What is new in Geriatric Oncology?
The geriatric perspective

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The experience at our hospital

• Funding obtained for a senior adult oncology program
• A multidisciplinary mobile team “ONCOSENIORS”
• Two-tier approach
  – Screening with ONCODAGE
  – If the score is $\leq 14$, the team does a comprehensive geriatric assessment (CGA)
Balducci, Oncology, 2007
## Profile & life expectancy

<table>
<thead>
<tr>
<th>Profile of the patient</th>
<th>Mortality rates at 2 years</th>
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<tbody>
<tr>
<td>Fit patient</td>
<td>8 – 12 %</td>
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<tr>
<td>Vulnerable patient</td>
<td>16 – 25%</td>
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<tr>
<td>Frail patient</td>
<td>&gt; 40 %</td>
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Basso U, Eur J Cancer Care (Engl), 2004
Literature review

- PubMed search of the last 3 years
  - Keywords: geriatric & oncology
  - Languages: English, French
- 177 references retrieved
- 138 of interest
- Only 12 of these references published in journals of geriatric medicine
  - English: 7
  - French: 5
The value of CGA

- Growing evidence that CGA can
  - Predict morbidity & survival (Exterman, 2007; Arnoldi, 2007)
  - Identify new medical problems (Maas, 2007)
- Use in different settings
  - Outpatients (Arnoldi, 2007; Marenco, 2008)
  - Inpatients: medical, surgical, oncological care units
- CGA according to cancer type
  - e.g. thoracic oncology (Cudennec, 2009)
- How can it be simplified?
  - Two step approach through screening
  - The abbreviated CGA (Overcash, 2006)
  - The hierarchical approach
The value of CGA

• “It (CGA) only leads to an individualized treatment plan if the process and results are structurally implemented in elderly cancer patients” (Maas H, Eur J Cancer, 2007)

• Patients should be pre-screened for vulnerability before treatment is decided, or even before invasive staging. (Rodin, 2007; Overcash, 2006)
Undernutrition

- Extremely common in elderly (cancer) patients (60% could be affected)
- Numerous mechanisms involved
  - Anorexia and poor intake
  - Changes in metabolism
  - Tumor activity
  - Cancer treatment
- Related to depression, infection, functional status, toxicity & death
- Management is complex
  (Blanc-Bisson, 2008)
Psycho-social wellbeing

- **Depression**
  - One in two cancer patients is affected by a psychiatric disorder
  - The relation between depression, cognitive impairment & comorbidity
  - Prognostic risk factor
  - Its relation to pain perception and fatigue
  - Treatment may not be simple
    (Spoletini, 2008)

- **Social isolation**
  - Key factor influencing toxicity of chemotherapy
Cognitive impairment

- The available literature provides little information on the relation between age, cognition & cancer treatment (Bial 2006)
- How to assess cognition?
- How do we deal with cancer in patients suffering from dementia? (Extermann, 2005)
- Impact of cancer treatment on cognitive functions
  - Radiotherapy (Brandes, 2006)
  - Chemotherapy (Hurria, 2006; Extermann, 2007; Minisini, 2008)
  - Endocrine treatment
- Delirium often goes undiagnosed (Rodin, 2007)
- The question of informed consent
Comorbidity & Polypharmacy

• Age, severe comorbidity & functional impairment independently contribute to poor survival (Wedding, 2007)

• Impact of comorbidity on a disease by disease basis (Extermann, 2007)
  – Impact of diabetes on DFS & overall survival

• Polypharmacy & the contribution of the clinical pharmacist
  – Cytochrome P450 metabolism

• Drugs with main non-hematological toxicity in an organ system already affected by comorbidity should be avoided (Wedding, 2007)
(Oncology) Acute Care Elderly Units

- There is a growing number of cancer patients on ACE units; only few seem to receive specific care (Retornaz, 2008)
- Elderly cancer patients differ from traditional geriatric patients (Retornaz, 2007)
- The value of OACE units. Better documentation of
  - Cognitive impairment
  - Depression
  - Malnutrition
  - Drug interactions
    (Flood, 2006; Garman, 2004)
  - Better symptom relief
  - Functional improvement
  - Caregiver support
Collaboration between physicians

- The importance of coordination of care
  - The more activities are specialized, the more difficult it is to coordinate them.
- Oncologists & geriatricians (Puts, 2009, in press)
  - There is little collaboration although they can learn from each other
- Oncologists & primary care physicians
- Areas of interest for collaboration
  - Cognition
  - Management of complications of cancer treatment
Clinical pathway

• 50-75% of elderly patients expected to be in need of comprehensive, psychosocial & physical support

• Clinical pathway, a methodology for
  – Mutual decision making
  – Organization of care (COORDINATION)

• Aims:
  – Improve quality of care
  – Reduce risks
  – Increase patient satisfaction
  – Improve efficiency of resource usage

• Useful to apply the information provided by CGA
  (de Vries, 2007)
Unmet needs of senior adults

- The problem of falls (Rodin, 2007)
- The burden of disease against the burden of treatment
- The needs of caregivers (Gosney, 2009)
- The lack of adequate palliative care and symptom control
  - At least 42% of elderly cancer patients report unrelieved pain (Barford, 2008; Retornaz, 2007)
- The place of the Values History and advance directives
The sorrow of a geriatrician

• A fit 77 year old:
  – Diagnosis of a nephrotic syndrome
  – Discovery of a gastric carcinoma stage II (T3N0M0)
• Oncodage 13/18 CGA: early signs of malnutrition
• Chemotherapy: ECF; did not tolerate second cycle.
• Patient became dependent, malnourished and depressed in 2 months
The sorrow of a geriatrician

- Underwent gastrectomy nevertheless
- Day 1: in pain with delirium
- Day 2: exploratory laparotomy in view of a dilated small bowel on abdominal CT.
- Died day 3 in intensive care with ARDS, DIC & renal failure
- The patient received cancer treatment…
Conclusion

• The profile of the senior patient should be determined prior to treatment
• CGA findings have to be acted upon whenever feasible
• Implementation of recommendations of the geriatrician should be encouraged
• Assessment has to be an on-going process to adjust treatment & assess outcome
• Patients experience fragmented care: how can we improve COORDINATION & COMMUNICATION?