnosis.⁵ It is timely to increase efforts towards improving assessment, individualising cancer care plans, and offering better supportive care for the aging population.^{6,7}

The aim of this issue of Seminars in Oncology Nursing is to provide an overview of key issues pertinent in the care of the older adult with cancer. It is hoped that this issue will serve as a point of reference not only to nurses, but also to the wider multidisciplinary team, educators and health care organisations. I am grateful to our contributing authors, who have provided the latest knowledge and evidence in their respective areas, problematizing the reader and hopefully inspiring us all –clinicians, educators, leaders in health and social care– to advance the science in this much needed area.

Starting this issue, Hall et al are presenting results from an exploratory qualitative study on the use of technology to support cancer self-management behaviours in older adults with cancer. Implementation of technology and e-health solutions, either synchronous or asynchronous, is gaining momentum in cancer care, spanning across from facilitating diagnosis and treatment, to symptom monitoring and self-management.⁸ Traditionally, older age has been seen as a barrier in the use of technology, which explains why most relevant research is focused on younger adults. However, with technology being omnipresent in our everyday lives and with smart homes becoming more mainstream, older age cannot anymore be a valid exclusion criterion. As Hall et al state in their article, this older population is the fastest growing community of internet users. The findings of this study shed light in the ways that this population group uses technology; either via a smart phone, a tablet device or a computer, older adults seek information to support self-tailoring, problem-solving and decision-making. It comes as no surprise that people will use technology for similar reasons, but perhaps the time taken to familiarise with the technology may differ compared to a younger technology-savvy population. The authors conclude that is a unique and timely opportunity for health care teams to support this eager to learn population on ways to access information and increase their self-management.

Over the past two years, the COVID-19 pandemic has dominated every aspect of life. Its long-term impact on cancer care and healthcare workforce is yet to be witnessed⁹, however preliminary evidence on the use of cancer services during lockdown periods paint a rather worrying picture. Delays in cancer diagnosis, combined with non-attendance of chemotherapy appointments can lead to an increase of 1-year mortality rates.¹⁰ Kilgour et al provide important insights to the unmet needs of older adult cancer survivors during the pandemic. The authors noted a shift in the attitudes of the participants, moving from a status of confidence to feeling uncertain about their health and wellbeing as the pandemic carried on. Despite the benefits of using technology during the pandemic, in-person appointments are still preferred by patients. A number of recommendations for oncology nurses are proposed to address issues around accessing care during the pandemic and beyond, improving care experiences during this transitional and challenging time.

Patient-reported outcome measures have been used both for practice and research purposes in the context of cancer for over a decade with their benefits and challenges well discussed.¹¹ When caring for the older population there are specific considerations to take into account in order to incorporate such tools in practice. Kotronoulas provides an overview of potential benefits, challenges and opportunities of integrating patient-reported outcome measures in geriatric oncology. Routine use of such tools can help oncology nurses to fulfil multiple aspects of their role from advocating treatment preferences, monitor treatment side-effects, facilitate decision-making processes, and educate patients to self-manage. The reader will also find a useful guide to the most up-to-date brief measures for use in clinical practice to facilitate screening of older patients with cancer for functional fitness for treatment.

Ethical issues in cancer care either relating to treatment decision-making or issues related to end-of life care can be a frequent encounter for those of us working in the field. Older age adds one layer of complexity in the care process making some of the decisions harder to make. Johnston and Stevens, in their work, consider the notion of ageism to impact ethical decision making when caring for older

patients with cancer. To this end, they discuss a practical guide that will help health professionals make ethical decisions across the cancer journey. The authors advocate that the Seedhouse grid, comprising of four different, independent layers, can be a useful tool to implement in clinical practice as a way to promote person-centred care for older adults and their families.

The pivotal role of the family as supporters and carers of people affected by cancer is non-negotiable. The impact of caregiving (physical, emotional, social and financial) has been extensively investigated within cancer care.¹² Caring for an older adult with cancer, usually with multiple co-morbidities, can further affect carers' quality of life. The second to last article provides an overview of the role of family caregivers in the care of older adults with cancer with a specific focus on quality of life. Sun et al offer insights on the specific challenges carers may face by reviewing each quality of life domain. Recent interventions are presented and a range of clinical and research implications are an excellent resource for oncology nurses across the world.

This special issue concludes with an article that introduces a new area of interest, looking into comorbid dementia and cancer. With both conditions being on the rise, the chances of having to care for people with a dual diagnosis are high. A dual diagnosis of dementia and cancer poses several challenges across the cancer care pathway, placed by limitations in communication that can impact treatment decision-making and ultimately prognosis. The authors address a number of considerations related to environment, education needs and time restrictions with some key implications for oncology nurses. Transferring current knowledge from dementia care can be a real asset in improving care experiences for this population and ensuring high standards of care quality and equity.

This issue is your educational guide to some of the key issues arising when caring for an older person with cancer. If the way we care for our older population is a representation of how sensitive society is, then we need, now more than ever, to invest in enhancing the standard of quality in the care provided to older people with cancer and their families. A kind of care that has person-centredness, ethical sensibility and dignity at its core.

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