



Senior, elderly, geriatric: we are all getting older

→ Matti Aapro ■ GUEST EDITOR

Politically correct wording seems to be a must, and in many areas this leads to variously differing solutions, which can all be criticised. But a fact is a fact, and hiding it behind 'nicer' words is not going to help. We will get older and, unfortunately, at one point or another, our health status will decline and for some of us cancer will appear. This reality does not detract from the fact that harmonious ageing is often possible. Restoring this balanced health status is the goal of geriatric medicine, and by extension of geriatric oncology.

In May 2005 the 58th World Health Assembly adopted two landmark resolutions, one on Strengthening Active and Healthy Ageing and another on Cancer Prevention and Control. It is remarkable that these two important decisions were taken in parallel, and they implicitly recognise the importance of the work done by the International Society for Geriatric Oncology (SIOG), created in the year 2000 (www.cancerworld.org/siog).

More recently, the World Cancer Declaration, adopted at the 2008 World Cancer Congress of the International Union Against Cancer and supported by more than 500 organisations worldwide (www.uicc.org/wcd), makes it clear that the rapid increase in the global cancer burden is being driven largely by the ageing of

the world's population and increased exposure to cancer risk factors.

By 2030 it is estimated that more than 12 million people will die of this disease every year – most will be over the age of 65. This rise in the number of elderly cancer patients is not confined to high-income countries, it is affecting populations the world over.

We have come a long way since 1983, when the US National Cancer Institute and National Institute on Ageing took a lead in sponsoring a symposium called Perspectives on Prevention and Treatment of Cancer in the Elderly. This was followed a few years later by a European School of Oncology meeting in Venice, which led to a paper describing the little we then knew on the topic.

Among many groups that have decided to tackle the issue, SIOG is proud that this issue of *Cancer World* is dedicated to improvements in this field, with profiles of two SIOG past presidents, Jean-Pierre Droz and Silvio Monfardini.

While excellent research is ongoing, the experts working within SIOG have produced an impressive series of clinical overviews and recommendations covering many aspects of geriatric oncology (see http://tiny.cc/siog_recommendations) and remain committed to developing this work over the coming years.

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