**Re: Cancer and Aging Research**

Dear Honorable [Congresswoman/Senator/etc.]:

As an oncologist and scientist in your [district/state], I want to share with you the importance of cancer and aging as a critical research area for the twenty-first century. Older adults, those 65 years of age and over, not only compose an increasingly large segment of the U.S. population, but also make up the majority of cancer cases. However, research involving elderly patients is scant, leaving a gap in the evidence base for treating them. The Institute of Medicine reported that “the current care delivery system is poorly prepared to address the care needs of this population.” Therefore, it is vital that lawmakers support agendas and funding allocations that promote cancer and aging research. Consider the following statistics:

* Age is the greatest risk for developing cancer
* 60% of new cancer cases are in adults ≥ 65
* 70% cancer deaths occur in adults ≥ 65
* By 2030, 20% of the U.S. population will be over 65, reaching 98 million individuals by 2050
* By 2030, 21 million cancer diagnoses will be made

Despite these statistics, older adults are underrepresented in clinical cancer research, meaning that clinicians have little evidence on how to treat the majority of patients with cancer. As the America Society for Clinical Oncology identified in their statement, “Improving the Evidence Base for Older Adults with Cancer,” most clinical trials include a younger population, and clinicians must extrapolate treatment plans for older adults based on trials in a younger, healthier population. This practice has several clinical implications. Because of age-related physiological changes and the prevalence of chronic conditions in older adults, older adults are more sensitive to toxicity and adverse effects resulting from treatment, and clinicians are uncertain as to whether older adults are able to derive benefit from or tolerate cancer treatment.

Cancer remains one of the leading causes of death for older adults in the United States and is one of the most costly medical conditions to treat. An investment in cancer and aging research can reduce cancer mortality for this population, improve the quality of care for those battling cancer and survivors, and can cut healthcare costs by reducing cancer-therapy induced adverse events in older adults. I ask for any positive action you may be able to take on behalf of cancer and aging research.

Sincerely,