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

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Structured questionnaire circulated among SIOG members from July 2005 to January 2006:

58/216 (27%) answers.

8° annual SIOG Meeting.

Madrid, November 2007
ISTITUTIONAL DATA REQUESTED

Presence/absence of:

1. Geriatric Oncology Program (GOP)
2. Scheduled case conference dedicated to elderly
3. Referral pathway to the GOP
4. Recruitment of patients $\geq 70$ yrs in clinical trials
5. Formal training in both Geriatric and Oncology
GOALS (DEFINITION) of a dedicated Geriatric Oncology Program (GOP):

• To provide comprehensive care through a multidisciplinary approach (age-associated conditions and cancer management)

• To reduce adverse outcomes (e.g. hospitalization, nursing home placement)

• To conduct clinical trials in representative older pts.

• To educate health professionals, older patients, their families and the public
RESULTS 1

• All respondents: Geriatric Oncology is an area of specialization.

• GOPs in 21 Institutes (36%):
  - 18 (85%) in Oncology Departments
  - 3 (15%) in Geriatric Departments

• GOP more often in the Oncological Department of a General or University Hospital rather than in a Cancer Institute.
RESULTS 2

• Scheduled case conferences in 81% of hospitals/centers with GOP compared to 43% without

• Overall CGA performed in 48% of cases

• Time to complete CGA: 47 minutes (range 15-360)

• Fellowship in Geriatric Oncology in 47% of hospitals/centers
THE PROBLEM OF CLINICAL TRIALS

- 50%: General Practitioners unlikely to refer frail elderly patients

- Over 60% recruit patients over the age of 70, but only 20% of patients actually included in trials.

- Enrolment of older patients in clinical trials perceived as: more difficult by 52%, much more difficult by 12%

_Potential other causes of insufficient clinical research: absence of a structured Department of Geriatric Oncology or the lack of a geriatric network._
PRESENCE OF HEALTH PROFESSIONALS FOR DAILY TEAM CARE IN 21 CENTRES (IN DECREASING ORDER): 

- Medical oncologist
- Radiotherapists
- Dietician/nutritionist
- Social worker
- Surgeon
- Geriatrician
- Physiotherapist
- Research nurse
EXPECTED BENEFITS FROM A STRUCTURED GOP:

- To identify centers of excellence to enhance referrals
- To provide expert management in continuous care
- To develop and disseminate expertise on specific cancer care
- To motivate and support clinical and translational research and to evaluate treatment models
- To enhance social support and quality of life

*These objectives can be achieved through a GOP in both Oncological and Geriatric environments.*
1. Geriatric Oncologist with training in both Medical Oncology and Geriatrics capable of performing CGA;

2. Geriatric Oncologist but CGA performed by others, relationship with a Geriatrician;

3. Geriatric Oncologist capable of doing CGA in close continuous relationship with a Geriatrician
FURTHER DEVELOPMENTS IN A POSITIVE STEPWISE PROGRESSION 2

4. Geriatric Oncologist in the framework of a relationship between the Departments of Medical Oncology and of Geriatrics, with scheduled case conferences

5. Fully established GOP in charge of clinical, training and research programs with scheduled case discussion in connection with other specialists and General Practitioners.
CONCLUSIONS

• The situation of the organisation of the clinical activity of Geriatric Oncology (considered by all as an area of specialisation) is variable in different places.

• This SIOG Task Force would like to encourage for a better organisation of the clinical practice in managing cancer in the elderly through the availability of an efficient network allowing optimal clinical research.

• GOP can already be achieved today.

• Future plans should also concentrate on Divisions, Units or Departments of Geriatric Oncology.
PERSONAL CONCLUSIONS: GOP ONLY BASED ON GOODWILL?

1) Get a recognition of the Program from the Hospital Administration based on the fact that older cancer patients should need a “special approach”

2) Try to have granted research projects: this helps in developing the GOP activity

- The example of France (9→15 Research Units of “Oncogeriatrics”) helps a lot in Europe -