

Neways: Cancer Network for welfare Aging

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‘Neways’

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Nowadays we assist to a gradual ageing in the population, with the result that the over-65 age group now accounts for 19.1% of the Portuguese population.¹ Over 50% of all neoplasms occur after the age of 65 and around 27% after the age of 75.² In the next two decades, with rising of life expectancy, the number of elderly suffering from cancer will naturally increase, which is a public health concern.

The established oncology therapies are far from ideal for elderly cancer patients. Compared to younger age groups, the elderly generally have more comorbidities, take more medication and suffer more side effects, more drug interactions, greater variability in nutritional status and underlying chronic health, which may contribute to greater pharmacokinetic and pharmacodynamic differences. These data are scarce for elderly patients, essentially due to their low inclusion in clinical trials.² Despite over half of all patients diagnosed with cancer being elderly, proportionately only 20-40% are part of phase II and III clinical trials, and most of these are aged under 70.²

In this view, caring for the elderly with cancer requires multi-disciplinary skills and, preferably, a working relationship between oncologists and geriatricians. Is its crucial the training in general geriatrician skills and cancer details in the elderly, and even more important, to have an understanding of the need for an overall assessment, particularly with regard to unfit elderly patients. Elderly patients may benefit from cancer therapeutic strategies as younger patients, if certain precautions are taken. These include the selection of patients based on life expectancy and potential treatment tolerability, which can be maximised by using complementary therapies such as the prophylactic use of haematopoietic growth factors, the adequacy of the first renal treatment dosage, early diagnosis and timely treatment of side effects, prevention of anaemia and selection of drugs with a more tolerable profile.

In order to provide a more personalised and appropriate treatment to the elderly patients, it is necessary the use of instruments which contribute to reduce the uncertainty of the proposed therapeutic strategy and thus minimise the consequent risk. Accordingly, there are some geriatric assessment tools, of which the "G8" questionnaire and the "comprehensive geriatric assessment" (CGA) are examples. The latter has demonstrated benefits when used with elderly cancer patients, both in terms of increased survival and improved quality of life.³ However, it still has very low use by care-giving teams.

The goals of the therapeutic strategy in this age group are not just limited to increasing survival; it must also include outcomes in terms of functional status (expressed in terms of their own care capability of and to remain physically and mentally independent) and quality of life.³ Given that cancer

causes a more noticeable gradual deterioration in the autonomy of the elderly, aspects such as maintaining of independence, providing nursing care and social services, and adequate symptomatic support have greater significance, with an interdisciplinary team approach being necessary for assessment and intervention.

This demographic trend has led to the development of programmes dedicated to address elderly patients with cancer. Several international scientific associations are also concerned and focused in this issue, namely the International Society of Geriatric Oncology (SIOG), European Hematology Association (EHA), European Society for Medical Oncology (ESMO) and the American Society of Hematology (ASH). There are new evidence that shows the need in these therapeutic areas to incorporate in medical practice the characteristics of the patients in terms of age, comorbidity and nutritional, cognitive and psychological status. Given that, age per se is a poor descriptor of the heterogeneity in the ageing process, it is crucial to determine the patient's functional age, i.e. the age attributed according to their functional ability, and to take it into consideration in treatment decisions, as opposed to chronological age.

Despite the directives proposed by scientific associations, there is still a notorious lack of information in this area, namely:

- Solid, evidence-based data about the cancer epidemiology in this age group and the way patients are treated; up until now, the knowledge acquired has been merely empirical, stemming from daily clinical experience and practice;
- Surveys on patient preferences, and on their willingness for chemotherapy of low and high toxicity;
- The literacy of patients' families, together with a significant investment in intra-family relations – family caregivers play an essential role in ensuring understanding and management of information on the illness; it is important to investigate specifically caregivers' literacy levels.⁵

For the reasons stated, it is clear that there is a need to discuss these matters at the national level and to assess the need to develop a strategy for this area, which can establish activities aimed at improving or optimising the current situation in Portugal. It is in this context that the “Neways – Cancer Network for Welfare Aging” project was created whose main aims are the following:

- To stimulate research to generate knowledge on the state of oncogeriatrics in Portugal and, based on this, to create information. This involves producing national epidemiological data on elderly patients with neoplasms and undertaking cost-benefit analyses on their treatment and the management of their illness;
- To develop good practices in healthcare provision for elderly cancer patients, embodied in national recommendations based on existing international standards;
- To promote patient advocacy, i.e. the involved decision of patients and carers in the illness-related decision-making process, namely in deciding on an adequate treatment strategy;

- To raise the awareness of health professionals about the special characteristics of the elderly subpopulation, encouraging specific training in this area for physicians and health professionals;
- To increase the use of tools to assess elderly cancer patients in Portugal;
- To promote discussion and the responsibility of civil society with regard to the importance of correctly conducting geriatric oncology.

The Steering committee for this project is composed of the following members:

- Professor Dr. Francisco Luis Pimentel – national representative of the SIOG;
- Professor Dr. Carlos Oliveira – Liga Portuguesa contra o Cancro;
- Professor Dr. Jorge Soares – Fundação Calouste Gulbenkian;
- Professor Dr. Manuel Veríssimo – Sociedade Portuguesa de Medicina Interna – geriatrics unit.

Under the project, several working groups corresponding to specific areas will be established, which will seek to identify myths and barriers in the context of geriatric oncology within the respective action areas. More specifically, the creation of four main groups has been proposed:

- Clinical practice;
- Economics and health policies;
- Epidemiological and social research;
- Other areas of action (health literacy, information technologies for patients, ethical issues, patient advocacy and awareness).

Accordingly, an attempt will be made to develop a network of specialists, who can set out and present a strategy which responds to this need of identify patients who are likely to benefit from and tolerate aggressive treatment through the use of geriatric assessment tools. The aim is also to propose actions which target discussion within civil society of the importance of improving the quality of life of elderly cancer patients.

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