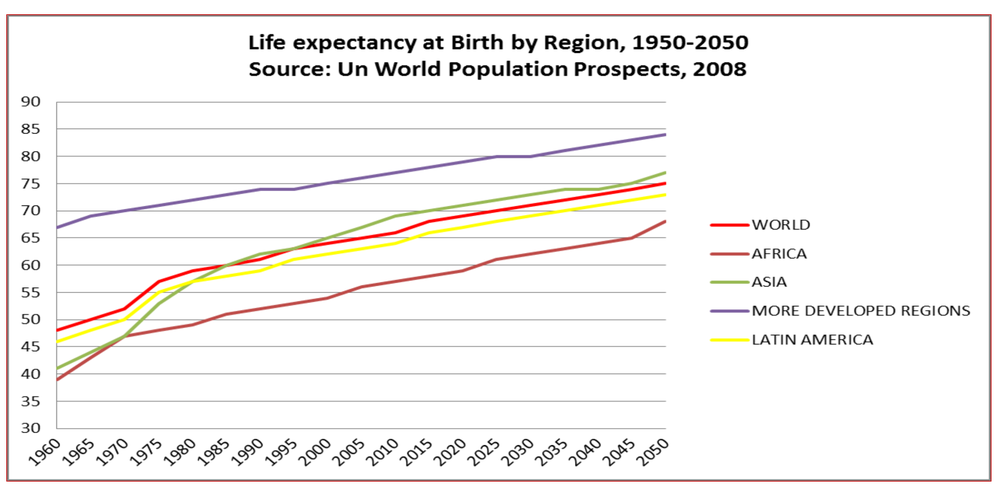
FROM
SIOG Advanced Course
TO
UCSC Program

Fondazione Policlinico Universitario A. Gemelli
Università Cattolica del Sacro Cuore

E. Allocca, MD
Centro Medicina dell'Invecchiamento, Università Cattolica del Sacro Cuore, Fondazione Policlinico A. Gemelli, Rome, Italy

"SIOG Advanced Course in Geriatric Oncology is a training program lead by international experts in the field of Geriatrics and Oncology designed to provide specific skills in assessment, care pathways and therapeutic choices about the elderly patients with cancer in order to provide the basis of the assessment and the multi-dimensional approach that should be applied to elderly cancer patients"



Elderly cancer patients represent a major public health issue.
Indeed, the number of elderly patients living with cancer has increased in the last years, due to a longer life expectancy and to the possibility to diagnose cancer early and to treat it accordingly.
Breast cancer is the most common malignancy among women and has the highest incidence in the aging population: it is estimated that 21% of newly diagnosed patients are over-70 years of age. Many studies have shown that breast cancer-related mortality increases with age, regardless of disease stage (1,2).

1. Markopoulos C, van de Water W. Older patients with breast cancer: is there bias in the treatment they receive? Ther Adv Med Oncol. 2012;4(6):321–7.
2. Gosain R, Pollock YY, Jain D. Age-related Disparity: Breast Cancer in the Elderly. Current Oncology Reports. 2016 18(11):69.

WHY SIOG ADVANCED COURSE?

My aim as young fellow in geriatrics, was to improve the knowledge in oncology field and
my ability to better understand the oncological topics in elderly patients.

What concretely has brought you the SIOG Advanced course?

- understand deeply the differences in assessment between an oncological patient and an older oncological patient
- the importance of a multidisciplinary approach to the older cancer patient
- focus on the major topics in oncology for us geriatricians to better recognize what are the main problems inside the management of the older cancer patient
- improvement on neoadjuvant and adjuvant therapy, molecular targeted therapy and immunotherapy

What has improved in your institution since?

Our Hospital counts about 43000 cancer patients each year. The awareness of a oncological geriatric issue has improved the development in our institution of an **ONCO-GERIATRIC TEAM**. This team participate to the MDTs Board recently started in our institution in particular for *breast cancer*, *gynecological* and *colorectal cancer* cooperating with other specialist.
We started using assessment scales: **VES 13** or **G8 questionnaire.**

DOMAIN	TOOL
Screening for frailty	G-8 VES-13
Comorbidity	CIRS-G
Physical activity and performance	Short Physical Performance Battery (SPPB) Timed Up and Go Test (TUG) Hang-grip strength
Functional Status	ADLs (Katz index) IADL (Lawton scale) ECOG PS
Cognition	Mini Mental State Examination
Depression	Geriatric Depression Scale
Nutritional status/body composition	Body-mass Index Mini Nutritional Assessment DEXA scan (for muscle mass and bone mass)
Pain	Numeric Rating Scale Visual Analogue Scale
Fatigue, Nausea, Dyspnea and other symptoms	Edmonton Symptom Assessment Scale modified Medical Research Council dyspnea scale (mMRC) NYHA Class (for dyspnea)
Falls	Hystory of self-reported falls (one or more in last 90 days)
Quality of Life	FACT-B EQ-5D

Subsequently, we submit frail and pre-frail patients to a **CGA** assessment, that is defined as a multidimensional, interdisciplinary diagnostic process focusing on determining an older person's parameters of **function, comorbidity, nutrition, medication, cognition, emotional status, quality of life, and geriatric syndromes.** Its aim is to develop a coordinated and integrated plan for treatment and long-term follow-up and it can help guide management of reversible comorbidities and geriatric syndromes; also, it is an objective way to assess life expectancy among older adults. Moreover, the CGA allows to identify the deficits that would not be apparent from the history and physical examination alone.

How do you intend to develop links across worlds of oncology and geriatrics in the future?

- Constant communication between specialist (i.e.: surgeons, radiotherapist, senologists, gynecologists) in the management of the cancer older patients
- Active participation to the MDTs

Research plans:

- Follow the patients from diagnosis to final treatment (surgical, chemotherapeutical, radiotherapeutical), improving better the management with programmed follow up by geriatric assessment.
- Verify the impact of geriatrician, not as a bystander but as the main conductor, directly connected to the patient, with all the specialist around at the same time connected with the patient and each other.