

What concretely has brought to me the SIOG Advanced Course?

Regarding oncology :

- Knowing about which criteria to consider in elderly patients to make a choice between treatment options, or between treatment and abstention
- Knowing about onco-geriatrics guidelines regarding most common cancers
- Taking into account patients wishes and goals, which are not necessary the same as the oncologist

Regarding geriatrics :

- Estimating frailty and life expectancy
- Knowing more about geriatric syndromes such as fall and incontinence, that I disregarded before
- Knowing what to expect of geriatric assessments and interventions
- Knowing about geriatrics in order to better cooperate with geriatricians (if you know more about each other specialty, it's easier to communicate and to know what to expect of each other)
- Knowing about geriatrics so I'm able to manage elderly patients even if the geriatrician is not available

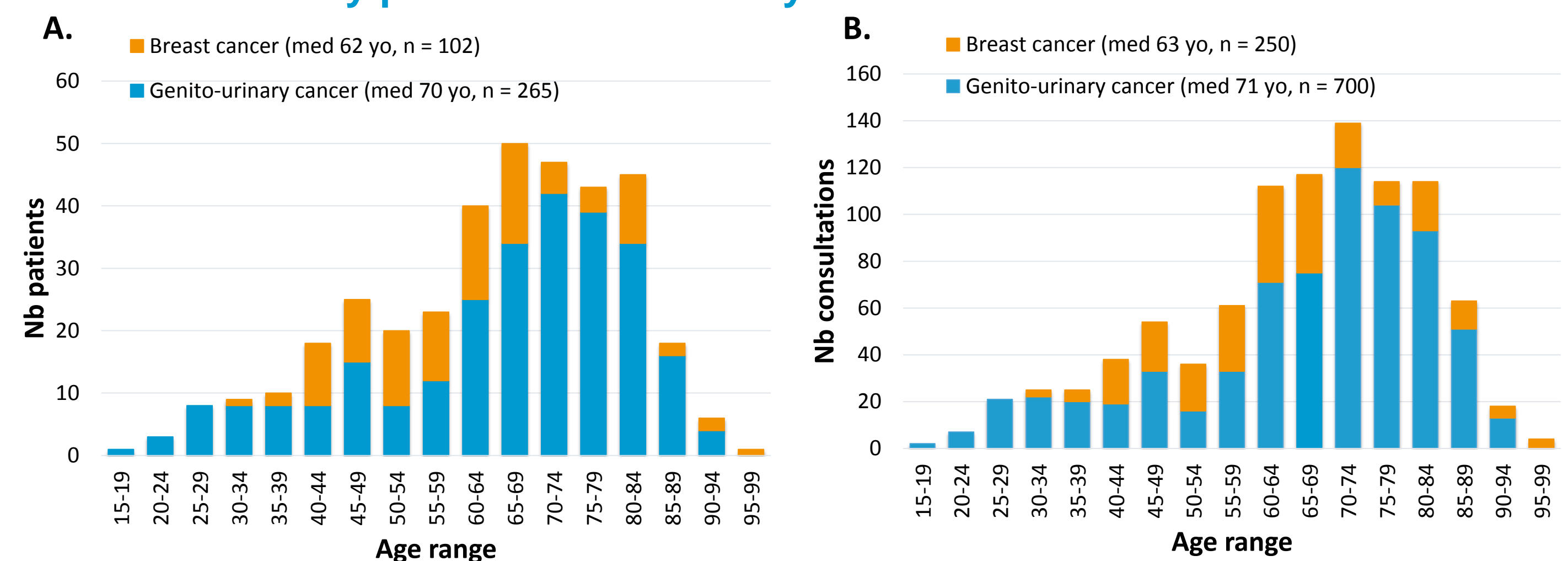
Regarding networking :

- Meeting fellow oncologists and geriatricians from other institutions and hearing their perspective
- Knowing about onco-geriatrics issues and their answers in other countries

What has improved in my institution since?

In my institution, among the patients I treat for cancers, 43% (162 of 376) are at least 70 years old, including 51% (135 of 265) among genito-urinary (GU) cancer patients and 25% (25 of 102) among breast cancer patients. These elderly patients represent 48% of all my consultations (457 of 961), including 54% (381 of 700) among GU cancer patients and 28% (71 of 250) among breast cancer patients, meaning that these elderly patients are seen more often in consultation than the younger ones (**Figure 1**).

Figure 1. Number of patients (A) and number of consultations (B) by age range I have seen in my practice between May 2016 and October 2017.



Since the Course :

- I've cooperated more with the geriatrician and the geriatric nurse
- I've encouraged interns to ask for a geriatrician evaluation, to help managing patients hospitalized
- In multidisciplinary board, I stopped disqualifying patients for treatment just because of age, without a clinical +/- geriatric evaluation
- I've included elderly patients in clinical trials

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

Clinical trials in onco-geriatrics - Sponsor : Institut Bergonié

PREPARE

Role of Geriatric Intervention in Treatment of Older Patients With Cancer

Randomized trials have already demonstrated that geriatric intervention was able to improve survival in the general elderly population but only a few have been performed in cancer patients. At the end, these data are not sufficient to consider geriatric intervention as validated in this setting. Case Management, coordinated by a geriatrician and a trained nurse, could improve prognosis of elderly patients with cancer. This approach, can be integrated in daily oncology practice. This strategy will be compared to usual oncological management in a randomized phase III trial.

PreToxE

Predicting Severe Toxicity of Targeted Therapies in Elderly Patients With Cancer

In order to assess the important issue of the safety of antiangiogenic TKI in geriatric population we set up this project which aims to identify, among clinical, biological, pharmacokinetic data, predictive factors for severe toxicity of antiangiogenic TKI (sunitinib, sorafenib, pazopanib, regorafenib, axitinib) in patients over 75 year-old.

My research plans

Immunosenescence and immunotherapy

Immunotherapy:

- Monoclonal antibodies targeting CTLA-4, PD-1 or PD-L1
- Approved in France for numerous cancer types
- Better toxicity profile than chemotherapy
- Lack of data in clinical trials regarding elderly patients, only fit patients included.

Conflicting results in elderly patients (1) :

- Similar improvement of overall survival (OS) than in younger patients for melanoma and urothelial cancers
- Lower benefit in OS than in younger patients for head and neck squamous cell cancer, non-small cell lung cancer and renal cell cancer

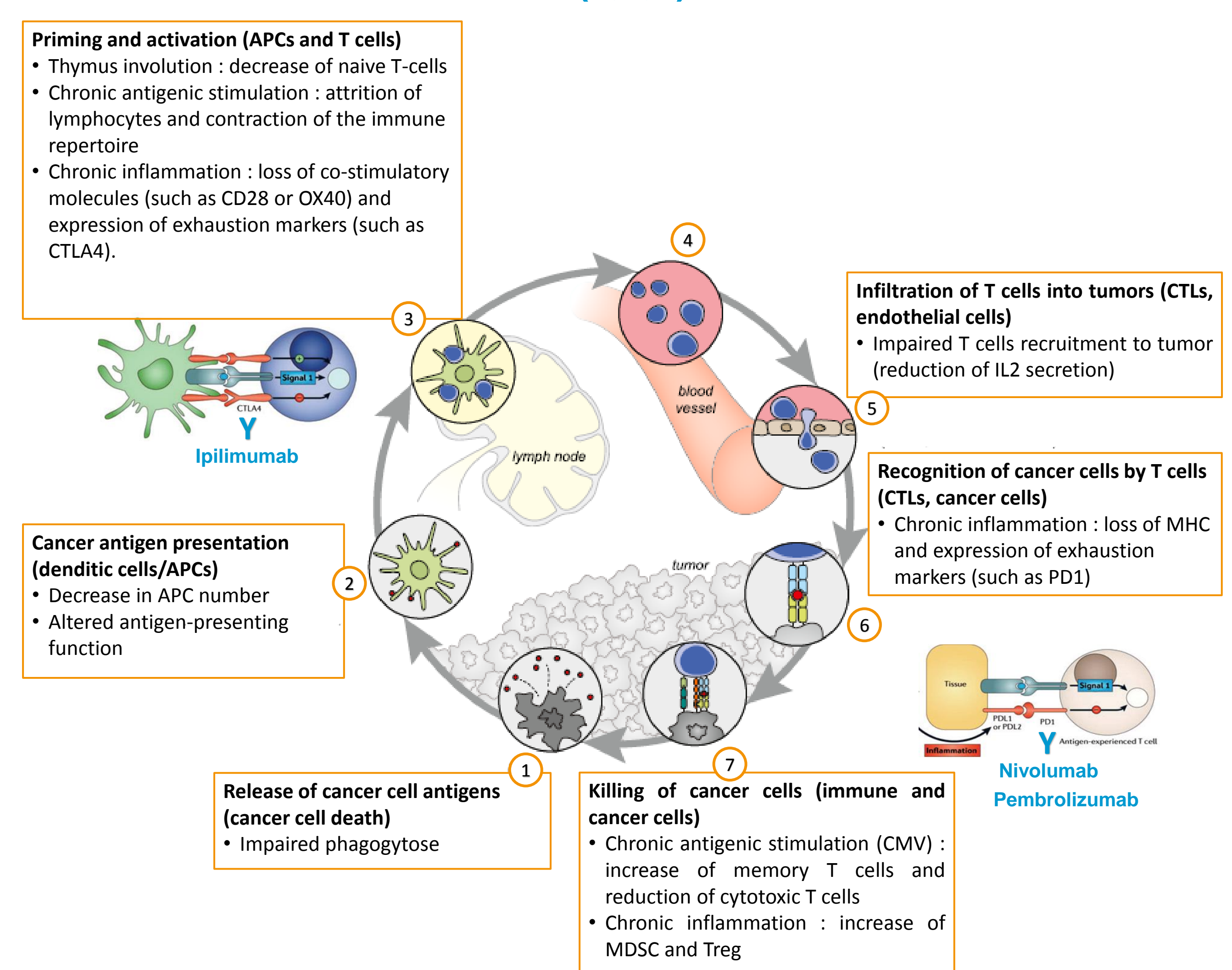
Immunosenescence (Figure 2) :

- Deterioration of the immune system occurring with aging
- Chronic pro-inflammatory state (inflamm-aging, mediated by IL-6 (2))
- Decrease of the dynamic immune response (3).
- Measured by the Immune Risk Profile (IRP) = inverted CD4/CD8 ratio (4)
- Associated with a low *Firmicutes/Bacteroides* ratio in the gut microbiote (5,6).

Objectives:

- Among patients treated with immunotherapy for a metastatic cancer, what proportion shows immunosenescence criteria?
- Is there an impact of immunosenescence on immunotherapy efficacy (PFS and OS)?
- Are there predictive factors of response in this population?
- Are there interventions (geriatric interventions) to improve immunosenescence and immunotherapy efficacy?

Figure 2. Impact of immunosenescence on the immune system (1,7,8)



References:

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