



Research Article

EPIDEMIOLOGY OF CANCERS AMONG GERIATRIC POPULATION FROM A TERTIARY CARE CENTER IN SOUTH INDIA

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ABSTRACT

Introduction: Cancer is 11 times more likely to develop in people above 65 years compared to younger people. Although we know the geriatric age group people are increasing in view of increased life expectancy and those diagnosed with cancers have increased over the last decades, there is a deficit of clinical and epidemiological data from developing countries. The objective: to analyse the incidence, sex ratio, histology and patterns of cancer incidence in geriatric population.

Material & Methods: All patients aged 65 years and above with the diagnosis of cancer who were registered in Department of Medical Oncology, Government Rajaji Hospital, Madurai during a period of January 2017 to December 2021 were included. Basic information on age, sex, diagnosis and histology were collected.

Results: There were total 1260 geriatric patients (16.4% of total cancer patients in the institution) in which 57 % (719) patients were male and 43 % (541) patients were female. Among the patients registered , 681 (54%), 373(29.6%),142 (11.2%) ,41 (3%) and 18(1.4%) patients were in the age group of 65-69, 70-74, 75-79, 80-84, and more than or equal to 85 years , respectively. The three most common sites in carcinomas were lung, breast, upper gastrointestinal. The most prevalent cancers male is lung and females is breast which is also in par with the world data. But when total incidence is looked into, the hospital incidence in much low when compared to world (51.56%) and Indian data(34.4%)

Conclusions: Incidence of cancer in geriatric patients in world and India is much higher when compared with our hospital data. This has to be seriously evaluated as this difference may be due to the ignorance of our patient population, lack of access to health care facilities; neglected old age patients and poor social support The first step towards delivering the optimal cancer care to this patients are identifying these subset of patient

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INTRODUCTION

Cancer is more common in geriatric population due to various reasons. Also older population is increasing due to improvement in global health care system and increased awareness regarding cancer and other diseases(1). Due to all these, now more individuals are living longer and the proportion of those living beyond 60 years has increased significantly and will increase further over the next 20 years. Existing studies in India focused on the health status of cancer survivors are grounded in national health datasets that concentrate on childbearing ages(2,3). Despite the increasing percentage of middle-aged and older people living with and beyond cancer, little research has focused on understanding the physical and psychological health and wellbeing of cancer survivors aged 65 years and above(2).

Cancer survivors aged 65 years and above also report higher comorbidity (4, 5). This highlights a need for an integrated care pathway. Cancer chemotherapy in geriatric patients with advanced-stage malignancy and poor functional reserve also poses a specific challenge. This is an initiative in identifying

this subset of population who needs further evaluation as there is some specific physical, social, mental, financial challenges.

AIMS AND OBJECTIVES

The objective was to analyze the incidence, sex ratio, histology and patterns of cancer incidence in geriatric population.

MATERIAL AND METHODS

This study was conducted in Department of Medical Oncology, Government Rajaji Hospital, Madurai during a period of January 2017 to December 2021. All patients aged 65 years and above with the diagnosis of cancer who were registered were included. Basic information on age, sex, diagnosis and histology were collected

RESULTS

There were total 1260 geriatric patients (16.4% of total cancer patients in the institution) in which 57 % (719) patients were male and 43 % (541) patients were female. Among the

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patients registered , 681 (54%), 373(29.6%),142 (11.2%) ,41 (3%) and 18(1.4%) patients were in the age group of 65-69, 70-74, 75-79, 80-84, and more than or equal to 85 years , respectively. The three most common sites in carcinomas were lung, breast, upper gastrointestinal.

Table 1 Comparison of world, Indian and GRH Data of geriatric cancer patients

	MALE	FEMALE	TOTAL
WORLD	56.3%	46.3%	51.56%
INDIA	38.1%	30.8%	34.4%
GRH	20.28%	14%	16.4%

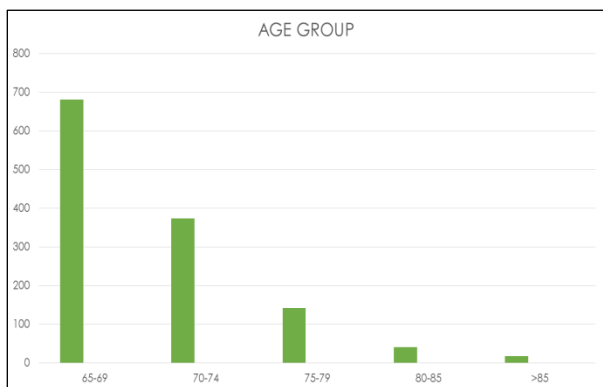


Fig. 1 Age distribution of study population

Table 2 Distribution of cancers among males and females in study population

MALE	SITE (%)	FEMALE	SITE (%)
Lung	21	Breast	32
Head and neck	15	GIT	10
Upper GIT	15	Cervix	10
Colorectum	13	Ovary	8
Liver	6	Head and neck	8
Prostate	6	Colorectum	8
Lymphoma	5	Lung	5

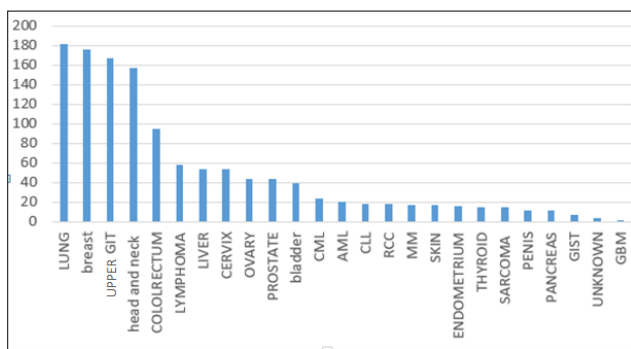


Fig. 2 Distribution of cancers in study population

DISCUSSION

An elderly cancer patient is an alarming issue which has not been investigated sufficiently till date particularly in Indian cancer patients. Therefore, this study was aimed to assess profiles of elderly cancer patients. Here in our study we had 1260 patients that is 16% of whole patients among that 57% are males. In India, people aged 60 years and above as of 1 July 2022, translating to 10.5% of the population. The share will double to 20.8%, with the absolute number at 347 million by 2050, according to the India Ageing Report 2023(1). Nearly 80% of these older individuals will be living in low- and middle-income countries

In our study, only 16.4% of our cancer patients are elderly where as in India and world, it is much more than that comprising about 34.4% and 51.5 % respectively. This reduced incidence may be due to various factors like ignorance of our patient population, lack of access to health care facilities, neglected old age patients and poor social support in or population. In an epidemiological overview of geriatric cancers in India showed a gradual increase in the incidence of geriatric cancers over years. They also mentioned Cancer is the disease of aging and major cause of morbidity and death more than ≥ 60 population will have increase in 2026 by 80% over that of 2006; but the total cancer incidence for ≥ 60 population will have increase by 100%, providing that no changes occur in environment or healthcare in India. In ≥ 60 population lung and prostate in men and breast, cervix, and ovary are most common cancers.

Most common cancer in our study population was lung, breast and upper GIT. In male it is lung .head and neck, upper GIT. In females it is breast, upper GIT and cervix which were in par in world and India. Various aspects are to be pondered in the geriatric age group, proper geriatric assessment is of utmost importance. Dedicated geriatric oncology clinics should be entertained. Addressing the supportive care needs of an increasing number of older patients with cancer and their caregivers requires innovative strategies and delivery methods (7,8). Support groups bring together people who are going through or have gone through similar experiences(9,10).As seen in our study population the incidence of geriatric population are much lower and Indian and world, so further steps are to initiated in the community level to asses this drop in cases. This difference may be due to the ignorance of our patient population, lack of access to health care facilities, neglected old age patients and poor social support. Various programmes at hospital level, community level, individual level is needed for planning optimal treatment for this specific group.

CONCLUSION

Cancer in elderly population poses a large burden in our society. This group of patents has to be identified first and the treatment has to be tailored accordingly. Incidence of cancer in geriatric patients in world and India is much higher when compared with our hospital data. This has to be seriously evaluated and the reason for this drop has to be analyzed. To tackle these, dedicated geriatric clinics should be set up in tertiary care centres. Special programmes to be implemented in the community level to encourage this set of population to come to hospitals and to assess their difficulties. A separate support group to cater them is of utmost importance. This is possible only with joint efforts from hospital, community and government sectors.

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