

Geriatric oncology: becoming mainstream cancer care

REPORT FROM THE 2018 ANNUAL CONFERENCE OF THE INTERNATIONAL SOCIETY OF GERIATRIC ONCOLOGY

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SUMMARY

The 2018 annual conference of the International Society of Geriatric Oncology took place in Amsterdam, the Netherlands from November 16-18th. More than 500 delegates from 41 countries with a special interest in the care for older patients with cancer attended this conference. The meeting provided an overview of current advances in geriatric oncology.

(BELG J MED ONCOL 2019;13(2):60-62)

INTRODUCTION

The 2018 annual conference of the International Society of Geriatric Oncology (SIOG) focused on the incorporation of geriatric oncology in mainstream cancer care. This is essential to improve the care of the growing group of older patients with cancer. An optimal care for older patients with cancer implies a close collaboration between oncologists and geriatricians but also the involvement of nurses and allied health care professionals in the care plan of these patients.

ADVANCEMENTS IN THE FIELD OF GERIATRIC ONCOLOGY

In an ageing world, oncologists are required to make difficult and complex treatment decisions regarding the treatment of older patients with cancer for which they cannot rely on chronological age alone. In a review paper published by

Soto-Perez-de-Celis *et al.*, the authors give a clear overview of the heterogeneous ageing process and discuss a geriatric assessment (GA)-based approach to cancer care for older patients.¹

At the SIOG meeting, two important studies on GA were presented orally. In the first presentation, Cindy Kenis presented data from a large Belgian study on unplanned readmissions in older patients with cancer.² In this study, the incidence of unplanned admissions was significantly higher in patients with an abnormal result on the G8 screening tool compared to patients with a normal result (22.9% versus 12.4%, respectively, $p < 0.0001$). In a multivariate analysis limited to patients with an abnormal G8, different baseline treatment-related (e.g., chemotherapy) and GA-related risk factors (e.g., presence of comorbidities, malnutrition and polypharmacy) for unplanned readmissions were identified.

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

Keywords: 2018 SIOG congress, geriatric oncology.

KEY MESSAGES FOR CLINICAL PRACTICE

1. Patients with an abnormal G8 screening have a higher incidence of unplanned admissions.
2. Geriatric assessment improves patient-centred outcomes such as communication.
3. Every physician/nurse/allied health care professional dealing with patients with cancer should become a specialist in 'geriatric oncology'.
4. Join the geriatric oncology family by becoming a SIOG member or by attending the 2019 SIOG Annual Conference in Geneva in order to learn how to improve the care of older patients with cancer.

In the second presentation, Supriya Mohile from the United States presented a randomised controlled trial evaluating the effect of GA.³ In this study, performance of GA with recommendations for interventions improved patient-centred outcomes including patient communication and caregiver satisfaction. This study gives further support to the American Society of Clinical Oncology (ASCO) geriatric oncology guideline, which recommends GA for older adults undergoing chemotherapy.⁴

An important factor in the care of older patients with cancer is physical resilience, which is an individual's ability to recover their basic functional level after experiencing acute or chronic health stressors such as cancer treatment. Functional resilience is influenced by many factors including baseline frailty, the magnitude of the stressor, the support system, the care and interventions as well as the mind-set of the person. In older women receiving adjuvant chemotherapy for breast cancer, a functional decline was observed in 42% of patients at the end of chemotherapy. This functional decline did not recover in 53% of these patients at twelve months. Further research on resilience in older patients with cancer is essential for decision making in these patients.⁵

IMMUNOTHERAPY IN OLDER PATIENTS WITH CANCER

Checkpoint inhibitors have reshaped the therapeutic landscape of many tumours, including melanoma, non-small cell lung cancer, renal cancer and bladder cancer. This has led to an increase in the prescription of immunotherapy, also in older patients with cancer. In a meta-analysis of the pivotal clinical trials, the efficacy and toxicity of checkpoint inhibitors is similar in older versus younger patients, but there are relatively low numbers of very old and/or unfit patients in these clinical trials.⁶ There is therefore a need of real life data. At SIOG, dr Baldini presented the results of a large French real life analysis of anti-PD-(L)1 therapy in older patients with

cancer.⁷ She concluded that age was not predictive for progression-free survival or overall survival. However, adverse events were more frequent in the older population (≥ 70 years) compared to the younger population (< 70 years) with a frequency of 25 versus 33% respectively of grade 2 or more immune related adverse events ($p=0.035$). It seems therefore important to monitor these patients closely for adverse events.

PRESIDENTIAL SESSION

Finally, at the 2018 annual meeting, prof. dr Hans Wildiers from Belgium became the president of SIOG. In his presidential speech, he revealed his ambitious plan to push the boundaries of SIOG. In order to see geriatric oncology become mainstream cancer care for all older patients, there is a need for every physician/nurse/allied health care professional dealing with patients with cancer to become a specialist in 'geriatric oncology'. To do so, SIOG will need to increase its educational activities and integrate with regular oncology organisations. Wildiers stretched the fact that SIOG is a fantastic family of health care professionals with the same goal: to improve care for older patients with cancer. He invites us all to Geneva next year for the 2019 Annual Meeting of SIOG.

CONCLUSION

In November 2018, just before the annual conference, the SIOG family lost a great member, dr Arti Hurria, who was an inspiring role model and mentor. SIOG 2018 has demonstrated that the geriatric oncology community will continue her legacy and advocate strongly for the optimal care of older patients.

The continuous education of all health care professionals involved in the treatment of older patients with cancer is essential to improve this care. The SIOG advanced course in geriatric oncology will again be held in Treviso, Italy, from June 26-29th, 2019. This four-day course is designed to provide specific skills in assessment care pathways and ther-

apeutic choices for older patients with cancer. It includes geriatrics teaching for oncologists and oncology teaching for geriatricians. It gives the opportunity to be part of the international geriatric network.

Finally, all interested physicians, nurses and other health care professionals are more than welcome to join the community of geriatric oncology by becoming a SIOG member. In addition, we all can increase our knowledge on geriatric oncology at the next SIOG annual conference, which will be held in Geneva, Switzerland (date to be confirmed). Further information for the Treviso course, the SIOG membership and the SIOG annual conference can be found at www.siog.org.

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