

Everyone deserves the best chance to survive

When it comes to cancer, newspapers tend to home in on tragic stories of young mothers or children. The big story of the explosion of cancer cases among the elderly and the urgent need for better training in geriatric oncology remains largely untold. **Päivi Repo** won a Best Cancer Reporter Award for her piece, which first appeared in Finland's leading national daily.

Cancer is increasingly becoming a disease of the elderly. The disease will become more prevalent with the ageing, but elderly cancer patients are not uncommon even now.

Irja Toivanen from Espoo was diagnosed with breast cancer last autumn, just before her 80th birthday. "Life threw me a challenge," she says. "For a long time, I was the oldest patient at the cancer clinic at HYKS (Helsinki University Central Hospital)." The good news is the rapid development of new forms of treatment that has led to an increasing number of patients surviving their disease. This transforms cancer from an acute and dramatic disease into a chronic illness, with which it is possible to live even for decades.

This transformation is evident in the recent statistics of the umbrella group Finnish Cancer Organisations, according to which, at the beginning of last year, there were more than 83,000 people who

had survived for at least five years after being diagnosed with cancer. At the beginning of 1981, this figure was 32,000.

The rise in the number of survivors is reflected in all age groups, but particularly in the elderly. The number of those who have experienced cancer, notably men in the 70- to 79-year age group and women in the 60- to 69-year age group, has doubled since 1981. Higher age groups are not spared from cancer either – last year, the number of 85-year-olds who had experienced cancer was five times greater than in 1981.

"All the facts fell into place," Irja Toivanen says about her cancer. There has been cancer in the immediate family, but it still came as a surprise. Having discovered a strange 'lump', Mrs Toivanen was promptly scheduled for a mammogram and surgery.

Hers was an aggressive type of tumour – "How can it be aggressive, when I'm not?"



Päivi Repo

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“Spry and youthful”. Irja Toivanen is lucky to have doctors who want to give her the best chance of surviving her aggressive cancer while protecting the health of her 80-year-old heart. Stories like this give a human face to the statistics on the aging profile of cancer patients, and help challenge assumptions that elderly patients care less about survival and should never be considered for aggressive therapies

– and the disease had already spread to the armpit.

Before the start of her chemotherapy, Mrs Toivanen went to see a cardiologist, who checked that the patient would be able to tolerate the treatment. “I asked the doctor whether he would take the treatment, if he was my age. He said he would, if he was fit and did a lot of travelling. I thought to myself, I’m not fit, and asked the cancer specialist the same question. He gave it some thought, but couldn’t give me an answer.”

How well cancer therapies are tolerated by the elderly depends on the individual, says Päivi Hietanen, associate professor in oncology. The heaviest types of chemotherapy may be too much, but there are other, more suitable treatments. “Age is not an obstacle. More elderly people are having treatment than a layman might think.”

Age affects not only the prognosis, but also the nature of the tumour. Elderly women tend to have tumours that are less aggressive and easier to treat.

At the other extreme, women who develop breast cancer before the age of 40 have a poorer



prognosis than middle-aged women. The doctors encouraged Irja Toivanen to go ahead with the treatment. “My doctor told me that, if ten of these cases were left untreated, six of them would develop another tumour.” The chemotherapy loading was reduced by administering the doses more frequently. “I went for it, saying that no matter what, at least I’m still alive,” Mrs Toivanen says with a smile. Yet, the consultant had told her that there would be no guarantees.

Age *per se* is not a barrier to treatment, but older people often have other medical conditions and medications that may preclude them from

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having these treatments. Powerful anti-cancer agents cannot, for example, be given to patients with cardiovascular disease. Even so, an elderly person may be left with the impression that they were denied treatment because of their age.

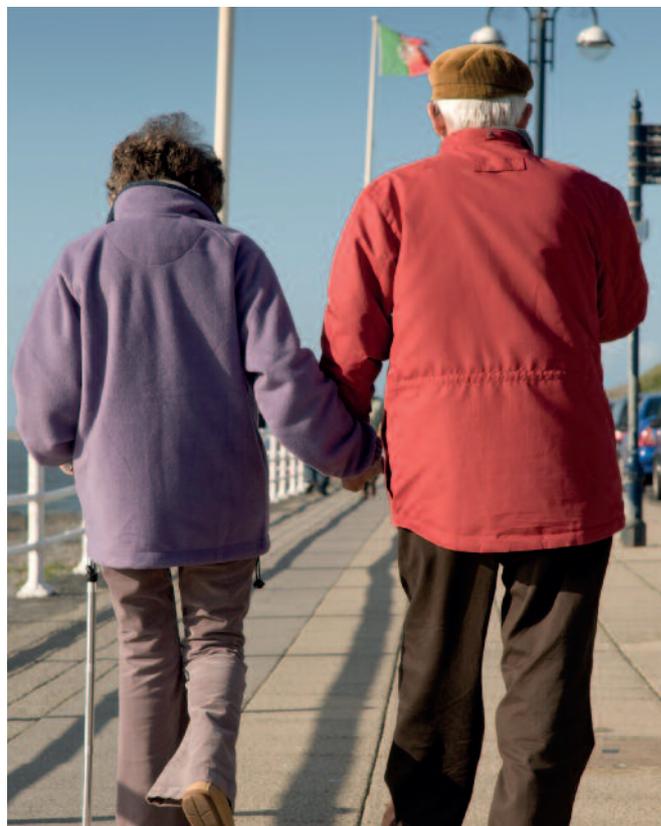
“If I had refused, I would have regretted it,” Mrs Toivanen confesses. She has one more dose of chemotherapy to take, and is due to start radiotherapy in March. “I’m sure all the flowers will look prettier and the sun shine brighter this spring.”

Her hormone treatment will continue for another five years.

“I don’t know if I’ll live to be 85, but the doctors

TREATMENT COSTS ARE SET TO DOUBLE

- With cancer becoming increasingly common, women in particular are at greater risk of developing the disease in the future. This is because they live longer than men and they have many different forms of cancer, notably breast cancer, whereas the most common cancers in men, i.e. those caused by smoking, will become rarer.
- The Finnish Cancer Organisations have estimated that future cancer patients will include a large number of older women living alone, care givers, elderly people in institutional care, and men with prostate cancer. This calls for a new kind of competence – geriatric oncology, i.e. cancer care of the elderly.
- Over the next decade, the number of new cancer cases per year is estimated to exceed 30,000.
- The population in the oldest group of cancer patients will grow, as more effective treatments reduce the risk of dying from cancer. On the other hand, this will also lead to longer treatment periods, as cancer becomes chronic, i.e. turns into a long-term illness.
- As the number of people experiencing cancer continues to rise, the costs of cancer care will have doubled by 2015.



Quality time. Who is to say that these people’s lives are any less valuable just because they are in their 70s?

are optimistic. If the treatment doesn’t work and the cancer spreads, at least I’ve been allowed my 80 years,” says Irja Toivanen.

At this moment of melancholia, she finds some comfort in a comment in her medical notes. The folder holds a copy of a statement from her doctor to the social insurance institution, KELA, in which he says: “General condition very good, spry and youthful for her age.” “I’ve never received such a nice compliment from anywhere else but the cancer clinic. I’ve underlined it and put an exclamation mark next to it.”