Decision making in older patients with advanced cancer: does doctor know best?

To the Editor: The median age of Australian patients at first diagnosis of cancer is 67.8 years.[1] In advanced, incurable cancer, goals of treatment include symptom control for all patients and prolongation of survival by weeks to months in a subgroup. In older people, treatment decisions can be complicated by comorbidities, polypharmacy, frailty and cognitive impairment. Few studies have investigated older patients' information needs and preferences for involvement in decisions about their care.[2,3] We performed an exploratory study to investigate whether the health status of older cancer patients predicted their information needs, decision preferences and their oncologists' treatment recommendations. Concordance between patients' stated preferences and the perceptions of their oncologists was also measured.

Fifty outpatients with advanced lung ($n = 30$) or bowel ($n = 20$) cancer, with a mean age of 66.9 years (range, 51–91 years) participated. Fourteen patients (28%) were older than 70 years and 80% were diagnosed with advanced cancer within the previous 4 months. Patients' health status was measured using the Vulnerable Elders Survey (VES) 13, a validated questionnaire used to identify older persons at risk of health decline (indicated by scores of ≥ 3).[4] Role preferences were elicited using the Control Preferences Scale.[5]

Thirteen patients (26%) had VES 13 scores of ⩾ 3. Of these, five (38%) were over 70 years. Twenty-six of 49 patients (53%) wanted a passive role in decision making, and 29 of 50 patients (58%) wanted prognostic information. Age and VES 13 scores did not predict patients' role preferences or desire for prognostic information. Oncologists were less likely to recommend chemotherapy for patients over 70 years (25% v 75%, $P = 0.04$) or for those who had VES 13 scores of 3 or above (20% v 80%, $P = 0.02$). Concordance between patients' participation preferences and oncologist perceptions was 54%.

Until there is more evidence from larger studies of patient preferences, oncologists should ask patients their preferences about decision making and prognostic information.

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A table of patient characteristics accompanies the online version of this letter. ❑

Patients with advanced cancer, by characteristic and preference

Characteristic	Prefer non-passive decision control*	Prefer prognostic information
Total patients (*n* = 50)	23	29
Age 50–60 years	6	7
Age 61–70 years	11	14
Age 71–80 years	5	5
Age > 80 years	1	3
Male	10	18
Female	13	11
Born in Australia	15	14
Born outside Australia	8	15
Bowel cancer	13	19
Lung cancer	10	10
0 comorbidities†	3	5
1 comorbidity†	3	5
2 comorbidities†	4	7
⩾ 3 comorbidities†	12	12
0 concomitant medications‡	1	4
1 concomitant medication‡	2	3
2 concomitant medications‡	7	5
⩾ 3 concomitant medications‡	13	15
Lives alone	8	9
Lives with someone	15	20
Lives in aged care facility	0	0
ECOG PS = 0–1	20	24
ECOG PS = 2–3	2	4
Married	9	13
Not married	14	16
Primary education§	3	5
Secondary education§	14	14
Tertiary education§	5	10
VES 13 score = 0–2¶	17	19
VES 13 score = > 3¶	6	10

ECOG PS = Eastern Cooperative Oncology Group performance status; higher score = poorer status. VES = Vulnerable Elders Survey. * Total in passive and non-passive categories was 49 (one patient gave no preference). † Missing data for one patient. ‡ Missing data for three patients. § Missing data for two patients. ¶ VES 13 scores range from 0–10; scores > 3 indicate vulnerability to health decline. ◆