

Why SIOG Advance Course?

- **As a Gastrointestinal Medical Oncologist, my goal is to be a leader in geriatric oncology in the future. Therefore, this program is essential for my career development in geriatric oncology.**
 - To learn principles of geriatrics in older adults with cancer.
 - To apply skills to caring for older adults with cancer in my clinic.
 - To apply skills to build a geriatric oncology program at my institution.
 - To connect with thought leaders in geriatric oncology and to meet colleagues in the field.
 - To learn principles of CGA so I can incorporate these research protocols for older adults with cancer.

Impact at my NCI Cancer Center:

- **My GI Oncology Clinic**
 - All patients 65+ do a self-assessment, and then refer to geriatrics accordingly
- **Collaboration with Geriatrics Division initiated**
 - Reviewed CGA
 - Reviewed process for referrals to Geriatrics
- **Increase medical oncologist's awareness of role of CGA**
 - Discussed CGA improves survival and prognosis in older cancer patients
 - How to refer to geriatrics (electronic medical records)
 - Share Geriatrics cell numbers with Med Onc and vice versa
- **Quarterly Geriatric Oncology Meetings established**
 - Review referrals
 - Troubleshoot processes
 - Improvements
- **Future clinical goals:**
 - Incorporate G8 screening tool in all patients 65+.
 - If score is ≤ 14 , then Geriatrics Consultation is recommended.
 - Embed in to EMR
 - Geriatric Oncology Grand Rounds
 - Geriatric Oncology Tumor Boards
 - Expand to Radiation Oncology and Surgical Oncology

	Items	Possible answers (score)
A	Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?	0 : severe decrease in food intake
		1 : moderate decrease in food intake
		2 : no decrease in food intake
B	Weight loss during the last 3 months	0 : weight loss > 3 kg
		1 : does not know
		2 : weight loss between 1 and 3 kgs
C	Mobility	0 : bed or chair bound
		1 : able to get out of bed/chair but does not go out
		2 : goes out
E	Neuropsychological problems	0 : severe dementia or depression
		1 : mild dementia or depression
		2 : no psychological problems
F	Body Mass Index (BMI (weight in kg) / (height in m ²))	0 : BMI < 19
		1 : BMI = 19 to BMI < 21
		2 : BMI = 21 to BMI < 23
H	Takes more than 3 medications per day	0 : yes
		1 : no
		2 : not as good
P	In comparison with other people of the same age, how does the patient consider his/her health status?	0.5 : does not know
		1 : as good
		2 : better
	Age	0 : >85
		1 : 80-85
		2 : <80
	TOTAL SCORE	0 - 17

Future Links in Geriatric and Oncology

- **Collaborations & Mentors:**
 - **Cancer Aging and Research Group:**
 - Dr. Efrat Dotan, GI Geri Onc Mentor
 - **GI Geriatric Oncology Research**
 - **Local:**
 - Pepper Center & Barshop Institute
 - Dr. Nicolas Musi and Sara Espinoza
 - Geriatric Oncologist
 - Dr. Anand Karnad
 - **HealthSpanDx:** p16INK4a analysis
 - Dr. Natalia Mitin
- **SIOG**
- **American Geriatrics Society**
- **ASCO & GI ASCO**

Research Plans in Geriatric Oncology:

- **NIA GEMSSTAR Application submitted 10/2017 for 2018:**
 - Characterizing disease biology, treatment patterns and toxicity in older adults with hepatocellular carcinoma.
 - Results from this study → R01 funding to develop a CGA-guided treatment algorithm for older HCC patients
- **Prospective protocol for CGA for all older adults with Cancer at UT Health Cancer Center**
- **Continue research collaborations through CARG and SIOG**
- **Work with industry to develop studies in older adults with GI cancers**
- **NIA Butler Williams Scholars Program:** lectures, seminars, and small group discussions in research design relative to aging, including issues relevant to aging of ethnic and racial minorities.