SIOG Presidential Session

Etienne Brain, SIOG President 2014-2016
Stuart Lichtman, SIOG President-elect
Arti Hurria, SIOG Immediate Past President

PRAY FOR PARIS

13 Novembre 2015
Presidential Address

Etienne Brain, SIOG President 2014-2016

Strategy 2014 → 2016

I. Promotion of scientific knowledge

II. Build the future

III. Expand international outreach and dimension
I. Promotion of scientific knowledge

• Annual conference
  – Delegates
    • Copenhague 346, Lisbon 361, Prague 423 (+ 15%), Milan (+15%?)
  – Scientific committee & tracks
  – Awards
    • Calabresi, Nursing and Allied Health, Best Poster, Young Investigator, National Representative

• Research

Research

• Highlight the gaps with unsolved questions
• Support initiatives from cooperative groups as a facilitator
• Disseminate and emphasize the practical use of results from research developed by our members (PACE & PREOP, CRASH, CARG, etc.)
• Promote new methodology
  – Relevant endpoints (preservation of function, cognition and independence)
  – Move from extrapolation to evidence-based health cares
  – De-escalation issues, harnessing and taking maximum advantage of targeted therapies vs conventional treatment (chemo) in order to limit side effects
  – Pharmaco-economic issues
  – Call for a certain degree of assessment of life expectancy to balance treatment decision

“We need less research, better research, and research done for the right reasons” (Douglas Altman), addressing “what is value in health care?”
• SEER database
• 3,039 patients ≥ 66, stage IV breast, lung, colon cancer, 2004-2007, bevacizumab
  – Contra-indication defined as 2 claims for thrombosis, cardiac disease, stroke, hemorrhage, hemoptysis, or GI perforation
  – Toxicity defined as 1st development of 1 condition > beva
  – Beva use associated w/ white race, later year of diagnosis, tumor type, and decreased comorbid conditions
  – 35.5% had contra-indication
    • Black race, increased age, comorbidity, later year of diagnosis, lower socioeconomic status, lung and CRC
  – If no contra-indication → 30% complication (black race)

Hershman, J Clin Oncol 2013

II. Build the future (1)

• To breathe new/young life
  – Young SIOG committee
  – Increase emphasis on young participation
    • Task Forces
    • Publications (guidelines included)
    • Research programs
  – Mentorship
  – Fellowships and grants (Treviso)
Task forces
Guidelines for older patients w/ cancer

Published/submitted
1. Oral chemotherapy
2. Use of taxanes in BC
3. Radiopharmaceuticals

Seek funding
1. QoL*
2. Biosimilars*
3. Drug-drug interaction*
4. Melanoma*
5. Bladder cancer*
6. Kidney*
7. Prostate*

In progress
1. CLL
2. Anti-HER2 treatments and BC*
3. Bone protection
4. Genomic tools*
5. Cetuximab-based chemotherapy and mCRC
6. Anthracyclines*

II. Build the future (2)

• Education!!!
  – IT tools (w/ ESO)
    • E-modules
    • E-sessions
    • Webinars
  – Courses
    • SIOG Treviso Advanced Geriatric Oncology Course
    • EICA-EUGMS-SIOG Master Course on nutrition in older cancer patients (San Servolo)
SIOG Treviso Advanced Geriatric Oncology Course
2 editions in 2014 & 2015
3rd edition 29/6-2/7/2016

Course Director:
S. Monfardini (IT)

Course Coordinator:
G. Colloca (IT)

Clinical Oncology Faculty (TBC):
M. Aapro (CH), R. Audisio (UK), L. Balducci (USA), E. Brain (FR), A. Brunello (IT), A. Hurria (US), L. Lozza (IT), A. Luciani (IT), P. Soubeyran (FR), T. Wildes (US)

Geriatric Faculty (TBC):
M. Hamaker (NL), S. Rostoft (NO), E. Marzetti (IT)

Young Geriatricians and Oncologists will be the messengers of the integrated approach

II. Build the future (3)

- **Increase the community**
  - Nursing and allied health committee (pre conference meeting 2015)
  - Geriatricians (EICA-EUGMS-SIOG Master Course on nutrition in older cancer patients - 2016)

- **Increase multisciplinarity**
  - Surgery, XRT, med onc, biostat, pharmacologist, scientist/biologist, public health, economy, pharmacist, industry, etc.
III. Expand international outreach

- **Yearly regional events** (APAC, LATAM, IMEA) alternating with the annual conference
  - 2014 APAC Singapore → 2016 LATAM Sao Paolo
- **Capacity building workshops** in low and middle income countries

Cross fertilize!

Examples

- UICC (Melbourne December 2014)
- 3rd Symposium on Primary Breast Cancer in Older Women (March 2015 Nottingham)
- USA Forum (Tampa, April 2015)
- SIOG/ECCO joint symposium at ECCO 18th ESMO 40th (Vienna, September 2015)
- 1st ESMO Asia (Singapore, December 2015)
- LATAM (Sao Paulo, August 2016)
- UICCC (Paris, 2016)
- IMEA
ECCO/SIOG Scientific Joint Symposium
Geriatric Oncology - A Multidisciplinary Approach to Reinforce Positive Outcomes in Older Patients / September 27th 2015, Vienna

A case among others in your MDT meeting: An 83 year old breast patient

09:15  Presentation of the patient / M. Aapro (CH)

09:20  Operating the older patient: Yes, it is possible / R.A. Audisio (UK)

09:30  Irradiate or not the older breast cancer patient / I. Kunkler (UK)

09:40  Chemotherapy: Which one and why / S. Loibl (DE)

09:55  But what about her quality of life? / R. Britz (ES)

10:10  The role of the geriatrician / M. Rainfray (FR)

10:25  Not competing but collaborating and final words / E. Brain (FR)

Questions & Answers
Collaborations

• **ECCO** (full member since September 2015)
  – Excellence criteria for cares in cancer patients
  – Oncopolicy (nurses, demography)
  – Board election (25/11/2015)
  – ECCO 2017 Amsterdam (liaison officer)

• **ESO** (E-sessions, E-modules, Treviso)

• **EUGMS** (SIOG/EUGMS course 2016)

• **AACR, SABCS**

• **Patient groups (Europa Dona, Europa Uomo)**

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**IV. Music?**

• Beyond the scope?
• Music interest group?
• Stu has 1 year to learn to play an instrument or to sing in order to perform in Milan!
• Keep the momentum & persistence!!!

• All decisive advances in the history of scientific thought can be described in terms of mental cross-fertilization between different disciplines (Arthur Koestler, The Act of Creation)

• The progress of science is the discovery at each step of a new order which gives unity to what had long seemed unlike (Jacob Bronowski)

2015 Paul Calabresi Award

2015 Recipient
Hans Wildiers
UZ Leuven, Belgium
Dr. Hans Wildiers

UZ Leuven, Belgium

Hans Wildiers is a medical oncologist dedicated to breast cancer research and geriatric oncology. He is staff member at the department of medical oncology in the University Hospital Gasthuisberg Leuven, Belgium since 2004.

He has been coordinator of many academic studies in the field of breast cancer and geriatric oncology, and author of more than 160 pubmed publications in 13 years. His current research focuses on new drug development in breast cancer (with focus on the older population), on implementation of geriatric assessment in routine oncology clinic, and on translational work on ageing and cancer including biomarkers of ageing.

He has been active within SIOG, the international society of geriatric oncology, since early 2000, and is currently executive board member. He has been board member of the Belgian Society of Medical Oncology (BSMO), the Belgian Journal of Medical Oncology (BJMO), the Journal of Geriatric Oncology, and has been associate editor of Annals of Oncology. He was chairman of the elderly task force cancer of the European Organization of Research and Treatment of Cancer (EORTC) from 2009 till 2015. He is board member of the Geriatric Expert Group (GEG) of the EMA (European Medicine Agency) since 2011.

He received several national awards for his career, and is halftime senior clinical investigator of Research Fund - Flanders (FWO). Last but not least, he is married and has 4 children.

Paul Calabresi

Internationally recognized medical oncologist

Founding member and sixth president of ASCO

Founding member and president of SIOG

**SIOG Calabresi award 2015**

The challenge of integrating ‘geriatrics’ and ‘oncology’

Hans Wildiers

Medical oncologist, Leuven, Belgium
Geriatric assessment allows assessing frailty (cumulative deficit model of frailty)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Examples of available tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic data and social status</td>
<td>Questions on living situation, marital status, educational level, financial resources. MOS Social Activity Survey (2,15,19)</td>
</tr>
<tr>
<td>Functionality</td>
<td>ADL: Katz index, IADL: Lawton scale, Performance status index, Falls</td>
</tr>
<tr>
<td>Performance status</td>
<td>Timed Get Up and Go (GUG), Hand grip strength, Short Physical Performance Battery (SPPB), ECOG performance status, Karnofsky Self-Reported Performance Rating Scale</td>
</tr>
<tr>
<td>Fatigue</td>
<td>MOB-T Mobility Tiredness Test</td>
</tr>
<tr>
<td>Comorbidity</td>
<td>Charlson Comorbidity Index (CCI), CIRS-G</td>
</tr>
<tr>
<td>Cognition</td>
<td>MMSE</td>
</tr>
<tr>
<td>Depression</td>
<td>GDS</td>
</tr>
<tr>
<td>Nutrition</td>
<td>BMI (weight and height), Weight loss (unintentional loss in 3 or 6 months), MNA</td>
</tr>
<tr>
<td>Geriatric syndromes</td>
<td>Dementia, Delirium, Incontinence, Osteoporosis or spontaneous fractures, polypharmacy, pressure ulcus, ...</td>
</tr>
</tbody>
</table>

Why geriatric assessment? (in oncology, but also beyond)

1. Has **prognostic** information (OS)
2. Has **predictive** value for morbidity / QoL ↓
3. **Detection** of **multiple problems** that can influence treatment choice
4. Possibility to have directed **interventions** that can lead to better QoL and OS
How can Geriatric Assessment be organized/implemented in general clinical care?

<table>
<thead>
<tr>
<th>GA models</th>
<th>Definition</th>
<th>Advantages (+)</th>
<th>Disadvantages (-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geriatric oncology</td>
<td>A specific ward with a team specialized in caring for older cancer patients that applies GA based on the GEMU or the ACE model.</td>
<td>(+) centralization of geriatric expertise and treatment options</td>
<td>(-) potential patient withdrawal from usual treating oncologist</td>
</tr>
<tr>
<td>DGCT</td>
<td>A specialized geriatric team that applies GA on non-GA wards or in other settings on a consultative basis.</td>
<td>(+) patients remain under the supervision of their treating oncologist</td>
<td>(+) this model can reach a large majority of older cancer patients</td>
</tr>
<tr>
<td>Geriatric expertise</td>
<td>Not nearby</td>
<td>Geriatric oncology without a geriatric department or private practice oncology clinics</td>
<td>(+) patients remain under the supervision of their treating oncologist</td>
</tr>
</tbody>
</table>

Wildiers, 2014
J Clin Oncol
Geriatric evaluation in Leuven/Belgium

<table>
<thead>
<tr>
<th>Id</th>
<th>Location</th>
<th>专项行动</th>
<th>Type</th>
<th>Problem/setting</th>
<th>Synchronization</th>
<th>M.</th>
<th>M.</th>
<th>vat</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>UZ Leuven</td>
<td>April 13</td>
<td>GER</td>
<td>419</td>
<td>Geriatrisch ONC</td>
<td>16:00-23:00</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>02</td>
<td>AVE (51)</td>
<td>April 14</td>
<td>BLV</td>
<td>419</td>
<td>Geriatrisch ONC</td>
<td>16:00-23:00</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>03</td>
<td>AMO (48)</td>
<td>April 14</td>
<td>BLV</td>
<td>419</td>
<td>Geriatrisch ONC</td>
<td>16:00-23:00</td>
<td>2</td>
<td>1</td>
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</tbody>
</table>

Support from government

Belgian Cancer Plan 2012-2015

- Action 24: ‘support for pilot projects related to clinical oncogeriatrics’
- 17 projects: 36 Belgian hospitals
- 4.5 Mio euro
- 1 scientific committee
What did we learn?

• Major **sensibilisation** for geriatric aspects of older patients with cancer; **>12,000 pts** included in 3y

• **Unique** national effort

• But many **overlapping** efforts and small scale projects; rather ‘French model’? (competitive grant application, but only 1 selected and all others have to join)

• Care for older patients is not specific for oncology: need for a holistic approach towards geriatric assessment (preferably through ‘geriatric care program’)

• No new call beyond 2015 …

• Attempts to (financially) **integrate** geriatric assessment for cancer pts within existing geriatric programs (day hospital)

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G8 screening tool in EORTC

• Decision 8-2014 to integrate G8 in ALL future EORTC trials at baseline.

• Goals:
  – Describe ‘frailty’ in all 70+ pts
  – Evaluate G8 across different tumor types and treatment settings
  – Potential stratification factor

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Source: recommendations from the scientific committee for Cancer Plan – Action 24: geriatric oncology care in Belgium, 2015 and beyond.
General conclusions

• **Geriatric evaluation detects** many (previously unknown) problems, **predicts** survival and toxicity, and **influences treatment choice** (balance overtreatment versus undertreatment).

• **Implementation** of geriatric assessment and geriatric interventions is a major challenge.

• Final goal = **improve care** for older patients!
Doris van Abbema
RN, PhD student
Maastricht University Medical Centre, Maastricht, The Netherlands

Doris van Abbema, RN, PhD student, is a nurse at the Maastricht University Medical Centre, The Netherlands since 2008. She worked on the Breast Centre of the Maastricht University Medical Centre and participated in several projects, among a project to implement an individualized care plan for breast cancer patients and to evaluate the care of young breast cancer patients with fertility concerns.

In 2011 she graduated as health scientist at the Maastricht University after which she started her PhD on treatment outcomes in older cancer patients. She collaborated in the KLIMOP research group, which is a longitudinal cohort study on the long-term outcomes of older cancer patients. This study was performed in Belgium and the Netherlands.

O21 – Functional decline in cancer patients one year after diagnosis: an observational prospective study.

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SIOG 2015
Young Investigators Award

Cindy Kenis
Belgium
Cindy Kenis

UZ Leuven, Leuven, Belgium

Cindy Kenis has achieved her Bachelor degree in Nursing at KH Leuven (2002) and her Master in Nursing Science at KU Leuven (2005), Belgium. As a geriatric oncology nurse, she is coordinating the largest multicentric studies within the Belgian Cancer Plan (CP) (CP 2009-2011: 10 centres; CP 2012-2015: 22 centres) focusing on the systematic implementation of geriatric screening and assessment in older patients with cancer, followed by geriatric recommendations / interventions and follow-up. Based on her experience, she started a PhD in 2013 within the field of geriatric oncology with the title: ‘Geriatric screening and assessment in older patients with cancer’.

O10 – Implementation of geriatric assessment: based recommendations in older patients with cancer: a multicenter prospective study

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Shabbir MH Alibhai

P057– Effects of long-term androgen deprivation therapy on cognitive function at 36 months in men with prostate cancer

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SIOG 2015 Best Poster Award
SAVE THE DATE & JOIN US IN MILAN!
SAVE THE DATE & JOIN US IN MILAN!

Thank you
See you in Milan!