

Geriatric oncology and supportive care: a global approach to advance the science

Report from the 2015 Annual Meeting of the International Society of Geriatric Oncology (SIOG)

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The 2015 Annual Conference of the International Society of Geriatric Oncology took place in Prague, Czech Republic from November 12-14th. More than 400 delegates with a special interest in the care for older patients with cancer attended this conference, including medical oncologists, geriatricians, surgeons, nurses and other professional health care workers. The meeting provided an overview of current advances in geriatric oncology domains.

(*Belg J Med Oncol* 2016;10(3):108-109)

Introduction

The 2015 International Society of Geriatric Oncology (SIOG) meeting focused on a global approach to advance science in geriatric oncology.

Research conducted specifically in older patients with cancer remains scarce and difficult to promote. Worldwide, only 3.4% of current studies are in patients over 65 years. Consequently, clinical trials do not result in good guidelines for the treatment of older patients. For this reason, SIOG is supporting co-operative groups advocating new methodology, including paying more attention to endpoints relating to functional status, cognition and independent living, and including studies on the appropriate de-escalation of treatment.

Advances in geriatric oncology

At SIOG 2015 recent developments in the care of older patients with cancer were discussed. It has been shown that supportive and perioperative care is making it possible for older patients to undergo surgery with good outcome. As a result, the thirty-day post-operative mortality following open lobectomy in the older patient with lung cancer has been reduced to 3%.¹ Both pre- and rehabilitation is needed: preoperative physical exercise decreases risk of pulmonary complications and atelectasis and physical exercise after surgery maintains quality of life.² In July 2015 the American College of Surgeons received a four-year grant to develop and implement a Geriatric

Surgery Verification and Quality Improvement Program. Regarding systemic treatment, some recent SIOG position papers have been published, including one on single agent chemotherapy, one on diffuse large B-cell lymphoma and one on colorectal cancer.³⁻⁵

Finally, the novel checkpoint inhibitors are being introduced more and more in clinical practice. These agents are considered less toxic compared with chemotherapy, which may give them a greater role in older patients. However, checkpoint inhibitor trials have only included 15-40% of older patients. Further research on the use of checkpoint inhibitors in older patients with cancer is needed.

Polypharmacy and drug-drug interactions

A major concern in older patients with cancer is the significant amount of polypharmacy leading to a higher risk of drug-drug interactions. For this reason SIOG dedicated a special session to the topic.

Forty percent of patients aged 65 years and above take five or more different drugs, and 20% take ten or more. Polypharmacy is associated with an increased risk of adverse events and also with reduced adherence, poor functional status, frailty, depression, and risk of falls.⁶ Compared with taking 2-4 drugs, taking 5-9 increased the drug-drug interaction risk four fold, and taking 10-14 drugs increased it by a factor of twelve. In patients aged 70 and older having chemotherapy, potential drug-drug interac-

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Conflict of interest: The authors have nothing to disclose and indicate no potential conflict of interest.

Keywords: geriatric oncology, 2015 SIOG congress.

Key messages for clinical practice

1. Elderly patients with cancer are a steadily growing patient population group.
2. Research in the treatment of older patients with cancer needs to be stimulated.
3. Due to the frequency of polypharmacy in older patients with cancer, drug-drug interactions should be anticipated and monitored.
4. Young oncologists and geriatricians should be stimulated in cooperating in order to adapt a multidisciplinary approach for older patients. This is the aim of the advanced course in geriatric oncology in Treviso, June 2016.

tions were identified in 75%. At the most serious level, drug-drug interactions almost doubled the risk of severe non-haematological toxicity. Common cancer-related interactions include phenytoin reducing the efficacy of irinotecan by inducing its hepatic metabolism, the potentiation of cyclophosphamide and fluorouracil-related neutropenia by thiazide diuretics, and the inhibition of warfarin metabolism by capecitabine, carboplatin and paclitaxel. For this reason, it is important to ensure that patients are not taking unnecessary and potentially harmful drugs. A comprehensive medication assessment that aims to include all prescription drugs, together with all complementary and alternative medicine products used, is an important part of geriatric assessment. The possibility of discontinuation should be considered, especially for high-risk low-benefit drugs.

Promoting integrated training in geriatric oncology

One of the main aims of SIOG is to train both young oncologists and geriatricians in the care of older patients with cancer and to stimulate reciprocal co-operation and sharing of information. For this purpose SIOG will hold an advanced course in geriatric oncology in Treviso, Italy in June 2016. This four day course is designed to provide specific skills in assessment care pathways and therapeutic choices for older patients with cancer. It includes geriatrics for clinical oncologists and clinical oncology for geriatricians. With the expected aging of patients with cancer, this course will provide young oncologists and geriatricians with the necessary skills to treat older patients multidisciplinary. Further information as well as application for the course can be found at www.siog.org.

Awards session

Prof. dr. Hans Wildiers (Leuven), received the SIOG 2015 Calabresi Award for his extensive work in geriatric oncol-

ogy including, among others, the role of geriatric evaluation and the tailoring of adjuvant breast cancer therapy for older patients. In addition, Cindy Kenis (Leuven), received the SIOG 2015 Young Investigators Award for work on the implementation of systematic geriatric screening, assessment, recommendations and interventions, supported by the Belgian Cancer Plan.

Conclusions

Older patients are becoming a growing group for physicians treating cancer. SIOG 2015 succeeded once again in bringing together caregivers involved in the treatment of older patients with cancer. Education of young oncologists and geriatricians is one of the main objectives of SIOG. All interested physicians, nurses and other health care professionals are welcome at the 2016 SIOG annual conference which will be held from November 17-19th in Milan, Italy. Further information can be found on www.siog.org.

References

1. Bravo Iniguez CE, Armstrong KW, Cooper Z, et al. Thirty-day mortality after lobectomy in elderly patients eligible for lung cancer screening. *Ann Thorac Surg.* 2016;101(2):541-6.
2. Jack S, West M, Grocott MP. Perioperative exercise training in elderly subjects. *Best Pract Res Clin Anaesthesiol.* 2011;25(3):461-72.
3. Biganzoli L, Lichtman S, Michel JP, et al. Oral single-agent chemotherapy in older patients with solid tumours: a position paper from the International Society of Geriatric Oncology (SIOG). *Eur J Cancer.* 2015;51(17):2491-500.
4. Morrison VA, Hamlin P, Soubeyran P, et al. Approach to therapy of diffuse large B-cell lymphoma in the elderly: the International Society of Geriatric Oncology (SIOG) expert position commentary. *Ann Oncol.* 2015;26(6):1058-68.
5. Papamichael D, Audisio RA, Glimelius B, et al. Treatment of colorectal cancer in older patients: International Society of Geriatric Oncology (SIOG) consensus recommendations 2013. *Ann Oncol.* 2015;26(3):463-76.
6. Turner JP, Shakib S, Singhai N, et al. Prevalence and factors associated with polypharmacy in older people with cancer. *Support Care Cancer.* 2014;22(7):1727-34.