Post tenebras lux
IFA and SIOG jointly host a landmark global dialogue on the ageing population with cancer

Meeting the needs of older cancer patients

Age increases cancer risk, and the world's population is rapidly ageing, meaning a steep rise in the number of older people with cancer is inevitable.

ROB STEPNEY, MEDICAL WRITER – INTERNATIONAL SOCIETY OF GERONTOLOGY

Though the scale of this impending problem is now recognised, the world's healthcare systems are not yet ready to face it. We must build today's systems to cope with the needs of tomorrow.

Hence the crucial importance of the summit held on November 14th 2019 at the United Nations in Geneva, which brought together international delegates for a multi-stakeholder meeting with a primary focus on driving action to promote and advance geriatric oncology in the wider context of Universal Health Coverage (UHC).

Aligned with the United Nations' Sustainable Development Goals, the World Health Organization's strategic policy goals, and the forthcoming Decade of Healthy Ageing starting in October 2020, this summit was jointly hosted by the International Federation on Ageing (IFA) and the International Society of Geriatric Oncology (SIOG).

Ensuring older people are not left behind in efforts to achieve UHC Ageing is not necessarily a burden. It occurs in infinite variety, and much is to be celebrated. But good health is central to the way it is experienced, Dr. Jane Barratt, secretary general of IFA, told the meeting. In the provision of health care, ageism – discrimination against people based on how old they are – is as insidious as racism and sexism and should be equally deplored.

Oncology informed by geriatrics Systematic exclusion from clinical trials is one important respect in which older people are treated differently, Dr. Hans Wildiers, president of SIOG, said. A striking example is breast cancer: according to a US study, 49% of women with breast cancer are aged 65 or over, yet this age group comprises only 9% of women enrolled in clinical trials. Older cancer patients often benefit from treatment, and it should not be withheld on grounds of age alone. However, because the risks are greater amongst older people, balancing benefits against potential toxicities requires fine judgment. For all its imperfection, geriatric assessment helps make treatment decisions in the individual patient, Dr. Wildiers argued. All oncologists should be at least in part geriatric oncologists.

Priority areas Recognizing the need to strengthen primary health care for older patients with cancer, Dr. Martine Extermann presented the SIOG Top Priorities Initiative. This is an expert consensus with potential to guide education, research, and clinical practice, as well as collaboration and partnerships. Dr. Lodovico Balducci, a founder member of SIOG, issued calls to action. In broad terms, these were combating ageism, taking account of physiological or functional rather than chronological ageing, educating the medical profession and public about age-appropriate cancer care, providing tumour-specific guidelines for treating older patients, establishing centres of excellence in geriatric oncology, clinical trials specifically in older patients, and establishing databases of older patients not treated in trials to allow rapid learning about efficacy and toxicity.

A further priority is encouragement of multidisciplinary care. Speaking as President of the European Cancer Organization (ECCO), Dr. Philip Poortmans emphasized that the availability of multidisciplinary teams is an essential requirement for quality care.
Collaboration a key to achieving better models of care for older patients

The keynote lecture of Dr. Soumya Swaminathan, Chief Scientist, WHO Headquarters Leadership Team and Dr. Cherian Varghese, WHO Headquarters, a.i. Director of Non-Communicable Diseases, drew attention to the gap between what older people with cancer actually need and what the health workforce in different countries can provide.

Increasing the quantity and expanding the competencies of the cancer workforce is a priority as we develop systems for comprehensive care. Dr. Swaminathan’s address urged the international community to incorporate both pre-service and ongoing training for oncology health professionals since strengthening education will increase awareness and the quality of health services for older people with cancer.

The address underlined that the WHO recognizes that health systems should care for the needs of the ageing the population with cancer: This requires research and innovation to ensure that no one is left behind.

The WHO congratulated the organisers on this meeting, considering it a milestone in bringing together stakeholders to develop policy in addressing the challenges ahead. She concluded that the WHO looks forward to the outcome of this work and continued dialogue to support the needs of older people with cancer.

The IFA-SIOG summit heard presentations from each of the WHO’s six global regions, where recurring themes surfaced. One is that population ageing – and its healthcare implications – is not confined to Europe, North America, Japan and Australasia.

Dr. Ravi Mehrotra (CEO of the India Cancer Research Consortium) reported that life expectancy in India is now 67 years for men and higher for women. Dr. Reza Assadi (Mashhad University of Medical Sciences) said that Iran has one of the world’s most rapidly ageing populations. Many of the 47 nations in the WHO Africa region face a double burden of communicable and non-communicable disease, Dr. Prebo Barango (of the WHO Intercountry Support Team) told the summit. But, even here, non-communicable diseases – cancers high among them – are now the main cause of death among those aged over sixty years.

A second theme, of course, is limited resources – a problem in all regions but clearly more pressing in some. Additionally, there was acceptance that older people are more likely to be excluded from care when funding is scarce or facilities disrupted, as they are (as pointed out by Dr. Richard Sullivan of Guys’ Hospital Cancer Centre, London, UK) in cases of conflict and mass migration.

Potential in early detection and prevention

On a more positive note, there was consensus that the problem of cancers presenting late in the course of disease – which features particularly in low and middle-income countries – could be addressed by challenging the belief that all tumours are incurable and by reinforcing the message that early diagnosis improves survival.

Presentation with advanced disease probably accounts for much of the difference between a five-year relative survival rate of 35% in Mongolia (a figure cited by Dr. Jigidsuren Chinzuren, of the National Cancer Centre) and 69% in Australia (cited by Dr. Christine Stiles, executive director of Cancer Australia).

A third common theme was the cost-effective nature of prevention. Dr. Erica Wheeler (representing the Pan American Health Organization and WHO), who spoke about Latin America and the Caribbean, estimated that reducing risk factors could cut the projected 2030 cancer toll of 2 million cases in her region by a third. Dr. Wheeler also pointed out that exchange of ideas is not necessarily expensive. There is no reason why the University of the West Indies departments of oncology and gerontology should not collaborate more closely.

A moral obligation

This was one example of the importance – recognised by all participants – of aligning provision of cancer care more closely with the needs of older people. Building a society for all ages is a moral obligation, and we are at a crossroads in that quest, said Dr. Najia Musolino, Chief Executive Officer of SIOG. Summing up, she said that this milestone meeting at the Palais des Nations in Geneva had contributed to the building of bridges of knowledge and skills. Now is the time to strengthen our capacity to improve the life expectancy and quality of life of all cancer patients, including older people.