



Approach and Management for Treatment of Elderly Cancer Patients in Japan: Current Status and Future Prospects



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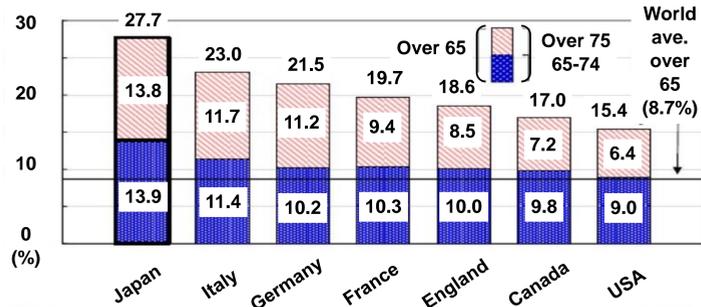
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The current status of geriatric oncology in Japan

- Japan is a super-aged society ranked number one in the world in terms of average life expectancy, number of elderly people, and speed of aging. The elderly patients with lung cancer aged 70 or older who undergo chemotherapy already account for approximately 50% of all patients as of 2009, with more than 65% of patients diagnosed with lung cancer regardless of the disease stage at our hospital aged 70 or older in 2016.

Tsubata Y et al, Geriatr Gerontol Int, 12:499, 2012.

Ratio of elderly population of the major country



The citation from:
 *The Statistic Bureau, Ministry of Internal Affairs and Communications in Japan
 *World Population Prospects: The 2017 Revision

Map of Japan

Izumo City, Shimane Prefecture
 - The population is about 175,000 people, and 27% of those are elderly people 65 years or older.



	All Japan	Shimane
Over age 65	27.3%	33.1%

From Tokyo to Izumo
 - It takes 1:30 hour by air plain
 - It takes 6:30 hour by train

- There are extremely few physicians particularly specializing in the cancer field among geriatric specialists compared with Western countries, with many designated cancer care hospitals not having established a Geriatrics Department as a hospital department.
- Therefore, it is inferred that there are many cases of undertreatment in which the intensity of a treatment is inappropriately lowered simply due to advanced chronological age or overtreatment in which treatment similar to that provided to young people is conducted without taking into consideration the risks of chemotherapy in practical clinical settings.
- In this way, cancer-treating physicians and medical staff have taken a growing interest in how to determine the treatment strategy for elderly cancer patients and how to assess the risks of chemotherapy.

What is the main problem in Japan?

- Problems with medical care for elderly cancer patients and precision medicine are :
 - Vulnerability screening and the implementation of geriatric assessment (GA) in elderly patients are not common.
 - Neither guidelines nor educational systems for medical care for elderly cancer patients exist as of now.
 - The participation rate of elderly cancer patients in clinical trials is extremely low.
 - There are extremely few physicians particularly specializing in the cancer field among geriatric specialists.

My summary of SIOG advanced course and the future prospects in Japanese geriatric oncology

What concretely has brought me the SIOG advanced course?

- I learned that multidisciplinary medical team is most important in care and management of elderly cancer patient and is able to improve my motivation.

What has improved in Japanese geriatric oncology and my institution since?

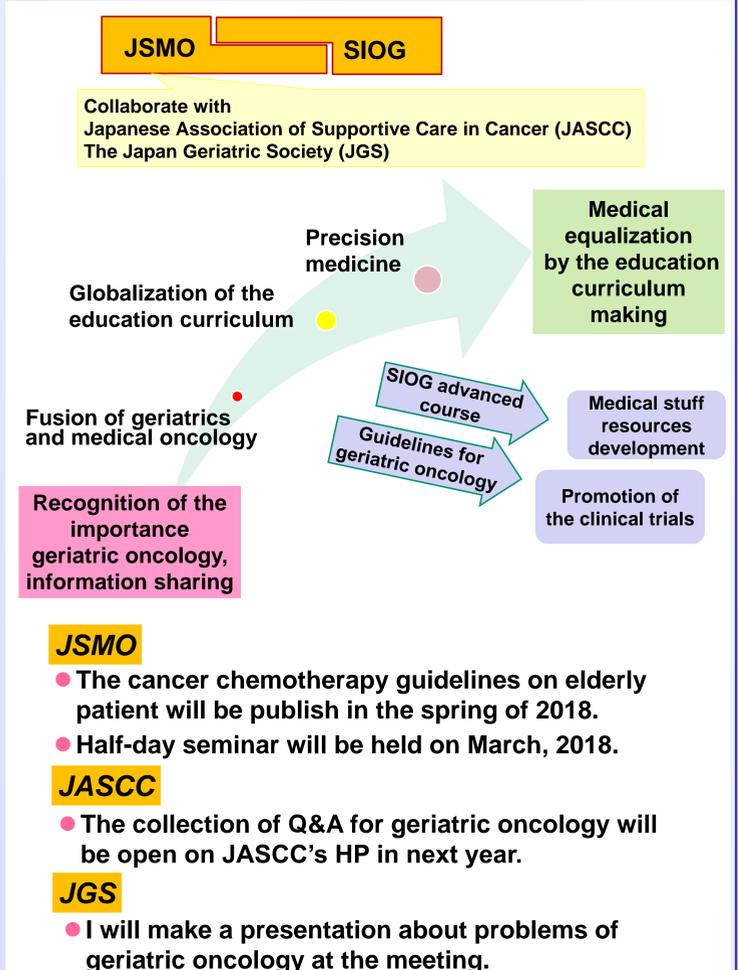
- At Shimane University Hospital, we have contrived ways to conduct screening by first creating screening tools such as G8, VES-13, CGA7, etc. in the electronic medical record.
- A working group for education regarding cancer care for elderly people will be set up within the Japanese Society of Medical Oncology (JSMO) this year, for which we hope attendance of educational systems will be mandatory for medical oncologists and content available for life-long education will be created.

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

- I received the fellowship on the recommendation by JSMO. I hope that I can build up a strong collaboration between SIOG and JSMO as Japan national representative for SIOG.

My research and action plans

- In JSMO, we will propose the training program for Japanese specialists of medical oncology and geriatrics designed to provide precise therapeutic choices about the elderly patients.
- I'm now planning to apply the Japan Agency for Medical Research and Development (AMED) to get a research grant for disseminate GA system to many domestic hospitals.



It is anticipated that the spread of GA tools and the implementation of validation in Japan as well as the establishment of an educational system regarding geriatric oncology will further promote precision medicine in elderly cancer patients!!

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