

Survey: SIOG Top Priorities Initiative

Leaving no one behind: A call to address cancer in the elderly to achieve UHC

1. Background/Introduction:

'Cancer is the second leading cause of death globally and is estimated to account for 9.6 million death in 2018. Approximately 70% of deaths from cancer occur in LMICs. Between 30-50% of cancers are preventable by healthy lifestyle choices such as avoidance of tobacco and public health measures like immunization against cancer causing infections. Others can be detected early, treated and cured. Even with late stage cancer, the suffering of patients should be relieved with good palliative care' <https://www.who.int/cancer/en/>.

Addressing cancer in the growing elderly population has not received much needed attention. This could be due to several challenges such as access to health information, oncology services, exclusion of elderly population in clinical trials, no support from the family either because of the fear of intolerance to chemo- or radio-therapy, lack of health insurance (resulting in burden on the family). Moreover, the age for elderly (senior/geriatric) population varies from 60 plus to 75 plus in some countries.

2. Objectives:

To understand from the SIOG conference participants/members the status of cancer in the elderly in their community/region for:

- I. availability and access to cancer prevention, detection, treatment, palliative care and rehabilitation in the elderly (geriatric) population at various levels of care.
- II. health information (systems) in place for cancer support in the elderly.

3. Methodology:

The questionnaire will be available on the SIOG conference website and the link will be provided to invite participants for completion either online or word format (for printing or sending by email).

4. Results:

The data will be collected and analysed by the Writing Committee of the SIOG Top Priorities Initiative.

5. Conclusion:

This survey will assist the SIOG secretariat/members:

- I. to plan advocacy strategy towards developing policies to emphasise integration of cancer in the elderly in relevant national programs (ageing, health systems), and thus improve the quality of the remaining life.
- II. to assist in the commitment for meeting SDG3 in 3.4 target to reduce, by 2030, premature mortality from cancer and other noncommunicable diseases by one third (WHA resolution 70.11) http://apps.who.int/gb/ebwha/pdf_files/WHA70-REC1/A70_2017_REC1-en.pdf#page=27
- III. to prepare a report/paper for publication with the understanding of challenges and priorities raised by the SIOG participants and advocate for the importance of cancer services for the elderly towards achieving UHC.

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SIOG Survey: A call to address cancer in the ageing to meet SDG 3

*We will greatly appreciate if you could give **5 - 10 minutes** of your time to complete our survey. This survey will assist the SIOG in planning advocacy strategy to emphasise integration of the neglected cancer care in the ageing, in relevant national policies and programs (e.g. ageing, health systems) towards improving the quality of life.*

- 1. Country:**
- 2. Gender:**
 - i) Male
 - ii) Female
- 3. Age in years:**
 - i) 25-59
 - ii) 60 and over
- 4. Which of the following closely matches your profile or affiliation?**
 - i) Nurse
 - ii) Allied Healthcare professional
 - iii) Doctor
 - iv) Public health professional
 - v) NGO
 - vi) Ministry of Health
 - vii) Other, please specify:
- 5. Which of the following closely matches your health facility?**
 - i) Teaching Hospital
 - ii) Regional Hospital
 - iii) District Hospital
 - iv) Sub-district or Community hospital
 - v) Health centre/clinic
- 6. What is the legal age (in years) for retirement from the government service e.g to classify as a senior citizen/elderly/ageing/geriatric?**
 - I. For Males:
 - II. For Females:
- 7. What benefits (free or concessions) are provided by the government health facilities to the ageing population in your community/region?**
 - I. Ground Transport travel to access the health facility
 - II. Hospital admission fee
 - III. Health screening
 - IV. Health investigations diagnostic laboratory
 - V. Health treatment concessions: Medicines/Chemotherapy/Radiation/All
 - VI. Other, please specify:
- 8. What are the barriers to seek care by ageing in your community/region?**
 - I. Health insurance
 - II. Out of pocket payment
 - III. Family support

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- IV. Health (frailty)
- V. Disability
- VI. Other, please specify:

9. Which types of *cancer in the ageing provides services for early detection in your community/region? (check several) (*GLOBOCAN, IARC, WHO)

Prostrate/Lung/Colorectum/Bladder/Oesophagus/Breast/Cervix/Uterus/Pancreas.
Others specify: Oral/Liver/Brain/Kidney/Ovaries/Testis/Eye/Bone/Blood.

10. Does your health facility utilize *'Artificial Intelligence' for cancer detection in the ageing? **machine learning' in which computer program analyses and interprets.**

- I. Yes, in which cancers: Breast/Lung/Others specify:
- II. No
- III. Don't know

11. Does your organization maintain a database specifically on cancer in the ageing?

- I. Yes
- II. No
- III. Don't know

12. Does your organization provide any health information (printed brochure, digital, verbal) about cancer for the ageing?

- I. Prevention
- II. Screening
- III. Treatment
- IV. Palliative care
- V. Rehabilitation

13. Does your organisation have education/training programs for skills-building specifically for cancer in the ageing?

- I. Yes, (check several) in: Screening or Early detection/Treatment/Palliative care/Rehabilitation
- II. No
- III. Don't know

14. What are the priorities to address the neglected issue of 'cancer in the elderly' in your community/region? (H=High, M=Medium, L=Low priority)

- I. Integration of cancer in the ageing in national policies and programs such as geriatrics/ageing, health systems, medical and nursing education programs, health information
- II. Data collection and maintenance of records specifically for the ageing
- III. Health information to support prevention/early detection/treatment/palliative care/rehabilitation in the ageing
- IV. Early detection of cancer in ageing at the Primary Health Care (PHC) level
- V. Early referral for diagnostic laboratory in higher health facility
- VI. Health insurance to include treatment for cancer in the ageing
- VII. Inclusion of the ageing in cancer clinical trials
- VIII. Early referral and access to treatment to higher health facility

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- IX. Access to Palliative care specifically for ageing in cancer
 - X. Training of health providers in clinical practices for cancer in the ageing
 - XI. Training in ethics and best practices on ageing in cancer
 - XII. Advocacy tools to raise the issue of neglected state of cancer care in the ageing towards achieving Universal Health Coverage: Leaving no one behind.
15. **Optional:** Please leave below any additional comments if you wish to:

Thank you very much for completing the survey.

Send your comments to the SIOG Head Office at info@siog.org