A SENIOR ADULT ONCOLOGY PROGRAM (SAOP): HOW, WHY?

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Once upon a time the government had a scrap yard in the middle of a desert. Congress said, "Someone may steal it at night." So they created a night watchman position and hired a person at $18,000.00 a year for the job.

> Then Congress said, "How does the watchman do his job without instruction?" So they created a planning department and hired two people -- one person to write the instructions for $22,000.00 and one person to do time studies for an additional $22,000.00 per year.

> Then congress said, "How will we know the night watchman is doing the tasks correctly?" So they created a quality control department and hired two people. One was to do the studies for $31,000.00 and one to write the reports for an additional $31,000.00 per year.
Then Congress said, "How are these people going to get paid?" So they created the following positions: a time keeper for a $35,000.00 annual salary and a payroll officer for an additional $35,000.00. Then they created an administrative section and hired three more people -- an Administrative Officer at $155,000.00 per year, an Assistant Administrative Officer at $125,000.00 and a Legal Secretary at $100,000.00 per year.

Then Congress said, "We have had this operating for one year with a budget cost of $574,000.00 and we are $18,000.00 over budget. We must cut back costs."

SO THEY LAID OFF THE NIGHT WATCHMAN.
The Senior Adult Oncology Program (SAOP) studies

• Prevalence of functional abnormalities, comorbidity and geriatric syndromes in older cancer patients
• Independence of comorbidity, PS, and function
• Discovery of unexpected medical conditions with a comprehensive geriatric assessment
The Senior Adult Oncology Program (SAOP) studies

- Validation of the FACT-G in older patients
- Determination of the MAX2 index of toxicity
- Prediction of chemotherapy-related toxicity in older cancer patients
- Long term effects of cancer treatment in older cancer survivors
Geriatric assessment and detection of unexpected conditions

- EXTERMANN, 1999
- INGRAM 2002
- REPETTO, 2002
Changes in function, QOL nutrition and emotional status
With chemotherapy

Chen et al. Cancer, 2002, 97, 1107
Age, breast cancer survivorship and health-related QOL

Robb et al, Crit Rev Oncol Hematol, 2007, 62, 84
Ongoing studies in the SAOP

- CRASH
- Caregiver support
- Metabolic syndromes and cancer prognosis
- Weight training and function preservation
- Communication with the caregiver
CONCLUSIONS OF THE OVERVIEW

• An SAOP is essential to conduct clinical trials in older patients

• Is there a single receipt of a SAOP?
Questions

• The players
• The screening questions
• The role of the geriatrician
• The marketing
• The need for an assessment center
The players

Consultation model

Input model
Time-saving

- Screening tests
- Home questionnaire-Computer questionnaire
- Full assessment
## Screening

| Tests of physical function (ex. Get up and go) | Observational  
|                                             | Subjective (walk)  
|                                             | Which one is the best  
| Questionnaires (ex SAOP, VES13)             | Limited sensitivity  
|                                             | Not validated in cancer  
|                                             | Age-weighted  
| Mixed (CHS)                                 | Best validated in the the healthy population  
| Laboratory (example IL-6, D-Dimer, CRP)     | Objective  
|                                             | Limited sensitivity  
|                                             | Question about the best lab test |
The geriatrician
The marketing

Monalisa after one week in USA

Before | After
Conclusions

• A comprehensive assessment of the older person is necessary to provide best care
• A comprehensive assessment of the older person is necessary to conduct clinical research in the elderly
• A senior team is necessary to conduct clinical research in the older aged person
Conclusions

• Models of team may include a full team, a team with available consultant, and a screening team

• Irrespective of the model, the most immediate necessity is the utilization of a common language in the classification of the older aged person