SIOG Presidential Session

Stuart Lichtman, SIOG President 2016-2018
Hans Wildiers, SIOG President 2018-2020
SIOG Presidential Session

11:30-11:45 - Presidential Address
Hans Wildiers (BE)

11:45-12:00 - SIOG CEO Address
Najia Musolino (CH)

12:00-12:10 - SIOG 2018 Calabresi Award Presentation
Martine Puts (CA)

12:10-12:30 - SIOG 2018 Awards
Stuart Lichtman (US) and Hans Wildiers (BE)

- SIOG 2018 Nursing & Allied Health Investigator award
- SIOG 2018 Young Investigator award
- SIOG 2018 Young Research Prize
- SIOG 2018 Best Poster award
Presidential session

Hans Wildiers, Leuven, Belgium
Stuart Lichtman, New York, US
Presidential Address

Hans Wildiers, SIOG president 2018-2020

‘Pushing the bounderies’
The past

• SIOG started in 2000:
  • Special thanks to Matti Aapro, Lodovico Balducci, ...

• SIOG presidents:
  – 2000-2002: Paul Calabresi (US)
  – 2002-2004: Silvio Monfardini (Italy)
  – 2004-2006: Harvey Cohen (US)
  – 2006-2008: Jean-Pierre Droz (France)
  – 2008-2010: Martine Extermann (US)
  – 2010-2012: Riccardo Audisio (UK)
  – 2012-2014: Arti Hurria (US)
  – 2014-2016: Etienne Brain (France)
  – 2016-2018: Stuart Lichtman (US)
The present

• >1700 members in 43 countries

• What is SIOG?

’SIOG is a multidisciplinary team of oncology and geriatrics physicians, as well as nurses, allied health professionals and expert trainers with a unique collaborative approach to address the rising public health challenges related to ageing and cancer around the world.’

• What are the goals of SIOG?

‘to foster the development of health professionals in the field of geriatric oncology, in order to optimize treatment of older adults with cancer’.
“It’s my mission, what I like to call ‘the dream,’” she told the standing-room-only crowd. “That all older adults with cancer will receive personalized, tailored care, utilizing evidence-based medicine with a multidisciplinary approach.”

From: "Hurria, Arti" <AHurria@coh.org>
Sent: Thursday, November 1, 2018 9:49 PM
To: hans.wildiers@uzleuven.be, "Dale, William" <wdale@coh.org>, "Gretchen Kimmick, M.D." <gretchen.kimmick@duke.edu>
Subject: RE: Connecting great people

Dear Hans, William, and Gretchen,

I hope all of you are well!
I wanted to put the three of you in touch. I had a chance to talk with Hans (incoming SIOG President) earlier this week. He’s interested in helping to bridge ASCO and SIOG in some combined activities.
Gretchen, I believe that you are leading the education tract for this year (correct me if I’m wrong). William is leading the ASCO Genitourinary Oncology working group this year. I thought I would connect all of you by email. Let the magic begin!

With warmest wishes,
Arti Hurria, MD
Vice Provost of Clinical Faculty
Professor and Director of the Center for Cancer and Aging
The George Tsai Family Chair in Geriatric Oncology
Co-Lead, Cancer Control and Population Sciences Program
Editor-in-Chief Emeritus, Journal of Geriatric Oncology
### The present

#### 3 strategic directions

<table>
<thead>
<tr>
<th>Education</th>
<th>Clinical Practice</th>
<th>Research</th>
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<tbody>
<tr>
<td><strong>-Disseminate knowledge</strong> in order to maintain a high common standard of healthcare in older cancer patients</td>
<td><strong>-Integrate geriatric evaluation</strong> (including comorbidities) into oncology decision-making and guidelines</td>
<td><strong>-Develop, test and disseminate easy screening tools</strong></td>
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<td><strong>-Integrate geriatric oncology in the curricula</strong> for medical and nursing education to ensure a high standard of qualification for healthcare professionals</td>
<td><strong>-Improve the quality of prevention, diagnosis, treatment, and follow-up of older patients with malignancies</strong></td>
<td><strong>-Create a clear and operational definition of vulnerability/frailty applicable to oncology</strong></td>
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<td><strong>-Increase public awareness</strong> of the worldwide cancer in the elderly epidemic</td>
<td><strong>-Address issues of access to care</strong>, including the needs of the caregiver</td>
<td><strong>-Increase the relevance of clinical trials</strong> for older patients</td>
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<td><strong>-Develop interdisciplinary geriatric oncology clinics</strong></td>
<td><strong>-Improve research</strong> in the field of geriatric oncology</td>
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<td><strong>-Promote multidisciplinary, basic/ translational research</strong> on the interface of aging and cancer</td>
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**The SIOG 10 Priorities Initiative**

**Martine Extermann**
The present

• Creation of a family
• SIOG guidelines: 37!
  • General topics: geriatric assessment and screening, surgery, pharmacology, QoL, nutrition, …
  • Tumor specific: …
• Still major needs! Melanoma, Ovarian cancer, updates of previous guidelines, …

Achievements

Personalized management of elderly patients with rectal cancer...
Surgical task force
October 1 2018

Addressing the quality of life needs of older patients with cancer: A SIOG consensus paper and practical guide.
Quality of Life task force
July 18, 2018

Elderly patients with metastatic renal cell carcinoma: position paper from the International Society of Geriatric Oncology
Kidney task force
June 1, 2018

Nutritional management of older adults with gastrointestinal cancers: An International Society of Geriatric Oncology (SIOG) review paper
Nutrition task force
February 8, 2018

Adherence to oral cancer therapy in older adults: The International Society of Geriatric Oncology (SIOG) taskforce recommendations
Adherence task force
May 30, 2017
The present

- SIOG website: educational tools
- Annual conference
- Treviso advanced course
- Journal of Geriatric Oncology
- Young SIOG interest group; nursing and allied health interest group, ...
The present

- !!!!! Thanks to all of you !!!!!
- Thanks to Stu Lichtman, the board and all active committee members
The present

- Thanks to SIOG head offices
  - Executive Administrator: Laurence Jocaille
  - Events Coordinator: Nina Heraud
  - Head of Finance: Juerg Boller
  - Previous CEO: Laurence Verhagen
  - Present CEO: Najia Musolino
The present

1. Still too much a ‘**small club**’ of people
   ‘Geriatric Oncology – becoming mainstream cancer care’

2. ‘**Local**’ organisations (countries, organisations, subdisciplines, ...)
   Also starting to develop ‘geriatric oncology’ activities

3. **Financial**
   Too much based on pharma collaborations

Threats / weaknesses
The future

1. Still too much a ‘small club’ of people
   ‘Geriatric Oncology – becoming mainstream cancer care’

Opportunities:
   – Every physician/nurse/allied health specialist dealing with cancer patients
     should become a specialist in ‘geriatric oncology’.
   – Increase educational activities (e.g. duplicate advanced courses).
   – Integrate within the regular oncology organisations (ASCO, ESMO, …)
   – Expand outside of Northern America and EU
   – …
The future

2. ‘Local’ organisations (countries, subdisciplines, ...)
   Also starting to develop ‘geriatric oncology’ activities

Opportunities:

- Geriatric oncology should be part of ALL local/subdiscipline meetings and guidelines, in collaboration with SIOG
- Joined educational activities in collaboration with SIOG
- Development of new guidelines (ovarian cancer, melanoma, ... ) and updates of previous guidelines in collaboration with SIOG
The future

3. Financial
   Too much based on pharma collaborations

Opportunities:
   - Expand membership
   - Organise the annual meeting in more cost/effective way and increase number of participants further
   - Sell educational tools: podcast, guidelines, ...
   - Collaborations with other academic organisations
   - Collaborations with international health organisations (WHO, ...)
   - Collaborations with governments
   - Philantrophy
   - ...
# The future

## New board 2018-2020

<table>
<thead>
<tr>
<th>Role</th>
<th>Name and Location</th>
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<tbody>
<tr>
<td>President</td>
<td>Hans Wildiers (Belgium)</td>
</tr>
<tr>
<td>President-elect</td>
<td>Ravindran Kanesvaran (Singapore)</td>
</tr>
<tr>
<td>Immediate Past President</td>
<td>Stuart Lichtman (USA)</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Laura Biganzoli (Italy)</td>
</tr>
<tr>
<td>Member</td>
<td>Co-Chair Corporate Relations Committee: Matti Aapro (Switzerland)</td>
</tr>
<tr>
<td>Member</td>
<td>Co-Chair Corporate Relations Committee: Etienne Brain (France)</td>
</tr>
<tr>
<td>Member</td>
<td>Chair Membership and National Representatives Committee: Kwok-Leung Cheung (UK)</td>
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<tr>
<td>Member</td>
<td>Chair Science and Education Committee: Tanya Wildes (USA)</td>
</tr>
<tr>
<td>Member</td>
<td>Chair Publication Committee: Stuart Lichtman (USA)</td>
</tr>
<tr>
<td>Member</td>
<td>Chair Fellowship, Nominating and Award Committee - Etienne Brain (France)</td>
</tr>
<tr>
<td>Member</td>
<td>Member at large - Siri Rostoft (Norway)</td>
</tr>
<tr>
<td>Member</td>
<td>SIOG Nursing &amp; Allied Health Interest Group - Cindy Kenis (Belgium)</td>
</tr>
<tr>
<td>Observer</td>
<td>Young SIOG Interest Group - Nicolò Matteo Luca Battisti (Italy)</td>
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Take home messages

• SIOG is a fantastic family of health care professionals with the same goal
• SIOG has achieved enormous outcome and visibility over 18 years time
• We all need to work together to push the barriers further:
  • All cancer specialists should become ‘geriatric’ cancer specialists’
  • Integration with local/subdiscipline activities
  • Be creative allowing financial sustainability of SIOG
• See you next year in Geneva !
  • Extra day in the United Nations for oncopolicy
SIOG CEO Address

Najia Musolino
Over 18 Years of Commitment to Geriatric Oncology

Najia Musolino, Geneva, Switzerland
Over 18 Years of Commitment to Geriatric Oncology

SIOG 2018 Annual Conference – Amsterdam, The Netherlands
“Geriatric Oncology – Becoming Mainstream Care”

SIOG 2017 Annual Conference – Warsaw, Poland
“From Research to Practice: Incorporating Geriatric Oncology into Patient Care”

Geriatric Oncology: a multidisciplinary approach in a global environment
Powered by a global network to foster the development of health professionals in Geriatric Oncology

SIOG is dedicated to improving the health and well-being of the elderly with cancer. Along with our public- and private-sector partners, we aim to:

- Enhance scientific knowledge in support of evidence-based health policies
- Strengthen health service delivery for the elderly
- Support the introduction and use of SIOG guidelines
- Develop human and institutional capacity through tailor-made training
- Promote innovation in education, clinical practice and research

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Global Context of International Development & Health Goals
Global collaborations for impactful advances in geriatric oncology

Description/achievement of Initiative

Populations around the world are rapidly ageing. According to the World Health Organisation (WHO), the number of people over 60 years is set to double by 2050. As a consequence, this will lead to increased demand for primary health care and long-term care as well as larger and better trained workforce that can respond better to the needs of the older adults with cancer. This partnership is to stimulate, use and translate research into innovation to strengthen the capacity of the health workforce for optimisation of treatment of older adults with cancer.

Implementation methodologies

SIOG is powered by global collaborations to foster the development of health professionals. Our general objective is to strengthen national capacity for Human Resources for Health (HRH). In collaboration with SIOG National Representatives the SIOG 10 Priorities Initiatives was published in 2011. The SIOG 10 Priorities cover three main areas: 1) Advocacy 2) Education and 3) Research and Clinical Practice. This partnership recognise a mutual intention to work together, worldwide, to develop and promote geriatric oncology, to collaborate on the development of programmes and/or resources for HRH to exchange materials, expertise and knowledge developed by various institutions in different national contexts. Implementation methodologies will include the following programmes: 1) Conducting field-based research for improvement of cancer care for older patients, 2) Supporting country health policies and systems, 3) Producing scientific knowledge in support of evidence-based health policies and 4) Delivering educational programmes and tools, training as well as skills development.
The vision is there and is globally shared.
Powered by a global network to foster the development of health professionals in Geriatric Oncology

**Integrity** – Respecting the needs and interests of our stakeholders and committing to the **highest ethical and scientific research standards**

**Excellence** – Striving to meet and deliver the **highest standards of quality**

**Innovation** – Supporting the development and implementation of **pioneering technologies and methodologies** that are contextually appropriate

**Impact** – Making a measurable **impact** in the field

**Collaboration** – Creating lasting **collaboration** built on trust with national, regional, and international institutions and other stakeholders
The Bottom Line

ADDRESSING THE QUALITY OF LIFE AND THE NEEDS OF OLDER PATIENTS, WITH CANCER

Courtesy of HelpAge India
SIOG 2018 Paul Calabresi Award

Martine Puts (Canada)
The evolution of geriatric oncology nursing: time to embrace integrated care for older adults with cancer

Martine Puts PhD RN
Canada Research Chair in the Care of Frail Older Adults
Associate Professor
Director Master of Nursing Program
Lawrence S. Bloomberg Faculty of Nursing
University of Toronto
Disclosure

I do not have any conflict of interest to declare.
History of Professional Nursing

Florence Nightingale
May 12 1820-August 13 1910

Life expectancy early 19th century in England
40 years old for men and 42 for women
History of geriatric oncology nursing

- In 1988 the Oncology Nursing Society (ONS) developed the Gerontology/Oncology Interest group
- In 1992 ONS position paper on Cancer and Aging: the Mandate for Oncology Nursing:
  1) Recognize personal bias towards aging
  2) Prevent age-specific complications of cancer and its treatment
  3) Integrate comprehensive gerontological assessment (CGA) into nursing care of older adults
  4) Assess support networks of older adults and their cancer caregivers
  5) Increase communication with colleagues to enhance problem-solving in different settings and across the cancer continuum
  6) Consider age-related factors that affect learning and self-care abilities
  7) Advocate for ethical decision-making relative to health-related quality of life
  8) Recognize the impact of health care policy on the care of older adults
Landmark studies in geriatric oncology nursing


Those who received the intervention by the advance practice nurses consisting of three home visits and 5 telephone calls (including comprehensive assessment, monitoring, teaching and skills training) had improved overall survival.

• Kenis et al. Relevance of Geriatric Screening and Geriatric assessment
Annals of Oncology 2013

70% had abnormal screening and 50% had abnormal GA findings
Where are we in geriatric nursing?

• In 1996 the Hartford Institute for Geriatric Nursing excellence established
• Competencies for Geriatric Nursing excellence are available in many countries
• Research clearly demonstrates the positive impact of geriatric nursing experts on patient outcomes
Where are we in geriatric oncology nursing?

• Nurses play a key role in the assessment and management of older adults with cancer
• Nurses play a key role in coordination and communication with patients, caregivers and health care providers
• However, the evidence base in geriatric oncology nursing is small
Where are we in geriatric oncology nursing in SIOG?

• SIOG Nursing and Allied Health interest group developed in 2012
• Collaboration with the European Oncology Nursing Society and the Canadian Oncology Nursing Society
Where do we need to go in geriatric oncology nursing education?

• We need to address the education gaps to enhance the geriatric and geriatric oncology nursing skills and expertise of all nurses to be able to provide high quality care for older adults dealing with multimorbidity

• We need to increase the number of advance practice nurses working in geriatrics and geriatric oncology
Where do we need to go in geriatric oncology nursing research?

• We need to take the lead on conducting research to expand the geriatric oncology nursing evidence base
• We should be assessing the impact of new interventions and treatments on the health and well-being of older adults
Where do we need to go in geriatric oncology nursing clinical care?

• We need to advocate for evidence based age appropriate care with all the members of the interprofessional team to implement effective interventions (care coordination, integrated care) in our care for older adults, their caregivers and in collaboration with community care providers.
Thank you
SIOG 2018 Nursing & Allied Health Investigator Award

Grace Lu-Yao (USA)
Dr. Lu-Yao is an accomplished cancer epidemiologist with expertise in outcomes research, comparative effectiveness studies, and clinical epidemiology. Soon after graduating from Yale University, Dr. Lu-Yao worked with the world-renowned outcome research pioneer, Dr. John E. Wennberg, at Dartmouth Medical School, where she conducted large-scale clinical, epidemiological studies that generated evidence-based data to facilitate optimized care and shared treatment decisions. Dr. Lu-Yao has established an internationally recognized research program in prostate cancer outcomes research. Many of her research findings on cancer surveillance, screening, and treatment for prostate cancer have provided benchmark references and were included in the professional guidelines and featured in The New York Times, Wall Street Journal, USA Today, and many other major media outlets. Her research findings have raised the level of clinical awareness regarding over-diagnosis and over-treatment for prostate cancer in the U.S.

In 2016, Dr. Lu-Yao joined Sidney Kimmel Cancer Center (SKCC) at Thomas Jefferson University as an Associate Director of Population Science and established the Geriatric Oncology Research Working Group whose overarching goal is to formulate innovative clinical algorithms and to develop interventions to improve geriatric oncology care.
SIOG 2018 Young Investigator Award

Lucy Dumas
Lucy Dumas

Dr Lucy Dumas is currently a clinical research fellow working towards an MD(Res) under the supervision of Dr. Susana Banerjee at the Institute of Cancer Research and Royal Marsden NHS Foundation Trust, London. She graduated from Guys, Kings and St Thomas’s school of medicine at Kings College London in 2007. Having completed her general medical training including over a year of posting in geriatric medicine, she took up a training post in medical oncology at the Royal Marsden NHS Foundation Trust in 2012. She has taken time out of training to undertake a higher degree focusing on the treatment of older women with gynaecological malignancies and was awarded a fellowship from the London Cancer Alliance-Biomedical Research Centre in 2016. She is a member of the NCRI Older Women Working Group and the UK Expert Reference Group: Cancer Care of the Older Person. Her current research interests are the prognostic value and incorporation of non-invasive biomarkers such as sarcopenia into the assessment of older patients, the views and expectations of treatment for advanced epithelial ovarian cancer in older women and the implementation of comprehensive geriatric assessment into routine clinical practice in gynaecology units in the UK.
SIOG 2018 Young Research Prize

Mandy Kiderlen
SIOG 2018 Best Poster Award

Jason Zittel

P91 - “I’m not looking to live to be 100 …”: the role of self-perception of age in decisions about adjuvant chemotherapy for older adults with cancer