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Further Reflections on Cancer, Old Age, and the Meaning of Life

It's been over five years since I last wrote an editorial for *Geriatrics & Aging*.¹ Many things have changed in the world of geriatric oncology yet much remains the same. Cancer remains the number two killer among men and women. The top cancer killers have not changed—lung, colorectal, breast, and prostate. And more than half of all cancers strike people age 65 or older, with over two-thirds of all cancer deaths in the same age group. Although the incidence continues to climb (especially for lung cancer), in the last two years there has been a small but important victory in the battle against cancer—the mortality rate from cancer has dropped slightly. And, on a more personal level, I'm still very active in research in this field, in both prostate cancer and hematological malignancies.

There is a growing recognition of the importance of cancer among older people. This goes beyond the staggering numbers of the demographic imperative and the stark incidence and mortality statistics. It strikes at deeper chords: Should older people be screened for cancer? (If so, which cancers? What manoeuvres? How much will this cost? Who should pay?) Why aren't we enrolling more older people with cancer into clinical trials? (Between 5–15% of cancer patients in clinical trials are older adults, a ratio far lower than actual numbers would suggest.) How should we best treat older people with cancer? (Do we use the same protocols or are older people special, needing modified protocols and/or more colony-stimulating factors? Is aggressive treatment worth it, and who should decide worth, using what yardstick?) Important and difficult questions linger. While some things are becoming clearer (e.g., rational treatment of older people with lymphoma, metastatic colorectal cancer, or estrogen receptor-positive nodal breast cancer), far more questions than answers remain and new questions emerge all the time.

Regular readers know that cancer is one of our regular themes, which we have featured every single year since we began publishing *Geriatrics & Aging*. The reasons for this are too obvious to need explication. In this issue, our CME article, "Fever in Older Adults with Cancer," is written by Dr. Deepali Kumar, an infectious diseases specialist with a focus on oncology-related infections. She reviews key considerations and principles when dealing with an older febrile cancer patient. Many younger and older cancer patients complain of fatigue, either during active cancer therapy or years later. A tremendous amount of research is being done in this area (including some of my own) to unravel the causes and treatments of this condition, and Drs. Jean-Pierre and Morrow review the assessment of such patients for us. Another important intersection between cancer and overall health is in the realm of mental health, specifically depression. Depressive symptoms are common among persons suffering from a variety of cancers. Yet depression remains underdiagnosed and undertreated in this vulnerable group. Dr. Sellick from the Thunder Bay Regional Cancer Centre tries to dispel this notion and tackle this important area. Outside of our theme, we have articles on postural and postprandial hypotension, sleep disturbances in dementia, the role of the TB skin test in long-term care, exercise in patients with Parkinson's Disease, support for caregivers of older adults with chronic conditions, and the ever-popular topic of skin ulcers. As always, we hope you enjoy the issue.

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Reference

1. Alibhai SMH. Cancer, old age, and the meaning of life. *Geriatrics & Aging* 2001;4:5.



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