

# Too old for major treatment? Age not always a barrier

By LINDSEY TANNER  
AP Medical Writer

CHICAGO — Irwin Weiner felt so good after heart surgery a few weeks before turning 90 that he stopped for a pastrami sandwich on the way home from the hospital. Dorothy Lipkin danced after getting a new hip at age 91. And at 94, William Gandin drives himself to the hospital for cancer treatments.

Jimmy Carter isn't the only nonagenarian to withstand rigorous medical treatment. Very old age is no longer an automatic barrier for aggressive therapies, from cancer care like the former president has received, to major heart procedures, joint replacements and even some organ transplants.

In many cases, the nation's most senior citizens are getting the same treatments given to people their grandchildren's age — but with different goals.

"Many elderly patients don't necessarily want a lot of years, what they want is quality of life," said Dr. Clifford Kavinsky, a heart specialist at Rush University Medical Center in Chicago. "They want whatever time is left for them to be high quality. They don't want to be dependent on their family. They don't want to end up in a nursing home."

Treatment for Carter, 91, has included surgery, radiation and a new cancer drug with fewer side effects than traditional chemotherapy. It seems to be working — Carter announced Dec. 6 that brain scans show no signs of the melanoma that was found in August.

The nation's 90-and-up population, about 2 million people, nearly tripled in recent decades, and the pace is expected to continue. Many are struggling with more than one age-related illness that make them poor candidates for aggressive and often costly care. But plenty remain robust enough to give it a try.

Lipkin, now 93, had hip replacement surgery two years ago in the Philadelphia area. Arthritis made walking difficult and painful. She'd been a good dancer in her younger days, and had tried to remain active, so her doctor recommended the operation.

"Otherwise I was going to be in a wheelchair the rest of my life," Lipkin said. Soon after, she made a video doing a line dance to show how well she was healing.

In the winter, she lives in Florida, walks at least half an hour daily and leads "a normal life."

Lipkin says having such major surgery at her age should be an individual decision.

Doctors agree. Some 90-year-olds are fitter than some 60-year-olds but they say other considerations need to be in the mix.

At MD Anderson Cancer Center in Houston, the oldest patients are evaluated by geriatricians — specialists in medical care of the elderly — to make sure they're able to tolerate harsh treatments. Physical and mental health are assessed; so is social support — whether there are family members or friends available to help during treatment and recovery.

"We do believe that cancer care should not be limited by age," said Dr. Beatrice Edwards.

While many elderly patients are healthy enough to tolerate conventional treatments, advances including more targeted, less toxic drugs and minimally invasive surgery techniques are opening the door to others.

Gandin, the 94-year-old, was diagnosed more than 10 years ago with prostate cancer. Treatment with radiation and chemotherapy failed to stop cancer from spreading to his lungs and bones. He's now on hormone treatment that he said is



Branden Camp/AP Photo

**Former President Jimmy Carter, right, sits with his wife, Rosalynn, as they wait to pose for photos with guests at Maranatha Baptist Church, Sunday, in Plains, Ga. A recent MRI showing no cancer on Jimmy Carter's brain is "very positive" news for the former president but will not end his medical treatment, doctors said. Carter, 91, announced last Sunday that doctors found no evidence of the four lesions discovered on his brain this summer and no signs of new cancer growth.**



Alan Diaz/AP Photo

**Aortic valve surgery patient Irwin Weiner poses for a photo with his partner, Lauree Gable, Friday, at their home in Boca Raton, Fla. Very old age is no longer an automatic barrier for aggressive therapies, from cancer care, to major heart procedures, joint replacements and even organ transplants.**

controlling the disease.

A retired Exxon Mobil auditor, Gandin helps take care of his wife of 74 years in their assisted living home in Houston and is not ready to give up on treatment. "I'm an eternal optimist — that's what has carried me through," he said.

Weiner, a retired furniture manufacturer representative, had a hardened, leaky aortic valve — a common condition in the elderly that can lead

to disability and death. Open-heart surgery is a common option for heart-valve surgery, but some doctors hesitate to perform it in the elderly, said Kavinsky, the Chicago heart specialist.

Dr. Joseph Lamelas, Weiner's surgeon at Mount Sinai Medical Center in Miami Beach, Florida, used a newer approach, implanting a new valve through a small incision on the right side of the chest.

**ONLINE**  
National Institute on Aging: [www.nia.nih.gov](http://www.nia.nih.gov)

After four days in the hospital last January, Weiner was back home in Boca Raton, Florida, and was well enough to have two big 90th birthday celebrations less than a month later.

Organ transplants are less common but not unheard of in the very old. Since 2013, there have been more than 100 kidney transplants in patients aged at least 80, including one in an 88-year-old, according to the United Network for Organ Sharing. Its records show that since 1987, the nation's oldest kidney transplant recipient was a 96-year-old.

There are generally no strict age limits on transplants. Dr. Dorry Segev, a Johns Hopkins Medicine transplant specialist, said frailty is a more important factor and his center measures it rigorously, including assessing patients' grip strength, walking speed and muscle mass.

Ethical issues complicate decisions on providing treatments costing tens of thousands of dollars to the very old and life expectancy has to be considered, Kavinsky said.

"When you start doing procedures on a 90-year old, you have someone who has already exceeded the average lifespan in America," he said. "How far should we go to keep them going?"

Dr. Joseph Dearani, chairman of cardiac surgery at the Mayo Clinic in Rochester, Minnesota, said a good gauge is whether treatment would likely help patients live well for at least another two years.

He said costs to the patient, their family and society also should be weighed, so that treatment is given to right patients, and "for the most part, that happens."

## Peter Courtney: Oregon on verge of ballot civil war

By JONATHAN J. COOPER  
Associated Press

PORTLAND — Oregon's business, union and political interests risk opening a permanent rift if they don't come together and negotiate a plan to withdraw contentious ballot measures slated for next year's election, Senate President Peter Courtney said Monday.

The Salem Democrat warned that "Oregon is on the verge of its own civil war" pitting the state's most powerful and wealthy interests against each other.

"While we may not physically kill one another, the consequences of next Nov. 8 could be our version of Antietam," Courtney said, referring to the bloody Civil War battle. "Potentially the bloodiest political day in Oregon's history."

A group backed largely by public-employee unions has proposed ballot measures to significantly increase taxes for corporations. Other groups are looking to raise the minimum wage.

Various business interests are considering ballot measures to weaken union rights or roll back restrictions on greenhouse gas emissions.

The expensive fight would create "wounds that will be opened and never healed," Courtney told the annual Oregon Leadership Summit, which brings together business

executives, lawmakers and lobbyists.

Courtney, who is Oregon's longest-serving legislative leader, is known for using fiery and dramatic language to spur action on the issues that concern him.

Rather than pursuing multi-million-dollar campaigns over ballot measures, Courtney encouraged interest groups to come up with compromise ideas that the Legislature could consider in the five-week session that begins in February.

Last year, then-Gov. John Kitzhaber convinced labor and business interests to stand down from similar contentious ballot fights they'd planned. Instead of a contentious election, Kitzhaber hoped to broker an ambitious reform of Oregon's volatile tax system, but he resigned amid ethics questions surrounding his fiancée's consulting work.

Meanwhile, House Speaker Tina Kotek said business officials need to concern themselves with the state's rapidly rising housing prices. Parents priced out of their rentals are forced to change their children's school, or endure a long commute to take them to and from campus, she said.

"Housing affordability is a headwind that we must take on," said Kotek, D-Portland. "Policy changes and public investments are important, but they will not solve this crisis on their own. We need the private sector."

## Forestry visits Astoria to set rules

The Daily Astorian

The Oregon Department of Forestry visits Astoria Jan. 15 for a public hearing about proposed changes to recreation on state forests.

The department says demand for state forest recreation opportunities have outpaced available capacity and resources in recent years, often resulting in conflicts between users and major issues with sanitation, safety and vandalism.

The proposed rule changes include several new rules regarding commercial events, including permitting, health and safety standards. They also address a number of other topics, including:

- Fees for park usage and penalties.
- Allowing loaded guns and banning nudity in certain areas.
- Public conduct issues such as waste, unattended property, fighting, indecency and weed-free foraging.

• Service animals and stock animals, and to address the occupancy of campsites.

• How unattended property will be removed.

The hearings will also cover proposed new rules for permitting, health and safety standards for large commercial events, as outlined in House Bill 2453. The bill came about after several large, unpermitted commercial events, such as concerts, raves and festivals drew hundreds of attendees and vehi-

cles into state forests.

The public hearing will be from 6 to 8 p.m. Jan. 15 at the department of forestry's Astoria District Office at 92219 Oregon Highway 202. For a full list of proposed rule changes, visit <http://tinyurl.com/nl6fmzs>

Written comments on the proposed rule changes may be submitted by 5 p.m. Feb. 8 to [odf.sfcomments@oregon.gov](mailto:odf.sfcomments@oregon.gov) or by mail to: Justin Butteris, state forests policy analyst, Oregon Department of For-

## State of Oregon to match local school bonds

The Daily Astorian

The state of Oregon will provide matching grants for local dollars for school improvement efforts through the School Capital Improvement Matching program.

Communities that pass general obligation bonds to improve local school buildings will be eligible for matching grants of up to \$8 million. The Oregon Legislature authorized the sale of state-backed general obligation bonds for this program, which will provide about \$123 million overall.

The state estimates there is \$7.6 billion in deferred school maintenance costs.

"Our students need and deserve schools that are safe, healthy, and promote learning," said Deputy Superintendent Salam Noor in a release last week. "This grant program

can help communities address critical maintenance needs, upgrade aging buildings, and improve learning conditions for our students. Through leveraging both state and local resources, we can maximize our impact and remove barriers to student success by improving our schools."

Districts will have three opportunities to apply for these matching funds. Applications are due before the May and November general elections through May 2017. The first round of applications will be accepted starting Jan. 15. Grant funding will be contingent on passage of a local bond to improve school facilities.

Sixty percent of funds will be prioritized for districts with low-assessed property value and a higher rate of student poverty to encourage poorer communities

to support local school bonds. The remaining 40 percent will be available on a first-come, first-served basis.

The Office of School Facilities will provide technical

assistance grants to districts, helping them conduct assessments of their school buildings. Funding for the grants will be available to districts beginning in summer 2016.

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