

Treating Loneliness in Older Patients With Cancer

Meet the University of Colorado Cancer Center researcher leading a team of international experts to address a major gap in care.

March 24, 2026 By University of Colorado Cancer Center

Loneliness and social isolation have garnered [national](#) and [international attention](#) in recent years for the negative health effects they can have on the general population. But those impacts can be even more pronounced in a group that has historically been overlooked: older patients with cancer.

And with age as the main risk factor for cancer, [Enrique Soto Pérez de Celis](#), MD, PhD, a geriatric oncology specialist, recently took up the challenge of finding a better path forward for this older group of patients facing both cancer and loneliness.

“Loneliness has been widely discussed in public health, but in geriatric oncology in particular, it has been mostly overlooked,” said Soto, an associate professor in the CU Anschutz [Department of Medicine’s Division of Medical Oncology](#). “Definitions vary, and there has been no shared framework for action. So creating that framework was very important for us.”

Key Points:

- Loneliness is a key concern among older patients with cancer and worsens health outcomes and treatment adherence.
- A CU Anschutz oncologist and researcher helped lead

an international effort to set the first standards and definitions for loneliness in older patients with cancer.

- The guidance includes early intervention and a focus on each individual patient's lived experiences. CU Anschutz will also begin operations on a geriatric cancer specialty clinic this year.

Also the CU Anschutz Cancer Center's associate director of global oncology, Soto and a research team brought together international experts through the [Multinational Association for Supportive Care in Cancer](#) to agree on how to define, assess, and address loneliness in older adults with cancer. The [resulting work created practical and internationally-informed guidance](#) for treating patients that can also be used as a foundation to construct research.

In the following Q&A, Soto explains the risk loneliness poses in older patients with cancer and what the new consensus identified as critical areas for providers and researchers to address.

Why is loneliness such a concern among older patients with cancer?

Loneliness does not exist in isolation. For older adults who are facing cancer diagnosis and treatment, loneliness can disrupt their lives in very meaningful ways.

It can disrupt their independence, their daily routines, and the social roles they have at a very vulnerable time. It shapes how people cope with these diseases, how they engage with treatment and the healthcare system, and how they experience their illness.

Our panel highlighted how loneliness may influence key outcomes that we worry about in cancer care, including quality of life and treatment adherence. We think it deserves as much attention as we're paying to physical concerns and financial concerns.

Is this a pressing issue with the population aging?

Absolutely. We know that older age is the main risk factor for cancer. As populations age, we have more older adults who are living with or beyond cancer, and that means that social well-being becomes central to their care.

In our modern societies, particularly Western societies, families are becoming smaller, and people are spread out, so it's more common for older people to live alone or in assisted living. In other parts of the world, family structures are bigger and more interconnected. A lot of people are experiencing loneliness – especially if you consider those in rural or socially isolated settings who may face additional challenges due to the lack of existing community support. Still, loneliness can affect people across all backgrounds; it's not only of a certain population.

And it's important to remember: Loneliness isn't just about being alone. It's more about feeling disconnected, feeling unsupported.

What are some of the individual pressures on a social life in an older patient with cancer that may exacerbate that loneliness?

Cancer affects every aspect of a person's life. In an older person especially, cancer can limit mobility or reduce their energy and change how someone participates in family or community life, which can lead to loneliness. For example, it's very common that patients who are usually active, can go out, continue working, have to stop doing that when they are diagnosed with cancer.

Additionally, it may also shift roles within families that may exacerbate these feelings of loneliness. So the grandparent who was previously taking care of the grandkids becomes someone who needs to be taken care of.

What are the current challenges in treating loneliness in older patients with cancer?

One major challenge is that it cannot be managed by a clinician alone and requires a team approach.

Additionally, catching loneliness early, as with other diseases or conditions, is incredibly important. Unfortunately, this isn't always done in many situations. That's partly because at the time of cancer diagnosis, we have an entire list of things to get the patient set up for. But addressing loneliness is vital and recognized as an issue globally.

One of our challenges was that loneliness in older patients with cancer has been understudied and undertreated.

What were the major areas of consensus to address loneliness in older patients with cancer?

We had strong agreement on how to define, assess and manage loneliness in older patients with cancer.

- Definitions: It starts with how we define and conceptualize loneliness, as having both an emotional and social component. There was strong agreement stating that just because a person is socially isolated does not mean that person is experiencing loneliness.
- Early intervention: There was agreement that loneliness should be addressed early. Ideally, this should be done at the first encounter with an oncology or supportive care professional. We have to catch it early in treatment to improve outcomes for patients, and it should be easily integrated into routine care that doesn't add additional burdens for patients or clinicians.
- Treatment options: In terms of management, we have to ensure we're treating loneliness with a priority placed on community-based and psychological interventions. I think that just as we prescribe medications, we have to start thinking about what some people call social prescribing, in which you actually can prescribe joining a group, starting a new activity, doing something that ignites you socially. And our panel strongly endorsed community-based interventions, such as support groups, home visits, and psychological counseling. And those, we believe, were of higher priority than what's happening in some places that are mostly technology-driven solutions.
- Context matters: We also included that cultural aspects are vital when discussing recommendations like this. These recommendations might be global, but we have to be local in

addressing them effectively based on the patient's social context.

Can you walk through why “lived experiences” are so important to focus on when addressing loneliness?

Loneliness is a subjective feeling. Two people with the exact same social circumstances may experience them very differently.

What our panel emphasized was listening to the patient's lived experience, rather than relying solely on their demographic characteristics to figure out who needs extra support.

For older adults, a good example would be their housing situation. Some might live alone, and others might live with their family. We have to listen to the lived experiences, because the one with the family might be lonelier than the individual living solo.

Where do you want to see the field on this go next?

We need studies that test different interventions and that examine whether they can improve patients' quality of life and their engagement with care. And ultimately, even cancer outcomes. Our consensus is meant to provide the foundation for this.

At the same time, I think that it's time to move from awareness into action, and I hope that this publication can actually ignite that. I hope that it can make some researchers who are planning studies for older adults, or even younger people, say, “Hey, we should include a measure of loneliness in our study. We should figure out if that impacts what the outcomes of our patients are.” And when we're planning multidisciplinary interventions, we should say, “Why not include a community-based approach to improve this?” If we achieve that, that would be a dream come true for all of us.

What are those plans here at CU Anschutz and UCHHealth?

One of the things that we are doing at CU Anschutz to try to improve this is we are starting the geriatric oncology clinic at our cancer center. We're going to start doing screenings on older patients with cancer who are coming for their first visit, and patients who are potentially vulnerable or frail and at greater risk of adverse outcomes during treatment are going to get a

geriatric assessment and recommendations from a geriatrician and referrals tailored to their individual physical, emotional, and social issues.

I think that is a good example of how on campus, we are moving towards a more personalized approach from the cancer and aging perspective.

The clinic is a collaboration between the Division of Medical Oncology and the Division of Geriatrics, combining additional collaboration from physical therapy, nutrition, and pharmacy. It's a really multidisciplinary approach to older adults with cancer, and we're working to create a network of geriatric oncology clinics across Colorado.

[This article](#) was originally published March 9, 2026, by the University of Colorado Cancer Center. It is republished with permission.

© 2026 Smart + Strong All Rights Reserved.

<http://beta.docker.cancerhealth.com/article/treating-loneliness-older-patients-cancer>