

# Cancer and aging: Epidemiological trends and implications.

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## Introduction

Cancer is a disease characterized by the uncontrolled growth and spread of abnormal cells in the body. It is one of the leading causes of death worldwide, accounting for approximately 9.6 million deaths in 2018. The incidence of cancer increases with age, with the majority of cases occurring in individuals over the age of 65. As the global population continues to age, it is projected that the number of cancer cases will increase, making cancer and aging a critical public health issue. The relationship between cancer and aging is complex and multifactorial. Aging is associated with a number of physiological changes that increase the risk of cancer. These changes include cellular and molecular alterations, changes in the immune system, and the accumulation of DNA damage. Additionally, aging is associated with increased exposure to environmental and lifestyle risk factors, such as tobacco use, alcohol consumption, and exposure to ultraviolet radiation [1].

The incidence of cancer increases with age, with the majority of cases occurring in individuals over the age of 65. In fact, approximately 60% of all cancer cases and 70% of cancer deaths occur in individuals over the age of 65. The most common cancers in older adults include lung cancer, breast cancer, prostate cancer, colorectal cancer, and pancreatic cancer. These cancers are also associated with higher mortality rates in older adults. One of the reasons why older adults are at an increased risk of cancer is because of the accumulation of DNA damage over time. As we age, our cells are exposed to a variety of insults, such as environmental toxins, radiation, and oxidative stress. These insults can lead to the accumulation of DNA damage, which can promote the development of cancer. Additionally, older adults may have decreased DNA repair mechanisms, which can further increase their risk of developing cancer.

Another factor that increases the risk of cancer in older adults is the accumulation of epigenetic changes over time. Epigenetic changes are modifications to the genome that do not involve changes to the DNA sequence. These changes can alter gene expression and contribute to the development of cancer. Older adults may be more susceptible to epigenetic changes due to the accumulation of environmental exposures over time. The immune system also plays a critical role in the development of cancer. As we age, our immune system undergoes a number of changes, including a decline in T cell function and a decrease in the production of antibodies. These changes can impair the immune system's ability to recognize

and eliminate cancer cells. Additionally, older adults may have an increased prevalence of chronic inflammatory conditions, which can further increase their risk of developing cancer [2].

Environmental and lifestyle factors also play a role in the relationship between cancer and aging. Older adults may be more likely to have a history of exposure to environmental toxins, such as asbestos or radon, which can increase their risk of developing lung cancer. Additionally, older adults may be more likely to have a history of tobacco use or alcohol consumption, which are both risk factors for a variety of cancers. Screening and early detection are critical components of cancer prevention in older adults. However, older adults may be less likely to undergo cancer screening due to a number of factors, including a lack of access to healthcare, transportation barriers, and a reluctance to undergo invasive procedures. Additionally, older adults may be more likely to have comorbid conditions, which can complicate cancer treatment.

The treatment of cancer in older adults presents a number of unique challenges. Older adults may be more likely to experience treatment-related toxicity, due to age-related changes in drug metabolism and elimination. Additionally, older adults may be more likely to have comorbid conditions, which can limit treatment options and increase the risk of treatment-related complications. Therefore, a comprehensive geriatric assessment is recommended for older adults with cancer, in order to identify any potential age-related vulnerabilities and tailor treatment accordingly [3].

**Genetics:** Certain genetic mutations are associated with an increased risk of developing cancer, such as mutations in the BRCA1 and BRCA2 genes, which increase the risk of breast and ovarian cancer.

**Lifestyle factors:** Smoking, alcohol consumption, poor diet, and lack of physical activity can increase the risk of developing cancer in older adults.

**Environmental exposures:** Exposure to certain environmental toxins, such as asbestos, can increase the risk of developing cancer in older adults.

**Medical conditions:** Chronic medical conditions, such as diabetes and obesity, can increase the risk of developing cancer in older adults [4].

Aging is associated with a decline in cellular function and an accumulation of molecular damage over time. This damage

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can lead to mutations in genes that regulate cell growth and division, which can result in uncontrolled cell growth and the development of cancer. One of the hallmarks of aging is cellular senescence, which is a state of irreversible growth arrest that is induced by cellular stress. Senescent cells secrete a variety of pro-inflammatory molecules, which can promote cancer development and progression. In addition, aging is associated with changes in the tumor microenvironment, such as increased inflammation and decreased immune surveillance, which can promote cancer growth and metastasis [5].

## Conclusion

Cancer and aging are closely intertwined, with aging being a major risk factor for the development of cancer. The relationship between cancer and aging is complex and multifactorial, involving molecular, environmental, and

lifestyle factors. As the population ages, there is a growing need for personalized cancer care that takes into account the unique needs and preferences of older adults.

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