

An Analysis of the Prevalence of Cancer among the Elderly

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Abstract

Growth is an unavoidable process and event in the life of all living organisms. The reality of growth in living creatures cannot be avoided no matter how hard one tries as long as one exists. However, growth is still a vital element in life that cannot be ignored. As individual ages, he or she begins to feel threatened by certain health issues. Cancer is one of the most common health problems that the elderly face nowadays. This paper assessed the prevalence of cancer among the elderly by relying solely on recent scholarly productions surrounding cancer and old age from 2018 to 2022. As a result, majority of scholars in existing literature alluded to the fact that the risk factors associated with cancer among the elderly include both social and physical environmental variables. It was also discovered that the elderly do not consider cancer as a life-threatening condition, and as a result, they prefer to ignore diagnosis, have an improper attitude toward treatment, and discard any cancer-related label. This research thus recommended that a holistic approach to cancer prevention be popularized for the elderly in order to reduce exposures and to make them well aware of the risk at all times through rigorous sensitisation.

Keywords: Cancer, Elderly, Risk Factors, treatment, Diagnosis

Paper type: Research paper



Introduction

Humans are both biological and social beings, and the biological nature of man may be seen in the changes that occur in their physical appearance. Biological growth is a significant component that denotes and initiates change in human outlook. Biologists have maintained that growth is a fundamental characteristic of all living organisms, including humans. These changes decide whether they are young or elderly. Growth is an unavoidable process and event for all living things. No matter how hard one tries, the reality of growth in living creatures cannot be avoided as long as one exists. Many people use various ways, particularly beauty cosmetics, to prevent the physiological symptoms of growth and aging, such as grey hair, wrinkling of the face and skin, and so on.

However, growth still remains an important reality in life that cannot be tinkered with. As old age sets in, an individual consequently begins to feel threatened with certain biological deficiencies and health related crisis. One of such pervasive biological challenges currently facing the elderly is cancer. Cancer affects approximately 60% of adults aged 65 and up (Marotte et al., 2022). Furthermore, around 70% of cancer-related deaths occur at this stage (Adejumo et al., 2022). As a result, cancer is an old-age disease (Marosi & Köller, 2021; Lai et al., 2022). Cancer in the elderly grows more slowly because their bodies create cells at a slower rate than those of children (Nagashima & Furuse, 2022). However, other studies demonstrate that the elderly with tumours have a worse prognosis due to delayed diagnosis (Kolawole & Ong, 2022). As a result, the elderly should learn about the proper attitude and expertise to combat cancer. Many personal factors influence social reactions to cancer, including society, culture, education, and family. Different strategies of dealing with the sickness are related with age. It has been established in existing literature that cancer is a complex disease that has been analysed from several points of view, and special aspects need to be emphasized for the elderly. On this basis, this paper set out to unravel the prevalence of cancer among the elderly by relying exclusively on a more recent literature surrounding cancer and old age. For coherency and succinctness, this paper is divided into two part analysis, “socio-physical risk factors associated with cancer among the elderly” and “cancer treatment, diagnosis, attitudes, and psychological reactions among the elderly”.

Socio-Physical Risk Factors Associated With Cancer among the Elderly

As revealed in multiple academic literatures on cancer and old age, it was widely accepted that age is the single greatest risk factor for cancer. According to White et al. (2019), risk increases dramatically after the age of 50, with half of all cancer occurring at the age of 66 or older. According to the National Cancer Institute, adults aged 65 to 74 accounts for one-

quarter of all new cancer diagnoses. The median age of diagnosis varies by cancer type: 61 years for breast cancer, 66 years for prostate cancer, 68 years for colorectal cancer, and 70 years for lung cancer, but the disease can strike at any age. For example, bone is more common in those under the age of 20, and neuroblastoma is more common in youngsters than older adults (Henry et al., 2022). In a similar vein, many cancers are more common in elderly people. Some of the most common cancers, such as colon and breast cancer, are easily detectable in their early stages (Uchendu & Ikponmwoosa, 2020). This is the best time to treat them (Liu et al., 2019). Other types of cancer, such as lung cancer, are more difficult to identify and treat (White et al., 2019).

On the risk factors associated with cancer, there is no single explanation for why an aging body is more susceptible to cancer, but rather a plethora of postulative hypotheses and efforts to build a cause and effect dynamic (Estape, 2018). Scientists are still sorting through a plethora of possibilities, all of which may contribute to cancer growth, which in most cases takes a long period (D'Arcy, 2019). According to Mukand et al. (2022), cancer occurs in older individuals simply as a result of their continuous exposure to carcinogens such as sunlight, radiation, environmental pollutants, and components in the food they eat. Mutations, according to them, also occur as a result of random errors when a cell's DNA is duplicated before it divides. As a result, the aged cells accrue more mutations as they age.

Human animals aggregate their exposure to dangerous things that can contribute to cancer risk over time, including Ultraviolet (UV) radiation, harmful chemicals, including those found in tobacco smoke, and viruses (Zhou et al., 2019). Overeating, consuming hot tea or coffee, and excessive alcohol consumption can all increase the risk (DuMontier, 2022). However, limiting harmful exposures will only minimize mutation acquisition, not eliminate it. Mutations can emerge as a result of errors made by our cells during the replication of their genetic code (White et al., 2019). These infrequent events also add up over time. Another reason aging raises cancer risk is that as we age, our immune functions weaken, which, when functioning properly, provide us with ongoing surveillance and eradication of cells that are suspects to become cancerous (Vitale et al., 2019). Another important factor to consider is immune-system dysfunction; in the elderly, their immune systems are constantly on a false self-alert (referred to as chronic systemic sterile inflammation), which creates conditions that stimulate the multiplication of cells from high-risk populations, provoking their conversion into cancer cells (Muzyka et al., 2022).

Beyond the physical environmental causes of cancer in the elderly, the social environment can have a significant impact on cancer risk (Desphande, 2020). Despite improvements in health at later ages, age stereotypes have gotten more unfavorable over time (Magnuson et al.,

2021). Strategies to address age discrimination and attitudes toward aging have the potential to improve efforts to promote healthy habits and, as a result, lower cancer risk in older persons (Hooker et al., 2019). Social connectivity and psychological stress resilience, for example, may alter biological pathways involved in cell aging and cancer formation, such as telomere length (Moss, 2021). Natural catastrophes such as hurricanes, floods, and wildfires can cause havoc in communities, and elderly people may be especially vulnerable (Rao, 2021). Aside from immediate injury and death, exposure to carcinogens from such events, as well as the interruption of cancer-related services, may have a negative influence on cancer risk and the care of cancer patients and survivors (Prohaska & Peters, 2019).

In addition to the foregoing, changes in tissues and organs with age make the microenvironment of cells more permissive to the development of cancer (Wong et al., 2022). Other age-related factors that may contribute to the high incidence of cancer as we age include the long-term effects of chronic inflammation, cancer-promoting DNA changes caused by oxygen free radicals, less-effective DNA damage-repair mechanisms, and a weakening of the immune system, which makes it less effective in detecting and attacking cancer cells (Montrni et al., 2022). From the analysis thus far, it is impossible to ascertain an exhaustive analysis of the risk factors associated with cancer among the elderly because the full picture of how aging and cancer are intertwined is still a work in progress especially when viewed from both social and physical environments.

We can't hold back the hands of time, but researchers say that managing chronic conditions and making lifestyle changes in middle age and beyond can modify cancer risk as one attains old age. These changes according to Montroni et al. (2022) includes; increasing physical activity, spending less time sitting, getting good sleep, eating a healthy diet, moderating alcohol use, and quitting smoking. Doing so can reduce cancer risk and increase the odds of what researchers call "successful aging".

Cancer Treatment, Diagnosis, Attitudes, and Psychological Reactions among the Elderly

Cancer is a condition in which some cells in the body develop uncontrollably and spread to other parts of the body. Cancer can develop practically any place in the human body, which contains trillions of cells. Human cells normally develop and multiply (a process known as cell division) to generate new cells as the body requires them. Cells die as they become old or injured, and new cells replace them. When this ordered mechanism fails, aberrant or damaged cells grow and reproduce when they should not. These cells can combine to produce tumors, which are tissue lumps (National Cancer Institute, 2021). From a cultural standpoint, cancer is more than simply a biological disease. Because of its association

with death, sorrow, and suffering, it is related with false beliefs (Pruitt et al., 2020). Cancer is related to historical characteristics that are difficult to modify abruptly. This tendency is especially prevalent among the elderly (Ekeh, 2020; Omoyeni, 2020). Possible cancer causes and cures are frequently discovered. According to Estape (2018) in her study, about 2% of individuals still believe cancer is a communicable disease, and 5% feel it is a punishment for people who have done wrong in their lives. Older adults have inadequate health literacy since they grew up in a time when health was only considered when one was sick and the doctor was the only one who chose what to do (Marotte, 2022). As further found in the work of Estape (2018), just 28% of older respondents in her study are aware of their increased risk of cancer. As a result, convincing the elderly who are experiencing physical problems to see a doctor right away is toughest health advice they yield to. Older people frequently fail to understand the value of early detection or establish healthy behavior because they believe it is no longer beneficial at their age.

According to Chao et al. (2020), elderly persons do not have proactive attitudes and frequently do not see the need to adjust their lives or visit the doctor before experiencing certain changes or discomforts as a result of cancer. Although the majority of the elderly feel that cancer may be prevented, according to a study conducted by Fedewa et al. (2021), they have little understanding of the European cancer code. Only 6% of those surveyed claim to be familiar with this code. When asked about some cancer postulates, the figures increased, especially regarding harmful tobacco (95%) and excessive sunbathing (90.6%). About 58% accounted for excessive alcohol intake, 48% for unhealthy diet, and 38% for overweight status as risk factors. Regarding early detection, 74% indicated that it is possible and effective, but 21% confused it with prevention (Cao et al., 2021). Mammography is known as an early detection tool (84%), whereas only 44% of the sample knows PSA (Prostate-Specific Antigen) as a prostate cancer marker (Estape, 2018)

Going through literature, anticancer treatments are sometimes devastating. To the elderly, treatments may not be considered necessary because certain therapies may seriously affect their quality of life, and many consider it at age not anymore worthwhile. In a study done by Nebha et al. (2021), a reasonable amount of elderly affirmed that the treatment for cancer is worse than the disease itself, and some preferred not to receive any treatment in case of developing cancer. The most feared treatment is chemotherapy, which was indicated by 58% of the sample as something harmful, and more than half believed that the treatment could not be resisted if they would receive it. Meanwhile, 48.3 percent say radiotherapy is risky. According to the adverse effects of these therapies, the majority of people believe that anesthesia is a very risky process, and 29 percent believe that vomiting due to chemotherapy is inescapable. Furthermore, 6% stated that baldness is an irreversible side effect

(Bonanno et al., 2021). These studies show that attitudes like these can prevent older people from receiving an early diagnosis due to fear of the implications of treatments. We must keep in mind that elderly persons often have various physical issues that make them more fragile or complex, and doctors must carefully assess this general state before recommending a treatment.

Anxiety and despair are the most common psychological reactions to cancer, according to Garcia et al. (2021). Age is negatively connected to anxiety level while being directly related to depression level (Estape, 2018; Dale et al., 2021). As a result, older cancer patients had higher levels of depression than younger patients (Eke, 2020). Their psychosocial aspects may be confused with a diagnosis of depression, which is associated with feelings of loneliness, a lack of desire to create plans, a lack of hope for the future, weariness, and physical discomforts (Lai, 2022). Associating cancer with existential factors (for example, end-of-life issues) raises the chance of depression. In terms of anxiety, age may result in less intense reactions to stimuli that cause worry, surprise, discomfort, or tension (Park, 2021). Accepting a cancer diagnosis as part of something consistent with age and the end of life, according to Omoyeni (2020), can result in lower anxiety levels than in younger cancer patients. However, this situation should be approached with caution because a less intense physiological reaction does not always suggest that no cognitive changes are required (Dale et al., 2021). Religious coping has been discovered to be a unique coping method among the elderly with cancer, particularly in African settings (Eke, 2020). Patients who employ this coping method attribute the cause and progression of their disease to religious factors (often articulated with language like "what God desires" or "I put myself in God's hands"). According to certain research, persons who exhibit this form of coping have a significant psychological benefit (Estape, 2018; Eke, 2020; Dale et al., 2021).

It is widely assumed that elderly folks originated from a time when diagnosis data were not fully provided. For example, in the past, doctors did not explain to patients their genuine condition and grave prognosis. Although these procedures are evolving, there is still a risk of not reporting the diagnosis to the elderly. In this regard, families who have interaction with a doctor may feel hesitant at times. This circumstance indicates that the patient appears to be returning to the stage of pediatrics where he or she is just on the sidelines (Bonanno et al., 2021). Families, particularly in Latin America, have a protectionist attitude. This positive attitude can sometimes be an impediment to communication (Cabrera, et al., 2021). According to Pilleron et al. (2019), the majority of elderly persons prefer to know their cancer diagnosis and prognosis. In the same way, the majority of people would explain it to family and friends. These findings point to a tendency that is not expected in principle.

Despite this, some studies have found that oncologists spend more time with patients' family than with elderly patients (Key et al., 2020; Mohile, 2020). According to Estape (2018), psychologists are only thought of as experts who work with mentally ill persons in the older generation. Approximately 67 percent of the respondents stated that a cancer patient may require psychological assistance, and 58 percent stated that the disease may affect relationships. These findings show a shift in tendency because these cases involve more than just physical features of the disease. It can be revealed from the studies cited so far that the elderly are frequently ignorant that they are part of a cancer-risk population as expressed in the introductory part of this paper that cancer is a disease of old age. Because of this scenario and the disease's taboos, the elderly develop attitudes of resignation and denial. This is because elderly people have more persistence in dealing with challenging situations than the younger generation.

Conclusion

As established in existing literature that old age is an important element to be considered when analysing the prevalence of cancer among human animal. On the socio-physical risk factors associated with cancer among the elderly, it was concluded that majority of explanations surrounding old age and cancer are not exhaustive of one another but an array of attempts to establish a possible link between the social and physical environmental variables causing cancer among the elderly. On the physical factors, variables such as environmental pollution, sunlight, and radiation were found prominent, while the social factors encompasses variables like consumption pattern, age related discrimination, low social bonding from significant others to keep the elderly healthy. It can also be inferred that the elderly display a huge lot of attitudes and reactions regarding treatment and diagnosis. It was concluded from the studies cited so far that majority of the elderly are restrictive and in constant denial of their cancer status thereby reacting to treatment and diagnosis in a nonchalant manner. This paper then recommends that comprehensive approach to cancer prevention should be popularized for the elderly so as to lower exposures to known associated risk factors of cancer, promote healthy social and physical environments, and expand the appropriate use of clinical preventive services, and thoroughly sensitive older adults in these efforts so as to keep them well aware at all time.

References

Adejumo, P. O., Oluwasanu, M. M., Ntekim, A., Awolude, O. A., Kotila, O. A., Aniagwu, T., ... & Olopade, O. I. (2022). Oncology Training Needs Assessment Among Health Care Professionals in Nigeria. *JCO Global Oncology*, 8, e2200017.

- Bonanno, L., Attili, I., Pavan, A., Sepulcri, M., Pasello, G., Rea, F., ... & Conte, P. (2021). Treatment strategies for locally advanced non-small cell lung cancer in elderly patients: Translating scientific evidence into clinical practice. *Critical Reviews in Oncology/Hematology*, *163*, 103378.
- Cabrera, D. M., Diaz, M. M., Grimshaw, A., Salvatierra, J., Garcia, P. J., & Hsieh, E. (2021). Aging with HIV in Latin America and the Caribbean: a systematic review. *Current HIV/AIDS Reports*, *18*(1), 1-47.
- Chao, C. A., Huang, L., Visvanathan, K., Mwakatobe, K., Masalu, N., & Rositch, A. F. (2020). Understanding women's perspectives on breast cancer is essential for cancer control: knowledge, risk awareness, and care-seeking in Mwanza, Tanzania. *BMC public health*, *20*(1), 1-11.
- Dale, W., Williams, G. R., R. MacKenzie, A., Soto-Perez-de-Celis, E., Maggiore, R. J., Merrill, J. K., ... & Klepin, H. D. (2021). How is geriatric assessment used in clinical practice for older adults with cancer? A survey of cancer providers by the American Society of Clinical Oncology. *JCO Oncology Practice*, *17*(6), 336-344.
- D'Arcy, M., Rivera, D. R., Grothen, A., & Engels, E. A. (2019). Allergies and the subsequent risk of cancer among elderly adults in the United States. *Cancer Epidemiology, Biomarkers & Prevention*, *28*(4), 741-750.
- Deshpande, R. P., Sharma, S., & Watabe, K. (2020). The confounders of cancer immunotherapy: roles of lifestyle, metabolic disorders and sociological factors. *Cancers*, *12*(10), 2983.
- DuMontier, C., Uno, H., Hshieh, T., Zhou, G., Chen, R., Magnavita, E. S., ... & Abel, G. A. (2022). Randomized controlled trial of geriatric consultation versus standard care in older adults with hematologic malignancies. *haematologica*, *107*(5), 1172.
- Ekeh, A. (2020). *Health Beliefs and Knowledge Effects on Intentions toward Prostate Cancer Screening among Nigerian Immigrant Men* (Doctoral dissertation, Kean University).
- Estape, T. (2018). Cancer in the elderly: challenges and barriers. *Asia-Pacific journal of oncology nursing*, *5*(1), 40-42.
- Fedewa, S. A., Cotter, M. M., Wehling, K. A., Wysocki, K., Killewald, R., & Makaroff, L. (2021). Changes in breast cancer screening rates among 32 community health centers during the COVID-19 pandemic. *Cancer*, *127*(23), 4512-4515.

- Garcia, M. V., Agar, M. R., Soo, W. K., To, T., & Phillips, J. L. (2021). Screening tools for identifying older adults with cancer who may benefit from a geriatric assessment: a systematic review. *JAMA oncology*, 7(4), 616-627.
- Henry, A. C., Schouten, T. J., Daamen, L. A., Walma, M. S., Noordzij, P., Cirkel, G. A., ... & van Santvoort, H. C. (2022). Short-and long-term outcomes of pancreatic cancer resection in elderly patients: a nationwide analysis. *Annals of surgical oncology*, 1-12.
- Hooker, K., Mejía, S. T., Phibbs, S., Tan, E. J., & Stevens, J. (2019). Effects of age discrimination on self-perceptions of aging and cancer risk behaviors. *The Gerontologist*, 59(Supplement_1), S28-S37.
- Key, N. S., Khorana, A. A., Kuderer, N. M., Bohlke, K., Lee, A. Y., Arcelus, J. I., ... & Falanga, A. (2020). Venous thromboembolism prophylaxis and treatment in patients with cancer: ASCO clinical practice guideline update. *Journal of Clinical Oncology*, 38(5), 496-520.
- Kleckner, A. S., & Magnuson, A. (2022). The nutritional needs of older cancer survivors. *Journal of Geriatric Oncology*, 13(5), 738-741.
- Kolawole, I. D., & Ong, T. P. (2022). Barriers to Early Presentation and Diagnosis of Breast Cancer in Nigerian Women. *Indian Journal of Gynecologic Oncology*, 20(3), 1-9.
- Lai, M., Pampena, R., Mirra, M., Raucci, M., Benati, E., Borsari, S., ... & Longo, C. (2022). Characteristics and management of skin cancers in very elderly patients: a real-world challenge for clinicians. *Experimental Dermatology*.
- Liu, Z., Mahale, P., & Engels, E. A. (2019). Sepsis and risk of cancer among elderly adults in the United States. *Clinical Infectious Diseases*, 68(5), 717-724.
- Magnuson, A., Sedrak, M. S., Gross, C. P., Tew, W. P., Klepin, H. D., Wildes, T. M., ... & Sun, C. L. (2021). Development and validation of a risk tool for predicting severe toxicity in older adults receiving chemotherapy for early-stage breast cancer. *Journal of Clinical Oncology*, 39(6), 608.
- Marotte, D., Chand-Fouche, M. E., Boulahssass, R., & Hannoun-Levi, J. M. (2022). Irradiation of localized prostate cancer in the elderly: A systematic literature review. *Clinical and Translational Radiation Oncology*.

- Mohile, S., Dumontier, C., Mian, H., Loh, K. P., Williams, G. R., Wildes, T. M., ... & Shahrokni, A. (2020). Perspectives from the Cancer and Aging Research Group: Caring for the vulnerable older patient with cancer and their caregivers during the COVID-19 crisis in the United States. *Journal of geriatric oncology*, *11*(5), 753-760.
- Montroni, I., Ugolini, G., Saur, N. M., Rostoft, S., Spinelli, A., Van Leeuwen, B. L., ... & Da Silva, G. (2022). Quality of life in older adults after major cancer surgery: the GOSAFE International Study. *JNCI: Journal of the National Cancer Institute*.
- Moss, J. L., Pinto, C. N., Mama, S. K., Rincon, M., Kent, E. E., Yu, M., & Cronin, K. A. (2021). Rural–urban differences in health-related quality of life: patterns for cancer survivors compared to other older adults. *Quality of Life Research*, *30*(4), 1131-1143.
- Mukand, N. H., Ko, N. Y., Nabulsi, N. A., Hubbard, C. C., Chiu, B. C. H., Hoskins, K. F., & Calip, G. S. (2022). The association between physical health-related quality of life, physical functioning, and risk of contralateral breast cancer among older women. *Breast Cancer*, *29*(2), 287-295.
- Muzyka, M., Tagliafico, L., Serafini, G., Baiardini, I., Braidò, F., Nencioni, A., & Monacelli, F. (2022). Neuropsychiatric Disorders and Frailty in Older Adults over the Spectrum of Cancer: A Narrative Review. *Cancers*, *14*(1), 258.
- Nagashima, F., & Furuse, J. (2022). Treatments for elderly cancer patients and reforms to social security systems in Japan. *International Journal of Clinical Oncology*, 1-6.
- National Cancer Institute. (2021). What is Cancer?. Accessed on July, 25 2022 via <https://www.cancer.gov/about-cancer/understanding/what-is-cancer>
- Nebhan, C. A., Cortellini, A., Ma, W., Ganta, T., Song, H., Ye, F., ... & Naqash, A. R. (2021). Clinical outcomes and toxic effects of single-agent immune checkpoint inhibitors among patients aged 80 years or older with cancer: a multicenter international cohort study. *JAMA oncology*, *7*(12), 1856-1861.
- Omoyeni, E. N. (2020). *Assessing the palliative care needs of elderly patients seen at the University College Hospital, Ibadan, Nigeria* (Master's thesis, Faculty of Health Sciences).
- Park, R., Boyd, C. M., Pollack, C. E., Massare, J., Choi, Y., & Schoenborn, N. L. (2021). Primary care clinicians' perceptions of colorectal cancer

- screening tests for older adults. *Preventive medicine reports*, 22, 101369.
- Pilleron, S., Sarfati, D., Janssen-Heijnen, M., Vignat, J., Ferlay, J., Bray, F., & Soerjomataram, I. (2019). Global cancer incidence in older adults, 2012 and 2035: a population-based study. *International journal of cancer*, 144(1), 49-58.
- Prohaska, T. R., & Peters, K. E. (2019). Impact of natural disasters on health outcomes and cancer among older adults. *The Gerontologist*, 59(Supplement_1), S50-S56.
- Pruitt, L. C., Odedina, S., Anetor, I., Mumuni, T., Oduntan, H., Ademola, A., ... & Olopade, O. I. (2020). Breast cancer knowledge assessment of health workers in Ibadan, Southwest Nigeria. *JCO global oncology*, 6, 387-394.
- Rao, A. R., Gattani, S., Castelino, R., Kumar, S., Dhekale, R., Krishnamurthy, J., ... & Prabhash, K. (2021). Utilization of technology among older Indian patients with cancer: A cross-sectional study. *Cancer Research, Statistics, and Treatment*, 4(4), 656.
- Sharma, R., Nanda, M., Fronterre, C., Sewagudde, P., Ssentongo, A. E., Yenney, K., ... & Ssentongo, P. (2022). Mapping cancer in Africa: a comprehensive and comparable characterization of 34 cancer types using estimates from GLOBOCAN 2020. *Frontiers in public health*, 10.
- Torres-Collado, L., García de la Hera, M., Compañ-Gabucio, L. M., Oncina-Cánovas, A., González-Palacios, S., Notario-Barandiaran, L., & Vioque, J. (2022). Self-reported health status and mortality from all-causes of death, cardiovascular disease and cancer in an older adult population in Spain. *Plos one*, 17(1), e0261782.
- Uchendu, O. J., & Ikponmwosa, O. (2020). Epidemiological and Pathologic Characteristics of Cancer Morbidity in Elderly Nigerians: A Call for Action. *Asian Pacific Journal of Cancer Care*, 5(4), 295-302.
- Vitale, S. G., Capriglione, S., Zito, G., Lopez, S., Gulino, F. A., Di Guardo, F., . & Laganà, A. S. (2019). Management of endometrial, ovarian and cervical cancer in the elderly: current approach to a challenging condition. *Archives of gynecology and obstetrics*, 299(2), 299-315.
- White, M. C., Holman, D. M., Goodman, R. A., & Richardson, L. C. (2019). Cancer risk among older adults: time for cancer prevention to go silver. *The Gerontologist*, 59(Supplement_1), S1-S6.

- Wong, G. (2022). Pharmacological management of chronic non-cancer pain in frail older people. *Australian Prescriber*, 45(1), 2.
- Zhou, S., Zhou, H., Zheng, Z., Liang, J., Zhou, Z., & Wang, X. (2019). Predictive risk factors for anastomotic leakage after anterior resection of rectal cancer in elderly patients over 80 years old: an analysis of 288 consecutive patients. *World Journal of Surgical Oncology*, 17(1), 1-7.

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