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## Perspectives

## The SIOG Treviso course: Students' perspective

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Last year we, two geriatricians from Denmark and Ireland, were fortunate to be students attending the SIOG Advanced Course in Geriatric Oncology in Treviso, Italy – a training programme for oncology and geriatric fellows and specialists.

In this article, we describe the experience of attending, interpret its meaning for us, evaluate our learning and explain how it has positively affected our plans.

### 1. How Do You Get a Geriatrician and an Oncologist to Bake a Cake Together?

As fans of being in the kitchen, it was fascinating to imagine how these specialists' respective skills would mix. Would the geriatrician want a whole team of health professionals to help, and cut the ingredient list in half? Would the oncologist add ingredients that were too powerful, or try experimental ones that might not work? Would the whole mixture go flat like a failed soufflé, or even end in a huge argument?

### 2. Deciding to Go to Treviso

Both of us already worked in geriatric oncology and had the insight to know that we needed further training – is there anyone in the world who knows enough about geriatric oncology? Oncologists are not trained in geriatric assessment and reviews of medication lists,

and geriatricians generally know very little of oncological treatment. In most oncological hospitals and private clinics there is still no formal geriatric oncology collaboration and often no geriatricians. So how can we prepare for the challenges ahead as the need increases? It took a brave person to think up the idea of the Treviso course: it would not be a straightforward cookery lesson.

The SIOG Advanced Course in Geriatric Oncology is a unique training programme for oncology and geriatric fellows and specialists, designed to provide specific skills in therapeutic choices and geriatric assessment and care of older people with cancer [1]. Because the recipe was created by SIOG we trusted that it would be high quality. *Continuing Professional Development* (CPD) accreditation was a vital ingredient, as were experienced tutors. But the icing on the cake was the setting: the gorgeous medieval Italian town of Treviso, outside Venice. If you're going to learn to cook, it's probably best to do it in Italy!

### 3. Experience

The experience of being in a very diverse international group of geriatricians and oncologists was really uplifting – learning about others' experiences and comparing health systems and practices. The energy spilled over into the teaching sessions, where everyone was keen to offer their perspective. The only downside was that each discipline then had to receive separate focussed teaching relevant to their speciality – something that reinforced our differences.

As we went deeper into the course our language (medical rather than native) at times seemed poles apart: it turns out that MDT (multi-disciplinary team) meeting means entirely different things to geriatricians and oncologists. Furthermore our North American oncology colleagues use “tumor board”! But we knew before arrival that we should expect differences, be prepared to have our opinions challenged by colleagues and strive to find compromises for our patients. This is perfect preparation for real life practice.

It was a unique opportunity for geriatricians to learn the basics of medical oncology, and for oncologists to hear about comprehensive geriatric assessment (CGA). It also offered the chance to get inspired by the world's most famous geriatric oncology faces, to make new friendships and create a network to form the basis of future collaborations. Four intensive days with a relatively small group with students and faculty sharing coffee breaks and meals (including late night candle dinner in the garden) made it possible to get to know people on a personal level. Relations of that kind are important as the contact does not stop at email level but sets the stage for new friendships, visits and ongoing work together.

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#### 4. Interpretation

The real value in this course was not for us all to emerge with a common viewpoint. Rather, we gained more insight into our differences and how our approaches reflect our very different training priorities. But constantly bringing it back to the patient helped to ensure we could always hammer out an appropriate plan. By its nature the patient voice is not strong in an academic course but the upside of this was that many people felt the need to take on an advocacy role for the patient being discussed. Even the very idea that MDTs/tumor boards do not involve patients was one of the unwritten rules that was challenged as a result.

The professional yield from this course was of course knowledge about treatment strategies for elderly patients with cancer, but also getting an in-depth insight into the challenges ahead. We are not going to be able to train enough geriatricians to provide CGA to all older cancer patients. Similarly not all oncologists can be upskilled to achieve this. Even using a screening tool to focus care on a targeted group cannot make the numbers manageable; we need to take a diverse approach to ensure that our patients' needs are met. With that in mind, Treviso can never be a panacea. However it plays an important role in increasing knowledge for participants who can then disseminate this to colleagues. It increases interest in an important area. And it shows that our older patients with cancer deserve our best efforts to help them.

#### 5. Evaluation

We believe that everyone who attended genuinely learned a lot from the experience. Whether by adding new knowledge or seeing the benefit of discussing cases with each other, we all improved our practice. For some it showed just how large our knowledge gaps are. For others it helped to focus minds on research needs. But for all it refilled our enthusiasm for geriatric oncology and renewed our optimism for our work back home.

There is no doubt that the best aspect was interacting with other specialists. Perhaps in the future we could provide the specialty specific teaching by e-learning, so that the entirety of the course involves working in a mixed group. We also need more surgeons to attend as they are such a vital part of the multidisciplinary team.

A related challenge is that the people who attend Treviso are the ones who are already interested and want to be involved in

collaboration. How do we engage others who do not think it is relevant to attend? We also need to bring patients into the classroom, whether in person or by video link or even pre-recorded video. Otherwise we could end up prioritizing our own values over the patient's.

#### 6. Plan

Already collaboration is bearing fruit: both of us have been invited to speak at international meetings through connections made in Treviso; we are working on joint projects and will be visiting each other's centre. The contacts established at the course made it possible to visit faculty at City of Hope in Los Angeles, USA, to see the daily work and organization of the Cancer and Aging Research Program, to get inspired and to create contacts for future collaborations. We have also visited fellow students in places as far apart as Mexico and Oslo, and we connect via Twitter to those in Australian and Asian time zones. We look forward to meeting our friends and exchanging ideas at the annual SIOG meetings.

Even though there is no easy solution to how to best care for elderly patients with cancer, gathering health professionals and discussing it is a step in the right direction. The SIOG Advanced Course in Geriatric Oncology is a unique possibility to do so, and it plays an important role in implementing the geriatric mind set in the oncology setting. By continually working on the recipe, we believe this will result in meaningful improvements in care for our patients from both an oncology and geriatric perspective. Then we will have the best of both worlds, as the expression goes: "We can have our cake and eat it."

#### Disclosures and Conflicts of Interest Statements

The authors have no conflicts of interest to disclose.

#### Author Contributions

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#### Reference

- [1] Colloca G, Monfardini S. A contribution to the future of geriatric oncology training: the SIOG Treviso advanced course. *J Geriatr Oncol* 2017. <https://doi.org/10.1016/j.jgo.2017.02.005>.