EVALUATION HERE AND THERE

Silvio Monfardini

Fondazione Don C. Gnocchi, Milano
and
Istituto Oncologico Veneto, Padova, Italy

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ORGANISATION OF THE CLINICAL ACTIVITY OF GERIATRIC ONCOLOGY: REPORT OF A SIOG TASK FORCE.

Monfardini S, Aapro MS, Bennett JM, Mori M, Regenstreif D, Rodin M, Stein B, Zulian GB, and Droz JP.

Structured questionnaire circulated among SIOG members from July 2005 to January 2006:
58/216 (27%) answers.

Crit Rev Oncol Hematol. 2007

MAIN INSTITUTIONAL DATA REQUESTED

Presence/absence of:
1. Geriatric Oncology Program (GOP)
2. Scheduled case conference dedicated to elderly

RESULTS

• Overall CGA performed in 48% of cases
• Time to complete CGA: 47 minutes (range 15-360)

WHERE MORE PROBABLY SOME FORM OF GERIATRIC EVALUATION WORLDWIDE WAS PERFORMED IN 2006

58 eight centers
- 12 from USA and Canada (Jean Latreille, Montreal)
- 42 from Europe:
  Italy 10
  France 5
  Germany 3
  Belgium 2
  others 1 each
Other Continents: 1 from India, South America, Saudi Arabia and Japan, respectively

EVALUATION IN FRANCE: 15 Pilote Units
A collaboration between Oncologist and Geriatrician: one example in Paris

Network between 2 sites

Hôpital Européen Georges Pompidou: Geriatric Department

Institut Curie: Comprehensive Cancer Center

Dr Véronique Girre
Institut Curie - Paris

Organization of a GOP: Clinical activities

• One weekly clinic is performed by a geriatrician (from the Geriatric Department) in Curie Institute to assess elderly patients before treatment decision

• Link after these clinics with the primary care provider

• Every 2 Weeks: multidisciplinary meeting to decide the treatment, individualized care program and follow up, to improve quality of care

Dr Véronique Girre
Institut Curie – Paris
SIOG 2007, Madrid

LYON : GERIATRIC EVALUATION IN DEPTH

Performed in a dedicated Unit (Geriatric Hospital A.Charial)

Day Hospital Regimen

About 8 hours needed (8.30-17.00)

OUTIL DE DÉPISTAGE GÉRIATRIQUE EN ONCOLOGIE

Comparaison du PPT et de l’Index de Karnosky (Présentation ASCO 2003)
Evaluation de la nutrition (Présentation ECOO 2003)
Comparaison des échelles de qualité de vie QLC-30 & SF-36 (Présentation SIOG 2002)
Comparaison du PPT & de l’ADL
Comparaison du PPT & de la mini-CGA.


Docteur Jean-Pierre Droz,
Professeur d’Oncologie Médicale,
Université Claude-Bernard Lyon I.
Centre Léon-Bérard, Lyon.

CGA at the Istituto Oncologico Veneto, Padova, Italy

• All patients > 70 years referred to the Divisione di Oncologia Medica are offered an MGE

• In all cases ADL, IADL, MMS, GDS questionnaires administered by a psychologist (30 to 45 minutes).

• Determination and rating of comorbidity (CIRS) performed afterwards by a Medical Oncologist

• All most complex cases evaluated weekly by the Geriatricians.
CONCLUSIONS OF THE SURVEY

A full CGA is seldom carried out even by those Medical Oncologists interested in taking care of older patients. Most probably this is due to the considerable amount of time requested by an extended geriatric evaluation. Quite scarce cooperation with Geriatricians.

WHERE EVALUATION IN USA

- ASCO/The John A. Hartford Foundation, USA
- Recipients of the Geriatrics/Oncology Training Program Development Grant
- Boston Medical Center (Training Program Director Sharon Levine, MD)
- Duke University Medical Center (Training Program Director Keith M. Sullivan, MD)
- Johns Hopkins University (Training Program Director Ross C. Donehower, MD)
- Northwestern University (Training Program Director William J. Gradishar, MD)
- University of California (Training Program Director Dennis J. Slamon, MD)
- University of Colorado (Training Program Director William J. Gradishar, MD)
- University of Chicago (Training Program Director Martin B. Rotin, MD)
- University of Colorado (Training Program Director Catherine E. Klein MD)
- University of Michigan (Training Program Director Scott D. Gelbl, MD)
- University of Rochester (Training Program Director Deepak M. Sahasrabudhe, MD)
- University of Texas (Training Program Director Geoffrey Weiss, MD)

Italian Medical Oncologists and CGA

- routinely used in only 12.1% of cases
- used quite often in 16.6%.
- never taken into consideration in over 38% of all Units
- only occasionally in 32.7%.

SENIOR ADULT ONCOLOGY PROGRAM, TAMPA

Lodovico Balducci
Director Division of Geriatric Oncology, H. Lee Moffitt Cancer Center and Research Institute, Tampa Florida

The experience of the Program established:
1) That a geriatric assessment is a key to tailor the management of older individuals
2) That a screening test to determine which patients may benefit from a full assessment is desirable

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WERE SCREENING TESTS IN USA

- One tool that may prove practical for screening in oncology is the VES-13
- The VES-13 has been included in the National Cancer Comprehensive Network (NCCN) practice guidelines for senior adults
- Where has this recommendation been followed in this country?

WHERE CGA FOR OLDER CANCER PATIENT CAN BE PERFORMED

- Inpatient departments
- Outpatient departments
- Home

CGA IN DIFFERENT SETTINGS: SOME EXAMPLES

- Soejono C.SIOG, 2006: Geriatric ward
- Basso et al. CROH, 2008: Medical Oncol. Ward
- Vamvakas L. et al. SIOG 7, 2006: Outpatient clinic

EVALUATION: WHERE ARE THE GERIATRICIANS?

- The contribution of Geriatricians (culture, discussion, direct examination) is critical
- Geriatric Oncology has been developed where are present Clinical Oncologists and Geriatricians
- Is this partnership possible everywhere?

GERIATRICIANS MAY BE HERE BUT NOT THERE (IN EUROPE)

- European Countries where Geriatrics does not really exist
- Geriatric Units only in some regions or some cities (e.g. Italy)
- Oncology and Geriatrics present in the same city, but in different hospitals
- Only in a small minority of Hospitals Oncology and Geriatrics under the same roof

CANCER TREATMENT IN THE ELDERLY: THE NEED FOR A BETTER ORGANIZATION

At present, specific activities for cancer in the elderly worldwide (mainly in USA and Europe) are carried out in some medical oncology departments of general hospitals but also in some cancer institutes, as well as, but to a minor extent, in geriatric departments.

Annals of Oncology 2007 18(7):1283-1284; S Monfardini, and M Aapro
CONCLUSIONS

• We only have a vague vision on what’s happening on the evaluation for elderly cancer patients in the world; probably, outside of the Geriatric Oncology Club, this is totally empirical.

• A second SIOG enquiry enlarged to the other Societies (ASCO, ESMO, National Societies) could act as an impulse to a better practice of the geriatric evaluation and cooperation (where they exist) with Geriatricians.