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The neglected front in the war against cancer

Although about 60 percent of newly diagnosed cancers occur in people over the age of 65, there is little research concerning treatment for the many forms of cancer that afflict the elderly

BY JANE E. BRODY
NY TIMES NEWS SERVICE, NEW YORK

Elliot was 83 when a routine checkup that included a digital rectal exam suggested prostate cancer. A biopsy then revealed that he had an aggressive form of the disease. His doctor recommended treatment despite Elliot's age and several existing problems, including mild cases of high blood pressure, Type 2 diabetes, depression and angina, all of which were being treated with medication.

Elliot also has leg pain that limits his walking. But none of his health problems interferes with his weekly bridge game or nights out for the theater, concerts and dining. When cancer popped into the equation, Elliot, a man with a self-deprecating sense of humor always at the ready, said he was just not inclined to let it end his life.

So when the doctor suggested hormone and radiation therapy, five days a week for nine weeks, Elliot did not hesitate. Except for some radiation-induced fatigue that he noticed only after therapy was over, he sailed through the treatment. Three months after finishing his therapy, his PSA, a blood test for possible cancer, registered zero, suggesting that the malignancy was destroyed.

The outcome for Elliot is a direct assault on the oft-given advice that most cancers affecting people his age be left to take their course. The theory is that either the treatment will kill them or destroy their quality of life, or some other health problem will kill them before the cancer does.

But there is a great paucity of factual information to support either a wait-and-watch approach or an aggressive approach to treating cancer in the elderly.

Although about 60 percent of newly diagnosed cancers occur in people 65 and older, there is little research to help doctors and patients decide how, when and even whether to treat the many forms of cancer that afflict older people, especially those with other ailments that can complicate therapy.

LIMITED RESEARCH

For a variety of reasons, older cancer patients are rarely included in clinical trials that test new therapies, so relatively little is known about potential responses to treatment under various circumstances.

Research protocols commonly eliminate people with chronic health problems, in case the therapy makes those problems worse or the medications patients are taking interact poorly with the treatment being studied. Another deterrent is limited longevity in the elderly, making it difficult to determine the long-term effectiveness of a treatment.

Patients themselves can be a problem, if they fear "being experimented upon," if they are not physically able to get to treatment facilities or if the research protocols are too difficult for them to understand and follow.

Despite the limited research, one fact is clear: There is no "one size fits all" treatment for cancer in the elderly. Whether the patient is 60, 80 or 100, a host of factors — medical, practical and emotional — must be taken into account when devising a therapeutic plan. To the distress of some families, decisions are too often based more on a patient's chronological than physiological age.

"The doctor may be dealing with two 65-year-old patients with the same disease," Jerome W. Yates, national vice president for research at the American Cancer Society, said in an interview. "Yet one is like a 55-year-old, healthy, strong and resilient, and the other is more like an 85-year-old, frail and chronically ill. Each should be treated differently."

Treatment decisions should be influenced



by patients' physical and mental health, of course, but also by their financial status, living situations, family support systems and ability to get to and from the treatment facility, Yates said.

Still another consideration, Yates said, and not a small one, is what the patient wants. He described a former patient, a 78-year-old woman with diabetes who had lost a leg to osteogenic sarcoma. The cancer had spread to her lungs, and she faced possible treatment with chemotherapy that would cause nausea and hair loss and carried the risk of a fatal lung infection. Her four college-educated children agreed with the doctor's suggestion to skip chemotherapy and administer comfort care, since treating her cancer was likely to kill her.

"But she said she wanted to be treated — she was adamant," recalled Yates, who will be leaving the cancer society for the National Institute on Aging. "To my surprise, she had a dramatic response to the treatment. Her lung tumors all but disappeared, and she lived another two years."

UNDERTREATING OR OVERTREATING

Barbara and Charles Given, family care cancer specialists at Michigan State University, told a national conference on cancer and aging in 2007 that older patients, "when they are selected carefully, appear to tolerate and respond well to cancer treatments."

They added that older patients who have had surgery for lung cancer or have been treated for cancers of the colon, rectum, breast or prostate, or non-Hodgkin's lymphoma, "all have tolerated and shown positive responses to their treatments." And those with a life expectancy of more than five years have also benefited from additional therapies, like postoperative radiation or chemotherapy, they reported.

Still, out of fear that the side effects of cancer treatment will hasten an older patient's death or destroy the quality of the remaining years of life, doctors often undertreat the elderly, indirectly hastening their death with less-than-optimal therapy.

In other cases, elderly cancer patients are overtreated despite the likelihood of life-threatening complications, because doctors fear being accused of giving up or are pressured by family members to provide therapy that is medically inappropriate.

One of the greatest challenges clinicians face with elderly cancer patients is incomplete information about their health.

"There is often a lack of documentation about pre-existing problems," Yates said. "A patient may suffer from chronic alcoholism or a psychiatric condition that would interfere with cancer treatment, yet such problems are often not disclosed. Or, if an older person has five or six medical conditions, it's not unusual for them to mention only the most prominent condition, the one that bothers them most at the moment."

Patients should be prepared to give their full medical history, and caregivers and family members should help fill in the blanks if necessary. In addition, Yates suggested that treatment decisions for the elderly be family decisions, since older patients must often depend on their children to make therapy happen.

But he also warned that family members should not insist on aggressive treatment that the doctor considers futile. If the family has good reason to doubt the doctor's judgment, an independent second opinion should be sought, he said.

There are nonthreatening ways to expand the conversation about treatment options, Yates said, starting with a couple of perfectly reasonable questions for the doctor: "Is this the best option? If this were your mother or father, what would be your recommendation?"

[ENVIRONMENT]

Problems persist two decades after 'Exxon Valdez' oil spill

Today marks the 20th anniversary of one of the worst environmental disasters in US history. Is another horrific accident just around the corner?

BY ANDY GOLDBERG
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On March 24, 1989, a massive tanker captained by a man who had allegedly been drinking, sailed outside regular Alaskan shipping lanes and hit a reef, causing one of the worst environmental disasters in US history.

The *Exxon Valdez*, at the time one of the most advanced tankers in the world, split, spilling approximately 40 million liters of crude oil into the delicate and pristine Arctic environment of the remote Prince William Sound.

The oil dispersed over an area of 28,000 km² and covered approximately 2,000km of rugged coastline. It killed an estimated 600,000 to 700,000 birds, fish and sea mammals.

Twenty years later, another horrific accident is waiting to happen, the World Wildlife Fund (WWF) warned on Friday, even as the damage from *Exxon Valdez* continues to blight the region.

In a graphic illustration of the lingering effects of that disaster, the environmental group

sent oil-crusted rocks to ministers, officials and media in the Arctic countries still wrangling over arrangements to govern a renewed resource rush to the region.

The rocks accompanied a report titled *Lessons Not Learned*, which recommends a moratorium on new offshore oil development in the Arctic "until technologies improve to a point where an adequate oil-spill clean-up operation can be performed."

WWF also recommended that the most vulnerable and important areas of the Arctic be deemed permanently off-limits to oil development because oil spills would be next to impossible to clean up or would cause irreparable long-term damage.

"Governments and industry in the region remain unprepared to deal with another such disaster," WWF warned. At the same time global warming is melting more of the ice, which increases access and exploration, making another accident more likely.



In this April 1, 1989 file photo, a plane waits to taxi from an oil-covered beach in Prince William Sound, less than a week after the *Exxon Valdez* oil spill. PHOTO: AP

"While there has been little improvement in technologies to respond to oil-spill disasters in the last 20 years, the Arctic itself has changed considerably and is much more vulnerable

today," said Neil Hamilton, leader of WWF's Arctic Program.

"Sea ice is disappearing and open water seasons are lasting longer, creating a frenzy to stake claims on the Arctic's rich resources — especially oil and gas development. We need a 'time-out' until protective measures exist for this fragile, special place."

Bill Chameides, dean of Duke University's Nicholas School of the Environment and a member of the National Academy of Sciences, agrees with the WWF that despite one of the largest cleanup efforts in history much of the damage has proved irreversible.

Though many beaches and coves in the area look the same, the deeper picture tells a very different story. Digging even a little uncovers a gooey mix of oil and sand.

"People may assume that because the spill happened 20 years ago, the effects are long gone. But they persist — and may continue for years to come," said Chameides, who estimates that it

could take as much as 100 more years for all the oil to dissipate.

Oil giant Exxon spent about US\$2 billion on the cleanup operation.

It was originally ordered to pay US\$5 billion in punitive damages. But in a successful series of court appeals culminating in a Supreme Court decision last year, that amount has now been reduced to just over US\$507 million — a tremendous blow to the fishermen and local communities who suffered from the calamity.

"Their way of life was devastated," says local resident Sharon Bushell, the author of a book called *The Spill, Personal Stories From the Exxon Valdez Disaster*. She interviewed residents about how they remember the disaster and chronicles the lost lives of the fishermen, innkeepers and mechanics.

"There was death everywhere, dead birds, dead otters, dead deer. A vast amount of oil covered the water," said one woman. "It was a terrible scene, one to rival anyone's idea of hell."