

EDITOR'S NOTE

Advisory Board

Howard Bergman, MD

McGill University, Montreal, QC

Elizabeth M. Boustcha, BA, MD, CM, MScA

University of Manitoba, Winnipeg, MB

Christopher D. Brymer, BSc, MD, FRCPC

University of Western Ontario, London, ON

Jagdish Butany, MBBS, MS, FRCPC

University Health Network, Toronto, ON

Angela Colantonio, BSc, PhD

University of Toronto, Toronto, ON

Cheryl A. Cott, BPT, MSc, PhD

University of Toronto, Toronto, ON

William B. Dalziel, MD, FRCPC

University of Ottawa, Ottawa, ON

Larry Dian, MB, BCH, FRCPC

University of British Columbia, Vancouver, BC

Rory Fisher, MB, FRCP(Ed)(C)

Regional Geriatric Programs of Ontario,

University of Toronto, Toronto, ON

Serge Gauthier, MD, FRCPC

McGill Centre for Studies in Aging and

Douglas Hospital Research Centre, Montreal, QC

David Gayton, MD, PhD, FRCPC

McGill University, Montreal, QC and

Peace Arch Hospital, White Rock, BC

David Gladstone, MD, FRCPC

University of Toronto, Toronto, ON

Anne Hennessy, MB, BCh, BAO, BA, FRCPC

Ottawa, ON

Chris R. MacKnight, MD, MSc, FRCPC

Dalhousie University, Halifax, NS

Peter N. McCracken, MD, FRCPC

Glenrose Rehabilitation Hospital, Edmonton, AB

John A.H. Puxty, MB, ChB, FRCPC

Queen's University and

St. Mary's of the Lake Hospital, Kingston, ON

Kenneth Rockwood, MD, MPA, FRCPC

Dalhousie University and

Veterans Memorial Building, Halifax, NS

James L. Silviu, BA, MD, FRCPC

University of Calgary, Calgary, AB

Daniel Tessier, MD, MSc

Sherbrooke Geriatric University Institute,

Sherbrooke, QC

Irene D. Turpie, MB, ChB, MSc, FRCPC, FACP

St. Joseph's Community Health Centre,

Hamilton, ON

International Advisors

Wilbert S. Aronow, MD, CMD

New York Medical College, Valhalla, NY

Peter Crome, MD, PhD, FRCP, FPPM

School of Postgraduate Medicine,

University of Keele, Stoke-on-Trent, England

Paul E. McGann, SM, SB, MD, FRCPC

Bowman Gray School of Medicine,

Winston-Salem, NC

Cancer in the Aging: Removing Impediments to Progress

I have commented on my concerns about treatment of cancer in older adults in previous editorials, but I have never actually given my thoughts on why there might be systemic problems. The first reason is the complexity of modern cancer therapy. For optimal treatment of any individual, regardless of age, multidisciplinary care must be available. Until recently, cancer care has been fragmented and not all options for treatment were available to all patients. Aging adults, with their multiple comorbidities, are particularly dependent on multidisciplinary care. Fortunately, many more comprehensive cancer networks are being established throughout the country, which will improve care for both older and younger cancer patients. Second, Canadians frequently have long waiting times for cancer treatment. Older patients are more likely to become ill while awaiting treatment than their younger counterparts because of their lack of physiological reserve. While at times it is probably appropriate to advocate more conservative treatment strategies for the aging, making decisions and implementing them must be more aggressive in these patients to prevent irreversible decline. Even a decision to withhold treatment must be made in an "aggressive" manner. Decisions on when and how to treat must be made on the basis of evidence, not ageism, as has often been the case in the past. Finally, older patients with cancer can become ill during treatment, often presenting typical geriatric syndromes such as confusion, incontinence, instability, and immobility. These syndromes often require extensive geriatric expertise to unravel and rehabilitation resources to restore function. Sadly, both of these components are often not available in cancer care networks.

Fortunately, there are cancer specialists with a particular interest in older adults and we are seeing an expansion in our knowledge of the area. Readers of this month's edition of G&A will benefit from these advances in knowledge. Dr. Ivo Olivotto, Dr. Pauline Truong, and Rohit Pai review "The Role of Radiation Therapy After Breast Conserving Surgery in Older Women with Breast Cancer." Doctors Manmeet Ahluwalia and Hamed Daw provide an "Update in Oncology" with recent advances in cancer treatment that affect the older adult. Dr. Jean Maroun writes about "Colorectal Cancer: A Disease with a Promising Future." Dr. Mitchell Sabloff provides "An Update on the Treatment of Non-Hodgkin's Lymphoma in Older Adults."

Our usual assemblage of excellent articles includes Dr. Roger Wong's update on "Assessment of Cardiac Palpitations in Ambulatory Older People." Dr. Normand Laperriere and Dr. Barbara-Ann Millar look at an unusual cause of cognitive impairment in their article "Effects of Radiation Therapy on the Older Brain." Our Biology of Aging article this month is by Dr. Anna Monias and Dr. Kenneth Boockvar and focuses on "Atypical Presentation of Disease in Long-Term Care Patients." Dr. Joel Epstein and Dr. Harvey Wigdor review "Oropharyngeal Cancer and Oral Complications of Cancer Therapy: Considerations in Older Patients." And finally, Dr. Colin Shapiro and Amit Morris provide an assessment of insomnia in older adults.

Enjoy this issue.

Barry J. Goldlist



Barry J. Goldlist, MD, FRCPC, FACP, AGSF, Editor in Chief