Global Resources in Geriatric Oncology
A survey of SIOG National Representatives
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SIOG National Representatives (NR’s)

44 representatives from 36 Countries
Australia, Austria, Argentina, Bangladesh, Belgium, Brazil, Canada, Croatia, Cyprus, Czech republic, Denmark, Egypt, France, Germany, Greece, India, Ireland, Israel, Italy, Japan, Republic of Korea, Luxemburg, Malaysia, New Zealand, Netherlands, Norway, Poland, Portugal, Romania, Singapore, Slovakia, Slovenia, Spain, Switzerland, UK, USA.
Responsibilities of National Representatives

• NRs are volunteers and full members of SIOG
• Are willing to promote good scientific relationships between geriatricians and all cancer specialists
• Are prepared to serve as pioneers in establishing the field of geriatric oncology
• Are willing to advertise and recruit members for SIOG from every discipline dealing with cancer and the elderly.
• Are willing to work to try and establish a national geriatric oncology group in their country/region
SIOG – Countries with NR’s
Survey of geriatric oncology activity

**Aim**
To gain a quick snapshot of geriatric activity in SIOG member countries.

**Methods**
10 question survey on SurveyMonkey - May 2011

**Questions relating to**
- the existence of a group dedicated to geriatric oncology,
- The presence of geriatric oncology clinics and
- whether or not geriatric assessment is performed in their region/country.
NR Survey - results

Target population
44 National Representatives from 36 countries

Response rate
35 responders to the survey (35/44) = 80%
From 29 countries (29/36) = 81%

More than one NR in Brazil (3), Canada (2), UK (2) and the USA (3)
NRs in these countries interpreted the questions in different ways
SIOG – Countries responding to the survey
Question 2 - Does your country/region have a formal group dedicated to geriatric oncology?

- Yes: 54%
- No: 46%
Question 2a – If so, approximately how many members are in the group?

France – 200-250 members
USA - ASCO (20) AGS (40) GSA (25) CARG (20)
Australia – 80
Germany - 10 active 50 passive
Netherlands - 50 (independent foundation GERIONNE)
Belgium - 20
Italy - 20
Republic of Korea – 20
Croatia, Switzerland, Luxemburg, New Zealand, Brazil, Austria, Greece.
Question 2a – If so, approximately how many members are in the group?

Post survey responses

Slovakia

- Geriatric Oncology chapter of the Slovak Oncological Society – 53 members
Question 3 – If Yes, which of the following disciplines are represented in the membership?
Question 4 – How is the geriatric oncology group funded?

- No formal funding
- Membership Dues
- Government
- Benefactors
- Pharma
- Other - Grants, NGO's, symposia
Question 5 – Are there centres with established geriatric oncology clinics or combined geriatric and oncology services (%)?

- **No**: 40
- **Yes**: 60

n=35
Question 6 – Is there a formal geriatric oncology training programme in your country (%)?

- No: 89
- Yes: 11

n = 35
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• Countries reporting a formal geriatric oncology training programme are
  – France
  – USA
  – Italy

  – 11% of respondents said “Yes” (4/35)
  – But this equates to 3/29 = 10.3% of countries
  – And if we assume no other countries have a formal training programme this is then 3/36 = 8.3%
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  – And if we assume no other countries have a formal training programme this is then 3/36 = 8.3%
  – And if Italy has no formal programme – 2/36 = 5.6%
Question 7 – In your country/region, are you aware of specialists with dual training in both geriatrics and oncology (%)?

- Yes: 40
- No: 60
Question 7 – In your country/region, are you aware of specialists with dual training in both geriatrics and oncology (%)?

If so, how many?

- USA - 20-50
- Italy – 10
- France - 10
- Brazil – 12
- Luxemburg – 5
- Germany - 3-5
- Austria – 5
- Australia – 4
- Canada – 4
- Switzerland - 4
- Bangladesh – 1
Question 8 – In your opinion, in your country/region is some form of geriatric assessment performed in older patients with cancer (e.g., in patients aged >70)? (%) 

- Yes: 80
- No: 20

n=35
Question 9 – If some form of geriatric assessment is performed in older cancer patients is it...? (%)
Question 9 – What forms of geriatric assessment are used in your country/region?

Results (n = 35)

• Mini-CGA = 8
• VES-13 = 6
• ADLs, functional living index with cancer = 1
• CGA = 1
• GFI = 1
• G8 = 1
Question 10 – You should have now received the "SIOG 10 priorities" monograph. This document details the tasks ahead for the geriatric oncology community and gives possible solutions. Do you think this document will be of use to you? In your opinion what else can SIOG do to be of assistance to you in your efforts to enhance the profile and forward the cause of geriatric oncology in your country?

Will the SIOG 10 priorities be useful?

• Yes = 20 (57%)
• Not answered = 13 (40%)
• Maybe = 1 (3%)
Comments from NR’s

• “The "SIOG 10 priorities" monograph will help as an agenda for future development. SIOG may help by offering short training courses for interested physicians or by arranging online courses “

• “Geriatric Oncology needs a famous spokesperson to raise awareness as is done is breast cancer. “

• Yes the monograph will be useful. Maybe some established protocols for specific sites ?! Any training courses similar to those organized by ESTRO for example ?

• “Dept Health/Macmillan projects now underway. All of activity is research and not routine practice. “

• “There are several groups focusing in geriatric oncology (USA): CALGB Cancer in the Elderly, Cancer and Aging Research Group, ASCO Geriatric Oncology Exploration Team, AGS Special Interest Group.”

• “SIOG should think about the possibility of a geriatric oncology specialty following the model of paediatric oncology. Geriatric oncology workshops and/or seminars are given at the annual meeting of the Swiss Society of Internal Medicine; formal conferences are given at academic centres once or twice a year; regular talks are given in other places.”