The Facts and the Need for a Multidisciplinary Approach

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Cancer is a Disease of Aging

In Asia, more than 55% of all cancers occur in people age 60+

Increase in Total Global Population by Age from 2010 to 2050

- 0-64: 0.2-fold
- 65+: 1.8-fold
- 85+: 3.5-fold
- 100+: 10-fold

United Nations, World Population Prospects: The 2010 Revision
Projected Rise in Cancer Incidence in Asia from 2012 to 2035

**World Health Organization, International Agency for Research on Cancer, GLOBOCAN 2012**

- 127% in patients ≥ 65
- 41% in patients < 65
Percentage of Population Age ≥ 60 years By World Region

## Health Professional Statistics 2009

<table>
<thead>
<tr>
<th></th>
<th>Density per 1000 population</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Doctors</td>
</tr>
<tr>
<td>US</td>
<td>2.6</td>
</tr>
<tr>
<td>Global</td>
<td>1.3</td>
</tr>
<tr>
<td>Singapore</td>
<td>1.5</td>
</tr>
</tbody>
</table>

*Kanchanachitra et al, Lancet 2011  
World Health Organization, World Health Statistics, 2009*
2013 Institute of Medicine Report

Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis

- Number of cancer cases on the rise
- Majority of cancers occur in older adults
- Older adults under-represented in research
- Projected shortage of healthcare providers with geriatrics expertise
Why geriatric oncology?
Understanding the Aging Spectrum

Population Requires Unique Skill Set:
- Age-related change in physiology
- Vulnerable to toxicity
- Dependent in daily activities
- Concern regarding long-term effects of therapy
Aging is a Heterogeneous Process

Same Chronological Age; Different Functional Age
Hallmark of Aging:
Decreased Physiologic Reserve

Physiologic Reserve = Fuel Available
Linear Decline Of Organ Reserve With Increasing Age

% Reserve Remaining

Nerve Conduction Velocity
Basal Metabolic Rate
Heart Output
Kidney Blood Flow
Maximum Breathing Capacity

Age (years)

Workforce Shortage
Vulnerable Patient Population

The IOM report calls for a “substantial focus” in our healthcare infrastructure to provide skilled care to this vulnerable population
Workforce Shortage: Evolving Models of Care

Physician Assistants

Family/Caregivers

Rehab

Physician

Pharmacist

Nurses

Home Care Aides

Social Work

Principles of Geriatrics: Multidisciplinary Care
The healthcare workforce receives very little geriatric training and is not prepared to deliver the best possible care to older patients.

<table>
<thead>
<tr>
<th>Healthcare Professionals</th>
<th>Geriatric Specialization or Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>1% - 2%</td>
</tr>
<tr>
<td>Nurses</td>
<td>&lt; 1%</td>
</tr>
<tr>
<td>Physician’s Assistant</td>
<td>&lt; 1%</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>&lt; 1%</td>
</tr>
<tr>
<td>Social Workers</td>
<td>~4%</td>
</tr>
</tbody>
</table>

IOM Report, Retooling for an Aging America: Building the Health Care Workforce, 2008
Shortage of Oncologists, Geriatricians, & Multidisciplinary Team Members Who Have Geriatrics Expertise

**Goal**

Members of the cancer care team should coordinate with each other and with primary/geriatrics and specialist care teams

1. Develop interprofessional education programs to train the workforce in team-based cancer care
2. Increased training for family caregivers & direct care workers
SIOG Mission

➢ Foster development of health professionals in the field of geriatric oncology

➢ Promote efforts in the following domains:

  ▪ Training
  ▪ Research
  ▪ Policy
  ▪ Care
Welcome to SIOG APAC 2014
SIOG 2014
INTERNATIONAL SOCIETY OF GERIATRIC ONCOLOGY
LISBON, PORTUGAL
23 - 25 OCT.

14th SIOG Meeting, Lisbon - Portugal

SAVE THE DATE - 23 to 25 October 2014