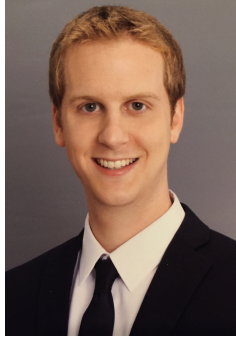


**Conquer Cancer – Walther Cancer Foundation
Career Development Award in Palliative and Supportive Care in
Oncology**

Award Term: 7/1/2023-6/30/2026

Supported by: Walther Cancer Foundation



Clark DuMontier, MPH, MD

Brigham and Women's Hospital

“The Ethics of Overtreatment and Undertreatment in Older Adults with Cancer”

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Layperson Summary

Overtreatment and undertreatment are common in older adults with cancer, but no standard criteria for these concepts exist. Current uses of the terms over-/undertreatment are imprecise, overemphasize a cancer treatment’s effect on the tumor, and underemphasize treatment effects on a patient’s quality of life as well as patient preferences regarding what benefits to pursue and what harms to avoid. These biases can lead to overtreatment when trying to avoid undertreatment, and vice versa. A team of geriatricians and oncologists have proposed new definitions of over-/undertreatment and a decision-making process that aims to minimize both. These new definitions and decision-making process take a more holistic view of a cancer treatment’s impact on an older patient, and prioritize patient values and preferences regarding what benefits and harms are important to them. The objectives of the research proposed in this application are to establish the ethical foundations of these new definitions and of the decision-making process aimed at reducing over-/undertreatment. The theory motivating this work is that overtreatment occurs when too much attention is paid to a cancer treatment’s ability to control cancer, but not enough attention is paid to treatment side effects. Undertreatment occurs when older patients are not offered the same opportunity to receive cancer treatments as younger patients, reflecting a lack of justice in treatment prescribing. In both over-/undertreatment, a patient’s autonomy—or preference in treatment selection—is undervalued. The first aim of this work will convene a group of patient advocates and bioethicists to confirm the ethical foundations of these new definitions of over-/undertreatment. The second aim will use interviews and a national survey to establish these definitions and the decision-making process by obtaining input from the key stakeholders who will be using them: older adults with cancer, their caregivers, and oncologists. The third aim will use the findings from the first two aims to develop a tool that will improve the ethical considerations behind treatment decisions, with the goal of better aligning treatment intensity with an older patient’s health and values. The proposed work will lead to

consensus-based definitions of over-/undertreatment that have strong ethical foundations to provide more universal standards to which oncologists, older patients, and caregivers can refer when deciding on cancer treatments.

Biography

Dr. DuMontier is a geriatrician and clinical investigator focused on integrating geriatric measures into oncology to improve the care of older adults with cancer. Specifically, he is interested in how frailty and multimorbidity interact with cancer and its treatment, as well as how this interaction impacts function and other outcomes important in older adults. His research serves to fill a gap related to the lack of older adults and measurement of relevant endpoints in trials investigating novel cancer therapies. Ultimately, he aims to minimize overtreatment and undertreatment in older adults with cancer and to optimize outcomes with whatever treatment is chosen.

His work has been published in the field's leading journals, including the Journal of Clinical Oncology, the Journal of the National Cancer Institute, and the Journal of the American Geriatrics Society. He has received pilot and early career funding from the National Institute on Aging and the National Cancer Institute, and is currently supported by a Career Development Award from Veterans Affairs. The Conquer Cancer Career Development Award will support the next steps of his work in better defining the concepts of overtreatment and undertreatment in older adults with cancer, including their ethical implications and input from key stakeholders.