

STATEMENT OF SENATOR SUSAN COLLINS
SENATE SPECIAL COMMITTEE ON AGING HEARING
“THE FIGHT AGAINST CANCER: CHALLENGES, PROGRESS AND PROMISE”
MAY 7, 2014

Mr. Chairman, thank you for calling this afternoon’s hearing to discuss the importance of cancer research and to highlight the progress that has led to significant improvements in the prevention, detection and treatment of cancer.

Our hearing will also examine the many challenges that cancer continues to pose for Americans of all ages. The American Cancer Society estimates that as many as 1.7 million new cases of cancer will be diagnosed this year, including more than 9,200 in Maine.

While survival rates are improving, cancer continues to be the second most common cause of death in the United States, exceeded only by heart disease.

While cancer affects people of all ages, it poses particular challenges for older Americans. The fact is that aging is the single greatest risk factor for developing cancer. More than 60 percent of cancers in the United States occur in people age 65 and older, and this percentage will only increase as the baby boom generation ages. Advances in treatments also mean that more people are surviving longer and are now aging with cancer.

Older cancer patients and their families often have different needs than younger patients. Health conditions that are common in older adults, such as heart disease and high blood pressure, can affect cancer treatment and recovery, as well as the type and severity of treatment side effects. Fatigue and weakness often are worse for older patients, and the chance of infection is higher.

Social supports can also weaken with age, as friends and relatives die or need assistance themselves. It can be difficult for older cancer patients to find someone to help them at home or drive them to daily cancer treatments. This is particularly true in rural areas, where cancer patients may have to travel long distances for treatment and transportation options are limited.

Even though cancer occurs most often in older adults, they often receive less frequent screening for cancer and fewer tests, such as biopsies, that help determine the stage of cancer.

Moreover, people with cancer over age 65 have been significantly under-represented in cancer clinical trials, even though they represent the majority of patients. Fortunately, I understand that this is beginning to change, just as it is changing for women and minorities.

Mr. Chairman, I am particularly pleased to welcome one of my constituents, Mary Dempsey, who will be participating on our panel this afternoon. Mary is the Assistant Director and Co-Founder of the Patrick Dempsey Center for Cancer Hope and Healing in Lewiston, Maine. The Dempsey Center provides free support, education and integrative medicine services to anyone affected by cancer.

It is a wonderful resource for Maine cancer patients and their families and was founded by Mary and her siblings in honor of their mother, Amanda, who lost her seventeen-year battle with ovarian cancer this past March at the age of 79.

I also want to give a warm welcome to Chip Kennett, who I think would actually be more comfortable sitting behind us with the rest of our staff. I had the good fortune of having Chip on my staff from 2009 to 2011 working on defense and homeland security issues. He is a bright and hard-working young professional, a husband and father. Unfortunately, he now knows first-hand the challenges of living with cancer. I will leave it to Chip to tell his story, but I just want him to know how much I admire him – and his wife Sheila – for the way they have fought his cancer with such great courage, determination and grace.

Again, thank you Mr. Chairman, for calling this hearing and I look forward to hearing from our witnesses.