

Elderly patients deserve better

→ Kathy Redmond ■ EDITOR

wo sets of statistics have recently been published which together have major implications for Europe's cancer patients of the future. In February the International Agency for Research on Cancer revealed that the number of new cases in Europe rose by 10% between 2004 and 2006, from 2.9 million to 3.2 million. In March, a report published in the *Annals* of Oncology estimated that the rate of cancer mortality in Europe fell by 12.5% between 1987 and 2002, from 191 to 167 per 100,000 head of population.

This is the cancer time bomb that people have been warning about for so long and, as predicted, it is the elderly who are bearing the brunt of the blast. With mortality rates falling, Europe can expect a steady rise in elderly patients living with chronic cancer. This has implications for the quantity of resources – personnel, drugs budgets, imaging equipment etc – that need to be set aside. But there are also issues of quality that urgently need to be addressed.

Currently, many elderly cancer patients get a raw deal from our cancer services. A patient's chances of being offered the recommended treatment decreases in proportion to their age. This is despite evidence that, so long as they are otherwise in good health, older patients get the same benefit from treatment as their younger counterparts. A lack of formal training in geriatric medicine means that most oncologists don't know how best to assess older patients and tailor treatment to their physical needs and social circumstances. Few elderly patients participate in cancer clinical trials, and geriatric oncology in general is a neglected area of research. The resulting lack of evidence-based knowledge offers free rein to ageist attitudes.

This situation is compounded by the fact that elderly people find it difficult to advocate for themselves and to demand equal access to quality cancer care. They are at a particular disadvantage when it comes to getting the information they need. They are more likely to have difficulty reading, less likely to have Internet access, and professionals are less likely to volunteer information to them. Moreover, informational materials are rarely developed with the needs of the elderly in mind.

Groups such as the International Society of Geriatric Oncology have done much to address these gaps. But the time has long passed for this to be seen as just a specialist issue. The number of elderly patients cared for at treatment centres all over Europe is set to rise, and one day many of us will be numbered among them. Cancer services need to plan ahead to ensure that they have the infrastructure, and also the knowledge and training, necessary to give those patients the care they need.