Comunication and Information modality among elderly patients

8th annual SIOG meeting, Madrid
Nov 9th and Nov 10th, 2007

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European Survival Data

5-yrs survival, patients 65-99 yrs, year ’85-’89

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Socio-economic Factors and Cancer Survival
ELDCARE Project
A Population-based Analysis in 19 European Countries

- Cancer survival in elderly patients was related to:
  - Gross Domestic Product and Total Health Expenditure (for good prognosis cancers)
  - N° of CT Scan (not N° of health practitioners)
  - The proportion of married elderly (especially women)

Quaglia A. et al. CROH 2005

L. Repetto, INRCA - IRCCS, Roma
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Life expectancy. Italy, 2001

The World Health Report, WHO 2002

M
69,2 76,2

F
72,9 82,2

HALE = Healthy Life Expectancy
DALY = Disability Adjusted Life Year

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Use of CGA in older cancer patients:
Recommendations from the task force on CGA of the International Society of Geriatric Oncology (SIOG).

• A CGA, with or without screening, and with follow-up, should be used in older cancer patients, in order to detect unaddressed problems, improve their functional status, and possibly their survival.

• The task force cannot recommend any specific tool or approach above others at this point and general geriatric experience should be used.

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Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.


L. Repetto, INRCA - IRCCS, Roma
The illness trajectory of elderly cancer patients across cultures: SIOG position paper
A. Surbone, M. Kagawa-Singer, C. Terret & L. Baider
On behalf of the SIOG TF on Cultural Competence in the Elderly
Ann. Oncol., 2007

To create awareness of the influence of culture in geriatric oncology.

Negotiating cross-cultural issues in geriatric oncology helps managing possible conflicts between patients, families and physicians over differing health care values, beliefs, or practices.

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Cultural Competence in Elderly Cancer Patients

• Senior adults are less involved in society
  – Retirement
  – Illnesses
  – Death of relatives and friends
  – Loss of nuclear family
  – Reduced financial resources

• They may wish to rely on family and to delegate to family members major medical decision.


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AIOM RECOMMENDATIONS FOR PROPER INFORMATION OF CANCER PATIENTS AND THEIR FAMILIES

- Fundamental Right of the patients and their families
- Adapted to individual patient’s requirement
- Be part of a routine clinical daily practice
- Health professionals need specific training to communicate cancer diagnosis and prognosis.

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Clinical Communication in Geriatric Oncology: GIOGer Study

- age ≥ 65 yrs, eligible for chemot.
- informed consent, follow up
- family care giver consent
- semi-structured interview, (psychologist or trained professional)

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Clinical Communication in Geriatric Oncology: GIOGer Study
Patients’ Characteristics

• 622 patients, 316 males, 292 females

• 117 patients (18.8%) local. e 505 (81.2%) advanc. disease

• 43.1% PS-ECOG = 0

• 366 (58.8%) ≤5 yrs of education

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Clinical Communication in Geriatric Oncology: GIOGer Study
Patients’ Characteristics

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Clinical Communication in Geriatric Oncology: GIOGer Study

Results

- Age
- Yrs of education
  - 77% of not informed pts have <5yrs of education
- ECOG-PS
- Stage
- Tumor site
  - Breast cancer pts 2.5 more informed than colon cancer pts
- Family Composition
  - inversely correlated with the N° of family members, elderly living with their spouses are better informed (+40%)
- Geographical Area
  - Patients from Northern Regions are better informed than pts from Southern Regions and Islands (+40%)

...were correlated with the degree of clinical information

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Clinical Communication in Geriatric Oncology: GIOGer Study

WHO “better supports” the patients?

598 patients*

- Their Family is the best support. 86.5%.
- Health professionals. 9.7%.

...facing cancer experience

* - 75.9% informed patients
- 17.2% partially informed patients
- 6.9% not informed patients.

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Clinical Communication in Geriatric Oncology:
GIOGer Study

WHO “better supports” the patients?

598 patients

- Informal Care Giver facilitates the relationship. 82.4 %, 493 patients
- Informal Care Giver is an obstacle for the relationship. 45%, 38 physicians

...about pts-health profess. relationship

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Clinical Communication in Geriatric Oncology: GIOGer Study

WHO “better supports” the patients?

598 patients

- 49.5% prefers to receive information directly from the physician
- 45.5% wants informal care giver be present during medical consultation

...facing cancer experience

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Clinical Communication in Geriatric Oncology: GIOGer Study

Conclusions

33.8% of older cancer patients receive only partial (21.9%) or no (11.9%) information,
in agreement with literature (Meredith 1996; Buckman 1996).
in contrast with theoretical evidence which reassures from the
risks of cancer disclosure and recommends full information.

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Clinical Communication in Geriatric Oncology:
GIOGer Study
Conclusions

The patient’s perception of being supported by health professionals decreases with the degree of information received.

The degree of information is an indicator of the patient’s perception and willing to be involved in the medical decision process.

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Clinical Communication in Geriatric Oncology: GIOGer Study
Conclusions

• We need to better address clinical communication and understanding of patients’ beliefs

• We need formal education of health professionals on the issues of cancer diagnosis and prognosis disclosure

• Also family members and informal caregiver need special education and support along this process.

L. Repetto, INRCA - IRCCS, Roma
Cancer is a family’s disease

THANKS

L. Repetto, INRCA - IRCCS, Roma