Decision making has been defined as the cognitive process of reaching a decision (Yates, 1990). Often, it involves balancing the risks and benefits among multiple options. In geriatric oncology, balancing risks and benefits generally is difficult because of the lack of data on survival and quality of life (Bennahum, Forman, Vellas, & Albareda, 1997; Repetto, Comandini, & Mammoliti, 2001). In addition, older patients with cancer have among the lowest health literacy and numeracy rates and often suffer from poor physician-patient communication (Amalraj, Starkweather, Nguyen, & Naeim, 2009). Those deficiencies could lead to poor understanding and judgment concerning treatment risk and benefit. The knowledge level of the decision maker, quality of the available options, and potential consequences of a decision also affect the process of treatment decision making. Yates (1990), a cognitive psychologist, defined decision as a commitment to a course of action that is intended to produce a satisfying state of affairs (Yates, Veinott, & Patalano, 2003). For the purpose of this article, treatment decision making in older adults with cancer refers to a complex, multidimensional cognitive process of making a decision regarding cancer treatment options.

The treatment decision-making process in older adults with cancer is not understood clearly, in part because of the limited number of studies that systematically examined the internal (patient-related) and external (physician or system) factors that influence the decision-making process. This unclear understanding of treatment decision making is true particularly for older adults, who are underrepresented in cancer clinical trials (Di Maio & Perrone, 2003). In addition, older patients present with gerontologic issues such as a decision regarding cancer treatment options.