



Senior cancer clinic on tap for UH

By [SHANNON MORTLAND](#)

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University Hospitals Case Medical Center in May will launch a clinic specifically for those who are 65 or older with cancer.

Older cancer patients often have other age-related problems and illnesses that affect their cancer treatment, so the Geriatric Oncology Clinic will focus on taking care of the whole person, said Dr. Cynthia Owusu, who was recruited by the hospital and Case Western Reserve University last summer from Boston Medical Center to lead the clinic.

The clinic will be part of the Ireland Cancer Center and the Case Comprehensive Cancer Center. It will be launched with a \$3.3 million grant from the National Cancer Institute and the National Institute of Aging.

The Case Comprehensive Cancer Center is one of six institutions nationwide that were given federal money in 2003 to establish a geriatric oncology program after studies showed people over 65 were receiving substandard cancer care, Dr. Owusu said. Dr. Owusu and her staff will provide much of the care to patients. Dr. Tanyanika Phillips, an oncologist and geriatrician, will arrive from Johns Hopkins Hospital in June to focus on elderly people with lung cancer, Dr. Owusu said.

The clinic will have a big research component to figure out how age affects cancer treatment, Dr. Owusu said. Dr. Nate Berger will serve as the co-principal investigator along with Julia Rose, an associate professor of medicine-geriatrics and bioethics at Case, director of the Western Reserve Geriatric Education Center, and a staff member at the Center for Health Care Research and Policy at Case and MetroHealth Medical Center.

The research program within the clinic will have four main areas of focus: aging and cancer; the effects of other illnesses in an older cancer patient; depression; and the effectiveness of cancer therapies in older people, said Dr. Berger, who also is a professor of experimental medicine and director of the Center for Science, Health and Society at the Case medical school.

Dr. Owusu said three research projects will begin in May. The first will test the effectiveness of the Geriatric Oncology Clinic and its mission to treat age-related problems and cancer at the same time.

"It's believed (dual treatment) could work well, but we don't have a lot of evidence," she said.

Assessing levels of support

The second research project will determine whether it's beneficial to replace the current two-hour cancer patient health assessment with one that takes only 30 minutes to find out factors such as how active patients are, what kind of social support they have and their pre-existing diseases, Dr. Owusu said.

"We're actually going to do an in-home assessment to see what we have in place" because some elderly people don't have the means or support from friends and family to help them follow through on treatments, she said.

In addition, a pharmacist will go through the patient's list of prescriptions to see what they shouldn't take or don't need to take while going through chemotherapy, Dr. Owusu said.

Finally, Dr. Owusu said she will begin studying the effects on older women of a new breast cancer drug, which is working on younger people but has problems with side effects. As with this drug, older people commonly are left out of the clinical trials for new cancer drugs, but she wants to change that situation because cancer drugs can affect older people differently than those under 65.

Dr. Berger said it's also important to study the side effects of cancer drugs and how they relate to a patient's other health problems. For example, diabetes and cancer drugs often cause nerve damage, so he wants to find out whether cancer drugs make the problem worse or if the side effects can be prevented.

The new studies will be in addition to those Drs. Berger and Rose already have under way, he said, adding; "We're looking at a whole spectrum of cancer treatment and after care."

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