Developing Geriatric Oncology in low and middle income countries

What should we do first?

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The Elderly comprise a rapidly increasing treatment population that have undergone and are undergoing physiological changes associated with ageing, including declining renal function and decreasing reserve in multiple organ systems.

85% of the world’s population lives in low and middle income countries, but there are far fewer cancer facilities in these countries than in the rich world.

70% of cancer deaths are in low and middle income countries because access to care is extremely poor and expertise of all kinds is very limited.

• The Major Problem
  The high cost of chemotherapeutic agents in the third world.

• The Key
  The great majority of elderly cancer patients live in Europe and Japan.

• In the Future – 2050 – Great problem around the world; because it is increasing elderly cancer patients in:
  - South America
  - Central America
  - India

• We must offer cancer care without limit of age – It is a target of UICC world cancer declaration.

• It is necessary the divulgence of the clinical practice recommendations of SIOG about cancer treatments in elderly patients, around the third world.

• Special attention to:
  - Colon Cancer
  - Lung Cancer
  - Breast Cancer
  - Brain Tumors

• Chemotherapy and Radiotherapy in elderly cancer patients must be the same of young patients.

• The great problem in Brazil and others countries of the third world:
  - Few schools of medicine with medical oncology as discipline.
  - Few residency programmes in medical oncology.
  - Cancer centers in great cities only.
  - The quality of cancer treatment in the public service.
  - Judicialization in order to achieve the right of new medicines in cancer treatment, for instance, the Mibs and Mabs.
  - Few clinical studies of new drugs in elderly patients.
  - No recognition of the geriatric oncology as sub-specialty.
Breast Cancer – Elderly Patients

- Aromatase Inhibitors (AI) are preferred to tamoxifen because of the lower risk of increased thrombosis and endometrial cancer.

- The Major Problem: in the public service, the women don’t receive the AI, tamoxifen only.

- The wrong solutions:
  - Send CT scanners
  - Linear accelerators
  - Expensive targeted therapies

- The main problem in the third world:
  - Most patients are diagnosed too late

- The solution is simple interventions:
  - Introduce tobacco control
  - Improve Healthcare structures
  - Ensure prompt diagnosis
  - Use locally appropriate protocols with surgery, radiation therapy and cheap and well-established chemotherapy drugs.

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Conclusion
Yes, we can treat cancer even in the poorest countries – says Ian Magrath, INCTR President.

Thanks for everything.
See you in Rio de Janeiro:
- Soccer world cup
- Olympic Games

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