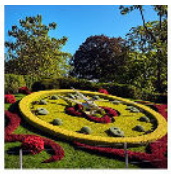
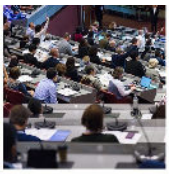
SIOG® 2022
INTERNATIONAL SOCIETY OF GERIATRIC ONCOLOGY

ANNUAL CONFERENCE
GENEVA SWITZERLAND
28-30 OCT


SIOG 2022
ANNUAL CONFERENCE

OCT 28-30, 2022
GENEVA, SWITZERLAND

HIGHLIGHTS

+370
Participants

44
Countries

+ 57
Speakers/ Chairs

20
Scientific Sessions

60
Talks

226
Posters

182
Abstracts

Top five countries:
USA, Belgium, Spain, Netherlands and France

2’164 tweets by 303 people, 4’153’000 impressions* mentioning #SIOG2022

*Impressions: number of times that users have seen posts containing your hashtag, keyword, url and/or @mention. (A single user may deliver multiple impressions).

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DAY 1

Rapid fire updates

Giampaolo Ugolini (Università di Bologna) presented updates on surgery input for our Geriatric Oncology (GO) patients. The takeaway from this update is that surgery is a viable option in older adults. However, this should be guided by Comprehensive Geriatric Assessments (CGA) when deciding on the risk and benefit to the patient. Outcomes could be improved further through perioperative prehabilitation that focuses on increasing patient activity.

In this update, Dr Raúl Cordoba (Fundacion Jimenez Diaz University Hospital) covered 3 different topics under Hematology update. Firstly, he highlighted evidence of age-specific mutations associated with hematological malignancies that could complement diagnostic testing. Next, he presented evidence that a CGA is an effective aid during shared decision making over treatment plans. Finally, he discussed evidence that older patients are being excluded from CAR-T therapy randomized control trial (RCT) and discussed a trial, TRANSFORM, that supports the use of CAR-T cell as second line for relapsed or refractory LBCL.

On behalf of Dr Frederiek van den Bos, Dr Armin Shahrokni (Memorial Sloan Kettering Cancer Center) presented evidence on the utility of mobility as an outcome in RCT during the geriatric updates. He discussed that a focus on what matters to the patient is needed when designing relevant end points for intervention trials in older adults. Mobility is one such end point that matters to the patient and should be kept in mind when developing and investigating interventions.

In Dr Marcus Vetter's (Cantonal Hospital Baselland) translational research update, he discussed the need to optimise older patient treatment using CGA. He stated that age-linked biological differences of disease, quality of life (QoL) assurance, side effect management, and the application of digital health in GO should all be focus points for future research.

Dr Stefan Jeppesen (Odense University Hospital) provided radiotherapy updates focused on presenting evidence for the treatment of oligometastatic cancers. New technological advancements in hypofractionation and stereotactic ablative radiotherapy allows for the treatment of oligometastatic cancer with a reduced toxicity profile. He presented evidence from the SABR-COMET open-label phase 2 trial to support this, as well as discussing his own clinical experience of its efficacy.

Vérène Dougoud (HFR Fribourg) gave quick-fire updates in oncology, highlighting a number of treatment studies. The IPSOS trial showed that atezolizumab has greater efficacy than single-line chemotherapy in older patients not eligible for Cisplatin-doublet therapy in NSCLC. The phase 3 Energy-GFPC 06-2015 trial found no significant improvement in OS for older patients treated with nivolumab and ipilimumab compared to cisplatin unless their performance status was 0-1. Another study found no statistical benefit to the addition of chemotherapy to endocrine therapy in the management of ER+ve HER2-ve breast cancer in the over 70s.

Lower dose adjustments to Eribulin for the treatment of advanced breast cancer in older patients is not supported. REVOLT study demonstrated that a reduced dose of duplet chemotherapy with anti-EGFR antibodies resulted in a better tolerated treatment when compared to the FOLFIRI regimen. It resulted in a lower incidence of dose reduction overall too. Nivolumab has demonstrated good efficacy in the management of recurrent or metastatic head and neck squamous cell carcinoma.

Learning From Randomized Trials: Do GA Interventions Improve Outcomes?

Older patients will have concerns that are specific to them and not reflected in a standard trial design. This is where CGA can be used to better characterise this population and guide their enrolment into interventional trials. CGA should be used as standard practice in design and investigation of interventions. The GOSAFE study showed that CGA predicts for good outcomes in colorectal surgery as those shown to be frailer, had worse QoL outcomes. As a result, it will facilitate the development of more targeted interventions.

Using CGA better predicts for the risk of adverse events which allows for informed adjustments to the intervention, reducing the risk of discontinuation. This in turn improves patient outcomes. However, there is still more research to be done to better focus the use of CGA and overcome potential issues. More thoughts need to go into the time period over which a CGA should be performed, how caregivers can be involved as partners in trial design, implementing an MDT structure and improving accessibility through mechanisms such as telemedicine.

SIOG Nursing & Allied Health Interest Group session: Different Models of Integrating Pharmacists in Geriatric Oncology Care

This session addressed the inclusion of pharmacists within a GO clinic setting positively impacts patient management. The speakers presented a compelling argument for the cost-effectiveness of facilitating pharmacy involvement in a one-stop style clinic. It is time efficient, allowing prescribing concerns to be dealt with immediately, helps lower risk of polypharmacy induced hospitalisations and reduces toxicity risks. Alongside the benefits, they highlighted barriers that should be considered when implementing this clinic model into practise. This included dedicated training, increasing the prescriber pool, availability of clinic space and increasing an understanding of how to navigate patient fears of deprescribing.

The Resilience of Geriatric Oncology

This session highlighted the journey of overcoming adversity and scepticism in 1975 to where we are today. Key events across this period included the EORTC coordinating elderly involvement in clinical trials, the development of CGA, the first funded GO clinical fellowships by the Hartford foundation in 1997, founding of SIOG in 2000 and making it through the Pandemic!

The pandemic brought to the forefront some important learnings to build upon in GO: the socioeconomic disparities within the elderly population, the role of CGA in patient management and the need to leverage technology. With the increase in healthcare worker burnout, the need for resilience in the workplace has never been more important for our own wellbeing and that of our patients. It is something that can be learned as an individual, team and organisation.

Cellular Therapies in Past and Future - Where Do We Stand?

The discussions in this session addressed the use of autologous stem cell transplant in multiple myeloma (MM) therapy and alloHSCT in myeloid neoplasm therapy in the 70+ population. They also discussed CAR-T cell therapy in the management of lymphoma which built upon the quick-fire update presented at the start of the conference.

There is no strong evidence supporting the exclusion of older patients over 65 years in SCT trials. However, this exclusion has been the case historically. On the background of a saturated pharmacotherapeutic market when it comes to the management of MM, the need for SCT could be questioned. None the less, there is evidence supporting the use of SCT in 65+ patients. The progression free survival (PFS) of SCT is comparable to induction therapy in this age group and carries the benefit of improved PFS, exceptional responders and greater time without therapy. However, the greatest benefit is seen with those who receive SCT sooner rather than later. There are also issue of accessibility to services, toxicity and a temporary decline in patient QoL. Despite all this, there is a need to address older patients with MM access to therapeutic options in general as 57% of those who aren't eligible for SCT only get single line therapy despite the plethora of options available.

When treating Acute Myeloid Lymphoma (AML) in older patients, AlloHSCT has an overall long-term benefit when compared to chemotherapy. This same benefit is demonstrated in myelodysplastic syndrome where the overall survival increased as a percentage after 3 years when compared to standard of care.

Although this wasn't statistically significant when only the 65+ patients were analysed. However, there is evidence that the CGA could be used to better identify those older patients who would benefit from a HSCT based on their frailty status. This is demonstrated by one study where the overall survival at 1 year was 88.9% in the less frail compared to 11.1% in the more frail patients. There is clear evidence that allo-HSCT therapy may benefit older patients with myeloid neoplasms but that this could be better targeted using a CGA. Studies investigating this are ongoing.

CAR-T cell therapy is superior when compared to the standard of care in older patients with relapsed DLCBL. Retrospective analysis of the SUMA1 trial has shown that older patient outcomes were better than the younger patients who received CAR-T cell therapy. This has been replicated in other studies but with no statistical significance. It is important to consider the safety of CAR-T cell therapy in older patients, not just the efficacy, as the biology of older patients will be different. Limited differences in adverse events between older and younger patients have been demonstrated. Although there is some evidence for increased neurotoxicity in the 65+ population when compared to younger patients. However, non-cancer related mortality was comparable across age groups, with infection being the primary cause. This further supports the conclusion that CAR-T cell therapy can be safely considered in the treatment of relapsed DLCBL in older patients.

Short Abstracts

Associations of IL-6 with functional trajectories in older adults with cancer and moderation effect of race: Findings from the Health, Aging, and Body Composition (Health ABC) Study. Presented by Dr. Melissa Kah Poh Loh.

Dr. Melissa Kah Poh Loh presented findings of a secondary analysis of a health, ageing and body composition (Health ABC) study conducted within USA. Interesting findings showed that there is significant interaction between IL-6 and gait speed which differed between ethnic groups.

Inflammatory markers and overall survival in India older adults with cancer. Presented by Dr. Vanita Noronha.

Dr. Vanita Noronha conducted a retrospective observational study identifying the relationship of inflammatory markers and overall survival (OS) in older cancer patients from India. A specific point of interest was exploring neutrophil-lymphocyte ratio (NLR), platelet-lymphocyte ration (PLR), and the lymphocyte-monocyte ratio (LMR). Results of this study identified that a higher NLR and PLR are predictive of poorer OS, while an elevated LMR is predictive of improved OS.

Immortal time bias in older vs. younger age groups. Presented by Dr Sophie Pilleron.

Dr. Sophie Pilleron claimed that immortal time bias (ITB) depends on early death, while older adults are more likely to die early. Thus, ITB should be accounted for during data analysis within cancer literatures.

Real-world data: tolerability and efficacy of palbociclib (PAL) in elderly patients with advanced breast cancer (ABC). Presented by Dr Diana Simão.

With the combination of endocrine therapy and CDK4/6 inhibitor as standard treatment for patients with hormone positive (HR+), human epidermal growth factor receptor 2 negative (HER2-) ABC. Dr Diana Simão conducted a retrospective analysis on the use of this combination in elderly patients with ABC. Conclusively the study showed that PAL was well tolerated in the older population and survival analysis in progression free survival exhibited no difference between the younger and older population.

A Pilot Study on the Use of Goal Attainment Scale for Pharmacy Medication Reviews in the Geriatric Oncology Clinic. Presented by Ms. Joey Chen.

Ms. Joey Chen identified health related goals that are important for older patients. The need to reduce symptoms such as pain, urinary frequency and constipation while reducing polypharmacy is a fine balance to be struck. Contribution from pharmacists can aid the care provided within geriatric oncology clinics and establishing a standardised goal attainment scale can identify areas of improvement from patients.

Trajectory of functional decline and loss of independence in activities of daily living in older adults with advanced cancer receiving treatment. Presented by Dr Eva Culakova.

Dr. Eva Culakova discussed the association between ageing and functional status. Naturally, our functional status decline towards end of life and this is reflected in older adults' wish for independence. Incorporating consideration in activities of daily living (ADLs) is integral for effective management of older cancer patients.

Pushing the Limits of Oncological Treatment in Elderly Patients: Results of an Aggressive Policy for Peritoneal Carcinomatosis Treated by Cytoreductive Surgery and HIPEC. Presented by Dr Lisa Cooper.

Peritoneal carcinomatosis (PC) is a disease with poor quality of life and dismal prognosis. Normal treatment options include cytoreductive surgery (CRS) and HIPEC, however these treatments are often with-held from the older population. Dr Lisa Cooper set out to investigate whether older age is an independent risk factor for complications in CRS and HIPEC. Her study observed that older patients (³70-years-old) undergoing CRS and HIPEC had similar outcomes in longer term survival in patients (<70-years-old) who received the same treatment regimen. Therefore, careful selection of older adults for CRS and HIPEC is warranted.

Cancer susceptibility germline pathogenic variants and follow up care among older patients. Presented by Dr Yanin Chavarri Guerra.

Dr. Yanin Chavarri Guerra reviewed clinical characteristic genetic testing outcomes of older patients with cancer susceptible germline pathogenic variants. Furthermore, utilising the genomic cancer risk assessment (GCRA) to follow up care for these patients. This study warrants strategies to improve GCRA referral and uptake of risk reducing recommendations in treatment decisions. There needs to be a greater awareness among physicians and patients regarding the use of GCRA to guide therapy options.

MDT Maximal Treatment vs De-escalation: Gastric Cancer

A multidisciplinary panel consisting of a surgeon, geriatrician and a medical oncologist discussed their perspectives when treating older adult patient with cancer. Running through a difficult case of gastric cancer, the panel shared insight into their decision making. From a surgeon perspective, the difficulty is balancing patient expectation to treatment options, when are patients deemed too frail? Sharing this decision with other members on the MDT is integral for guiding management. It was stressed that involving the patient in decision making is just as important as input from the MDT.

Furthermore, prehabilitation can play an important role in optimising patients for surgery as well as improving patient outcome after surgery. From a geriatrician perspective, balancing polypharmacy and having a grasp of the patient's frailty status is invaluable input for the MDT. Appreciating the concept that age should not dictate treatment options, rather a comprehensive geriatric assessment can modify treatment for older patients accordingly. Similar comments from the medical oncologist echoed the other two speakers. Proactive supportive care and reacting early when toxicity is flagged can be supplemented with the help of geriatrician advice from CGA. While the use of chemotherapy can prime patients for surgical success. All in all, the MDT stressed the importance of effective teamwork for synergistic treatment for older cancer patients.

Biology of Ageing

Speakers explored the definition of aging and the biology behind it. We learn that ageing is a time-dependent process of decline and deterioration in the biological and functional property of cellular tissues, organ and at the body level. Ultimately, this impairs the body's stem cell exhaustion, ability to adapt to internal and external stressors. With age, cell's ability to replicate declines due to telomere attrition, genomic instability, and epigenetic alterations. Consequently, mutations are likely to occur and result in cancer. The link between ageing and cancer are highlighted by our speaker and discussing the relevancies to anticancer therapies.

Furthermore, biomarkers of ageing have also been investigated to provide insights into the ageing process, possibly a step in the right direction to understanding healthy ageing. Inherently, older age is associated with an increase in pro-inflammatory status when compared to the younger age.

Interestingly, biomarkers of proinflammation such as TNF-a, IL-6 and CRP are associated with functional decline and frailty. While there are some biomarkers identified to reduce the individual's ability to regain function. Future studies to utilise this information obtained from biomarkers could aid the management of cancers as well as healthy ageing.

Therefore, it can be concluded that chronological age (number of years since birth), functional age (quality of life/activities of daily living) and biological age (cellular/internal footprint) are very different aspects of ageing. Many more to learn and take forward into practice.

Setting up Oncogeriatric Care Services using the Consultative Geriatric Oncology Model: Experiences from Across Regions

The session addressed the process of setting up oncogeriatric care services across regions of the world. Presentations included from a geriatrician's and an advanced nurse practitioner (ANP)'s role in running these services. From the geriatrician's experience, it is important to account for polypharmacy which is prevalent in the older adult population. Hence it is important to know when to de-escalate treatment and streamline polypharmacy for effective care. However, it must be emphasised that geriatricians are less familiar with the specifics in management of cancer, prognosis of individual tumour types and the benefits/toxicities of cancer treatments. Thus, it is critical for oncological input from the MDT.

While from an ANP's perspective, the most important aspect of patient care is meeting their demands and understanding what is needed to meet these demands. In Ireland, specialised ANP can conduct CGA to reduce the burden of geriatricians. This not only allows streamlining of oncogeriatric care services but also allow ANP to identify patients' needs and be flagged up for the MDT. ANP are also adept at applying integrated patient management screening tools such as G8 screening tool, which enables fast problem identification and assorted referral to MDT members.

Although the implementation of oncogeriatric care services are warranted, not all regions are suitable yet. For instance, in Latin America, there is fragmentation of healthcare systems within the private and public settings. The disparity in care poses a challenge in creating sustainable oncogeriatric services. Lack of resources remain a major obstacle in the implementation phase. Without a dedicated MDT, service provision will be difficult. Oncogeriatric care services is still a novel concept in developing countries, however, it is acknowledged that education will be crucial. To address this issue, dedicated MDT, geriatric oncology education programme and further collaborations with established organisations are the next steps.

Intrinsic Capacity as Measure of Resilience in Older Adults

The panel discussed value of operationalizing resilience in older adults with cancer, specifically reinforcing the CGA with the new concepts of intrinsic capacity to improve patient outcome. There were 4 concepts of pillars in medicine which incorporates the concept of intrinsic capacity; predictive, preventive, personalised and participatory. In each domain, the aim is to predict disease progression, prevent poor prognosis, personalise management plan and active participatory action from both patient and clinicians.

The key definition of intrinsic capacity can be explained as the combination of an individual physical and psychological capacities. Ultimately self-empowerment of health can yield better patient outcome. The greater the intrinsic capacity of an older patient is, the better the outcome. It is suggested that intrinsic capacity gives better health strategy and better precision medicine for promoting a holistic prehabilitation approach, as seen in older cancer patients. Tools to optimise intrinsic capacity and resilience is the use of CGA to stratify risk and result in healthy ageing. Further utilisation of Rockwood frailty score, ICOPE screening and mobile-based technology can augment older cancer patient management.

DAY 2

Oral abstracts

Frailty in older patients undergoing elective colorectal cancer surgery; interaction with postoperative complications, daily functioning and quality of life. Presented by Helen van der Hurst.
In this study, effective prehabilitation and considering the level frailty was more relevant to decisions over the appropriateness of surgery as an option for our older patients.

SARC-F Combined with Computed Tomography (CT)-assessed Muscle Mass and Density is Associated with Increased Risk of Mortality among Older Adults with Cancer. Presented by Daniel L. Hess.
Daniel presented findings that suggests combining CT imaging with the SARC-F score carried prognostic value when predicting outcomes for older patients with Cancer. The diagnostic tools have the potential to do this by quantifying the severity of Sarcopenia and Myosteatosis. Both of which are associated with poor outcomes in older adults with Cancer.

Factors Associated with Decision Regret in Older Adults with Advanced Cancer Receiving Systemic Treatment. Presented by Supriya Mohile.
The following study identified factors that may contribute to decision regret in older patients with cancer when deciding on their management. They found that decisional conflict had the strongest association with decisional regret. Other correlating factors included depression and impair social support prior to the intervention.

Association of metabolomics mortality score with geriatric assessment and mortality in older patients with solid tumours. Presented by Johanneke Portielje.
This study explored whether metabolomic tests could be predictive of patient frailty and treatment response outcomes. They compared 2 scoring systems - MetabolicHealth and MetabolicAge. Both tests had an association with mortality risk, but neither were predictive of QoL outcomes. They also found that MetabolicHealth was associated with frailty.

Age-related disparities in relative survival for 10 common cancer types in the US. Presented by Sophie Pillerson.
Sophie provided compelling evidence that cancer outcomes were disparately poorer in older patients in the first year of follow-up. The paper supports the need to explore the drivers behind this disparity.

PROM, Focusing on Financial Toxicity, Sexual Dysfunction, Cognitive Decline and PROMs

Patient reported outcome measures (PROM) identifies a patient's health related quality of life at a single point. This information can provide insight into patient adherence to treatment and improving patient outcome. Dr Massimo Di Maio claimed that a move to electronic PRO (ePRO) and empowering patients to self-report during treatment can not only improve compliance but also a tailored approach to patient management.

Ultimately financial toxicity and health insurance can influence cancer care within older patients. Dr Priviel Carrera explained how older patients are more exposed to catastrophic health expenditures and this in turn generates distress which negatively influences disease on a psychosocial level. Other points to consider were the decline in physical and mental health with age. These factors can also play a part in the progression in cancer and negatively impact older patients' quality of life.

MDT – Science Slam

In this session, the experts discussed 2 MDT cases focusing on acute myeloid leukaemia and lymphoma. Points of interest for the two-cases revolved around whether patients are eligible for aggressive curative treatment or palliative management. The MDT panel consisting of a haemato-oncologist (Dr Nina Neuendorff), geriatrician (Dr Valentin Goede) and geriatric nurse (Miss Anna Uit den Boogaard) shared their views on this case. From the geriatrician point of view, it was important to establish the patient's performance status and identify factors that could cause a decline, for instance toxicity. Moreover, Dr Valentin Goede compared geriatricians to seat belts for patients in a car, providing the safety measures for patients undergoing acceleration in toxic treatment and knowing when to reduce treatment speed. Ultimately every patient is different and will have different baselines in tolerating such treatment. Thus, the input from geriatricians can guide treatment escalation and reduction.

This notion was echoed from Ms Anna Uit den Boogaard, whereby some patients are more fragile for their age. More time for work-up to optimise patients for treatment is needed and should involve continual communication between patient, family, and nurse, who can then feedback to the MDT. While Dr Nina Neuendorff comments on the priorities of an oncologist is to disclose information of risks and benefits regarding treatment options, for patients to make an informed decision. Incorporating patient preference in consideration of treatment options will set expectations and allow for greater treatment compliance.

Survivorship and Resilience in Hematologic Malignancies

Focusing on hematological malignancies, the panel discussed the importance of early geriatric and frailty assessment when factoring comorbidities into management options. Dr Clark DuMontier shares some insight into his own practice with survivorship issues in older adults with multiple myeloma. He stressed the importance of performing geriatric and frailty assessments early to guide management. Additionally reassess patients after treatment to see whether patients are responding well and tolerating treatment. This is particularly important as survival declines with increasing frailty in veterans with newly diagnosed and treated myeloma. Identifying reversible and irreversible frailty at diagnosis can optimise patients to become more tolerable of aggressive treatment.

Dr Nina Neuendorff discussed lymphoma survivorship, specifically focusing on diffused large B-cell lymphomas (DLBCL). The intention to treat DLBCL is a curative approach, this does not change in older adults. However, improving treatment related toxicity is crucial for patient outcome. Ultimately anti-cancer therapies lead to metabolic dysfunction and lymphoma protocols incur cardiotoxicity which may be difficult to account for in older patients with various comorbidities. However, echoing from Dr Clark DuMontier's comment about risk assessments, Dr Nina Neuendorff agrees that survivorship starts before treatment. The recent developments in understanding clonal hematopoiesis of indeterminate potential (CHIP) can aid cardio-metabolic risk assessments during survivorship. As CHIP confers potentially mechanistical links between cancer and cardiovascular disease.

Dr Mazie Tsang commented on the role of measurable residual disease (MRD) testing via utilising latest sequencing method: clonoSEQ. It is shown that an increase in MRD is associated with reduction in PFS. While an increase in undetectable MRD (uMRD) is associated with improved survivorship. Therefore, with adequate uMRD and MRD testing, more information can be obtained to allow for de-escalation and escalation of anti-cancer therapies and guide treatment accordingly.

Joint session SIOG/EuGMS: Sarcopenia in Older Adults with cancer

Sarcopenia is a known risk factor for reduced quality of life. In the context of disability and frailty, the reduction in skeletal muscle mass can have a detrimental effect on functional status. Dr Holly Holmes presented an overview of sarcopenia and how it is relevant to older adults with cancer. There needs to be more tools to measure muscle impairment and recognise sarcopenia as a predictive parameter for assessing disease progression.

Dr Anurag Saraf showcased the use of various imaging technology to supplement the diagnosis of sarcopenia. With CT and MRI being gold standards for research in muscle mass assessment. The incorporation of AI technology can further enhance imaging quality and guide treatment directions. Bioelectrical impedance analysis (BIA) is an exciting modality that can be easily implemented for screening older adults for sarcopenia. Although itt is easy to use and generates quick results, BIA lacks clinical validation and has significant variance in reproducibility. To further the use of imaging in sarcopenia, some standardisation is required and more clinical validation in the context of BIA is warranted. Within current literature, there are large variation of cut-offs for sarcopenia definitions. Thus, patient demographics are needed to be studied to identify individual cut-offs for more precise diagnosis of sarcopenia.

Behind the Scenes: Practice Changing Studies in the Geriatric Oncology Landscape

In this session, the speakers discussed new perspectives in the management of cancer in older patients. They discussed chemotherapy, immunotherapy and surgery.

Dr Claire Falandry (Hospices Civils de Lyon) explored the benefits of chemotherapy in our older patients and concluded that whilst its benefit may be marginal, particularly in breast cancer management, it shouldn't be disregarded as an option. There is evidence that immunotherapy is benefiting older patients with overall survival, toxicity tolerability and quality of life reported Dr Fabio Gomes (The Christie NHS Foundation Trust). He did highlight that discontinuation was observed to a greater extent in frailer patients.

Prof. Barbara van Leeuwen (University Medical Centre Groningen) managed to get some audience participation by a mass squat session! She outlined the potential benefit of prehabilitation in our older patients prior to surgical interventions but better powered studies are needed. There is also a need to address issues around home-exercise concordance and high drop-out rates amongst older frailer patients.

Immunotherapy in Older Adults with Cancer – Re-thinking Toxicity of Treatment

Here listeners were guided through the issues of immunotoxicity amongst older patients with Cancer and a new angle on how it could be managed. The risk of immunotoxicity is unpredictable with no variability observed amongst different ages. In our frailer patients, the evidence suggests this is resulting in a higher incidence of immunotherapy discontinuation amongst these patients.

Steroids are the mainstay of managing immunotoxicity. Yet with chronic use, particularly at higher doses, the steroids themselves result in a number of harmful side effects. Taking steroid sparing measures and tailoring down to the lowest dose suitable can help improve tolerability and facilitate a longer period of oncotherapy. However, this may not always be sufficient, especially when higher doses are required. By looking to our rheumatology colleagues, an alternative measure may be appropriate. Disease modifying antirheumatic drugs (DMARDs) may be the answer for those patients where the long-term dose cannot be tapered below 10mg or in those who would benefit from a steroid sparing period. Biological DMARDs may be another avenue. This is a space to watch as there are ongoing randomised clinical trials looking at the safety and efficacy of these options.

LifeChamps Satellite Symposium: How can digital health technologies support post-treatment cancer care of older cancer survivors

This session presented how the LifeChamps project can improve the care of older cancer survivors. The talk was hosted by Dr Nicolò Matteo Luca Battisti (The Royal Marsden NHS Foundation Trust) and Dr Hans Wildiers (UZ Leuven) with listeners tuning in both virtually and in person. To start with, the hosts set the scene for older patient survivorship needs. They highlighted that what mattered most to patients related to their physical, emotional and functional needs. To better support this, an interdisciplinary approach to their long-term management should be taken to better tailor it to an individual. This is achievable when a partnership is formed between technology and care.

LifeChamps is in the process of developing reliable digital biomarkers that will better guide the ongoing care of older cancer survivors. They are generating an effective care solution that is guided by big data. This is being achieved through the integration of accessible tech into patients' day to day lives. These tools include home sensors to track activity patterns, smart devices, digital apps and questionnaires. The data obtained from this implementation feeds into a central database that can then identify trends to generate predictive models that can the identify patient needs in real-time. This facilitates an adaptive and personalised approach to patient care.

Potential barriers for LifeChamps were discussed and viable solutions presented. Concerns around digital literacy in older adults was one example. However, they feel that the perception of older adults being resistant to technology is a misconception. It is a far more heterogenous picture and one that can be approached by educating both the care provider and the patient themselves. Going forward, the next steps for LifeChamps include developing strategies for training clinical teams, obtaining caregiver and patient feedback as well as encouraging more active patient involvement in the research. If successful in this venture, LifeChamps will improve equity of access amongst older cancer survivors to good quality care across Europe.

Let's talk about study methods

This discussion addressed study methods and the utility of Big Data in research. Speakers recommended arranging personal databases with clear goals for their use and utilising existing systems for organising these databases. The motto: work smart and not hard come to mind!

During the big data debate, Dr Pilleron came to its support whilst Dr Jaklitsch raised his concerns around it. One of the main arguments in support for big data base was the ability for clinicians to identify and tackle geographical disparities in cancer diagnosis. There is also the exciting potential to use AI in conjunction with these databases to better personalise treatments. On the other hand, some strong arguments against big data in its current state were presented. The risk of having access to larger data sets is that it may result in overpowered statistical analysis resulting in misguided conclusions. There is also the issue of poor-quality databases that need extensive cleaning, while resulting missing data points wil limit the usefulness of the database. Strong arguments were made for both sides. All parties agreed that there is a lot of potential for Big Data but improving quality in databases is warranted.

Short Abstracts

Esophagectomy in octogenarians with esophageal cancer: should it be done?
Presented by Lisa Cooper.
The conclusion of this retrospective study is that good post-op outcomes are possible in the 80+ if appropriately selected.

Patient-reported outcomes (PROs) of cemiplimab (CEMI) versus platinum-doublet chemotherapy (chemo) in advanced non-small cell lung cancer (aNSCLC) with programmed cell death-ligand 1 (PD-L... Presented by Miranda Gogishvili.
This study found that whilst there was an improved QOL and time period to deterioration in the CEMI treatment arm, there was no statistically significant improvement in PROs.

Real world data of patient-reported outcome measurement (prom) using pro-ctcae tool in a single centre study in older patients with lymphoma undergoing intravenous chemotherapy. Presented by Dr Raul Cordoba.
PROM use in patient management facilitated a better understanding what matters to the patient and was associated with a reduced attendance rates in the emergency department.

Shared Decision-Making Support Program for Elderly Patients with Advanced Cancer Using Question Prompts and Geriatric Assessments: Phase II Randomized Controlled Trial. Presented by Kyoko Obama.
Older patients are less likely to express their preferences. The use of question prompts, and GA resulted in a statistically significant increase in patients discussing their concerns.

Testing the Oncologic Outcome Prioritization Tool in older patients with cancer.
Presented by P.A.L. (Nelleke) Seghers.
Patients feel this tool aids conversation and impacts the decision-making process.

Patient-centred Communication among Older Patients with Advanced Cancer and Oncologists - The Influence of Patient's Race. Presented by Nikesha Gilmore.
Patients from different ethnic groups communicated in different ways to clinicians. In this study, white patients were more likely to use active communication and black patients were more likely to use passive communication.

Transient perturbation of immunosenescence-related genes in older women with breast cancer receiving chemotherapy. Presented by Qi Wu.
Chemotherapy may stimulate immunity in the long term.

Frailty in Older Patients with Cancer and the Association with Antineoplastic Treatment and Treatment Adherence: Preliminary Findings of a Large Prospective Geriatric 8 Cohort Study (PROGNOSIS RCT). Presented by Helena Møgelbjerg Ditzel.
Frailty was associated with reduced treatment adherence and worse overall survival outcomes.

SIOG 2022 Public Policy - United Nations Geneva

On October 28, 2022, the SIOG 2022 Public Policy Meeting on Cancer in the Aging Population was held at the United Nations in Geneva, Switzerland. This meeting's main objectives were to discuss the socioeconomic implications of cancer in older people and how to improve inclusion of older cancer patients in clinical trials.

Devex - the media platform for the global development community reported on this: https://www.devex.com/news/opinion-we-need-to-continue-improving-cancer-care-for-older-adults-104473

Opinion: We need to continue improving cancer care for older adults

While cancer disproportionately impacts the older population, the care they get falls short when compared to other age groups. The International Society of Geriatric Oncology's Public Policy Committee weighs in on the measures neede...

Devex / Nov 18

For more information on the SIOG Public Policy Meeting, please visit : https://siog.org/events/past-siog-events/siog-public-policy-meeting-2

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