Cancer is a disease of older adults, and with unprecedented growth in the number of people entering late adulthood, an increasing need exists for specialized services and programs to address the needs of older adults with cancer. Few examples in the literature detail development of a geriatric oncology program. This article describes a pilot project undertaken by a community cancer center to develop a specialized program for older adults with cancer by identifying local demographics and population needs. It also describes a replicable plan for the development of a geriatric oncology program, which demonstrates how nursing can benefit from collaboration with other disciplines such as social work and psychology in service provision.

The United States is approaching a period of unprecedented growth in the number of older adults and, accordingly, will see an increased number of cancers among this population. People aged 65 and older are the fastest growing segment of the U.S. population and will account for 20% of all Americans by the year 2030 (Extermann et al., 2005). In addition, more than 60% of new cancer diagnoses and 70% of cancer deaths occur in people age 65 and older in the United States and Europe (Terret, 2005). Yet information about services and programs for older adults with cancer is limited (Geriatric Oncology Consortium, 2003). High-quality programs must rely on best available evidence and simultaneously participate in research and data collection to contribute to improving the quality of evidence on which to found clinical services and programs targeted to address this important patient population.

High-quality programs for older adults with cancer require a multidisciplinary approach to integrate evidence from across a number of fields in service planning and implementation. Boockvar and Meier (2006) noted the importance of coordinating care with other providers, disciplines, and organizations in working with older adults in palliative care programs. Multidisciplinary care is essential to provide for the needs of patients with multiple comorbidities as well as unique social and emotional issues (Geriatric Oncology Consortium, 2003; Terret, 2005). Older adults often have multiple chronic medical problems such as hypertension, diabetes, or arthritis in addition to a cancer diagnosis (Overcash, 1998). Support for caregivers of older adults with cancer also is essential.

The Evolution of Geriatric Oncology as a Subspecialty

Cancer increasingly has become a disease of late adulthood, in part because of better management of other life-threatening