

SIOG Advanced Course in Treviso: How it Influenced my Practice as a Geriatrician

Mathilde Laferrrière Chevrefils, Geriatrician, MD, FRCPC
Geriatric Oncology Fellow, Assistance Publique – Hôpitaux de Marseille

Why I took this class

I heard about the SIOG Advanced Course at the SIOG meetings in 2015 and 2016, during my residency in geriatric medicine. Since I was planning a 1-year fellowship in France in Geriatric Oncology, I thought this class would be a great addition to my year of training abroad. In fact, I intend to use this new expertise to build a collaboration between geriatricians and oncologists in my hospital when I go back to my hospital in Montreal, Canada.

My objectives

- To learn more about the treatment of malignancies in the elderly, especially regarding solid tumors
- To compare my work to what other geriatricians do worldwide
- To meet other young doctors with an interest in geriatric oncology
- To create an international network of geriatricians and oncologists for future collaborations

Timeline



Fellowship

- Time shared between 2 care units
 - Pulmonary Oncology Department
 - Day Hospital for chemotherapy treatments (about 30 patients)
 - Outpatient clinic (evaluation of new cancer diagnostics, treatment plan, follow-up)
 - Short-stay Hospital
 - Geriatric Oncology Day Hospital
 - 5 standardized geriatric oncology evaluations per day, with the collaboration of a specialized nurse, a dietitian and a pharmacist
- Multidisciplinary Tumor Boards (lung, urology, gynecology), which I attended both from a geriatrician's and an oncologists' perspective
- Conferences and courses
 - SIOG meeting, Milan, novembre 2016
 - Diplôme interuniversitaire d'oncogériatrie Marseille-Nice
 - Monaco Age oncology, March 9-10, 2017
 - SIOG Advanced Course, Treviso, June 28-July 1st, 2017

How this advanced course changed my practice as a geriatrician

1. It helped me to **connect** with other young and dynamic physicians from all over the world through our mutual interest in the care of elderly cancer patients.
2. I learned to better **communicate** with oncologists. Workshops simulating a multidisciplinary team discussion helped me to understand the cases from different perspectives and made the treatment plan much more adequate for the patient.
3. I was able to discuss and **compare** my standard geriatric evaluation with other geriatricians, which ameliorated and enriched it.
4. I learned **strategies** to implement a geriatric oncology clinic in a hospital where the discipline is less known.

Career plans and perspectives – What I intend to do:

