Oncogeriatric development through time: the challenge of cancer care transformation

Matti Aapro, M.D. (Switzerland)
Percentage of total population aged 60 years or older 2002

Percentage aged 60 years or older in 2002:
- 0–9
- 10–19
- 20–24
- No data

WHERE ARE THE ELDERLY

R. Audisio EORTC EGAM 2007

Department of Chronic Diseases and Health Promotion
Mean age of global population is increasing

Figure taken from United Nations World Population Prospects at http://esa.un.org/unpp/index.asp?panel=2
Percentage of total population aged 60 years or older 2050

Are all older patients functionally the same?
Life expectancy in senior adults: a large variability reflecting health status variability

- Top 25th percentile (FIT seniors)
- 50th percentile (MEDIAN life expectancy)
- Lowest 25th percentile (FRAIL seniors)

Domains:
- Cognition
- Comorbidity
- Emotional conditions
- Function
- Geriatric syndromes
- Nutrition
- Pharmacy
- Socioeconomic conditions

Delivering affordable cancer care in high-income countries


The burden of cancer is growing, and the disease is becoming a major economic expenditure for all developed countries. In 2008, the worldwide cost of cancer due to premature death and disability (not including direct medical costs) was estimated to be US$895 billion. This is not simply due to an increase in absolute numbers, but also the rate of increase of expenditure on cancer. What are the drivers and solutions to the so-called cancer-cost curve in developed countries? How are we going to afford to deliver high quality and equitable care? Here, expert opinion...
Global cancer transitions according to the Human Development Index (2008–2030): a population-based study

Florrie Bray, Ahmadreza Jemal, Nathan Gey, Jacques Forney, David Forman

Summary

Background Cancer is set to become a major cause of morbidity and mortality in the coming decades in every region of the world. We aimed to assess the changing patterns of cancer according to varying levels of human development.
Short history of cancer treatment in older patients

3. Balducci L. NCCN Clinical Practice Guidelines in Oncology Senior Adult Oncology November 1, 2006
On May 2005 the 58th World Health Assembly adopted two resolutions:

- Strengthening Active and Healthy Ageing
- Cancer Prevention and Control

Following the adoption of these resolutions WHO is intensifying:

• its global action against cancer
• its action to develop the health care of older persons.
CANCER IS ON THE POLITICAL AGENDA

- The United Nations General Assembly adopted by consensus the resolution titled "Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases" (document A/66/L.1).

- High-Level Meeting on NCDs, 19-20 September 2011
General Assembly

Sixty-sixth session
Agenda item 117
Follow-up to the outcome of the Millennium Summit

Draft resolution submitted by the President of the General Assembly

Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

The General Assembly,

Adopts the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases annexed to the present resolution.
UN Political Declaration

- We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 19 and 20 September 2011,…..

- 21. Recognize that the conditions in which people live and their lifestyles influence their health and quality of life and that poverty, uneven distribution of wealth, lack of education, rapid urbanization, population ageing and the economic social, gender, political, behavioural and environmental determinants of health are among the contributing factors to the rising incidence and prevalence of noncommunicable diseases;
(e) Pursue and promote gender-based approaches for the prevention and control of non-communicable diseases founded on data disaggregated by sex and age in an effort to address the critical differences in the risks of morbidity and mortality from non-communicable diseases for women and men;
Growing interest has led to the formation of a geriatric oncology society, member of UICC

President: R. Audisio (UK)
President-elect: A. Hurria (USA)
Past President: M. Extermann (USA)
Treasurer: C. Steer (AUS)

www.sioog.org
The arms best adapted to old age are culture and the active exercise of the virtues.

Cicero, De Senectute
You may be sure, my dear Scipio and Laelius, that the arms best adapted to old age are culture and the active exercise of the virtues. For if they have been maintained at every period—if one has lived much as well as long—the harvest they produce is wonderful, not only because they never fail us even in our last days (though that in itself is supremely important), but also because the consciousness of a well-spent life and the recollection of many virtuous actions are exceedingly delightful.

Cicero, De Senectute
We cannot “simply” apply principles of clinical studies validated in younger patients

EORTC workshop on clinical trial methodology in older individuals with a diagnosis of solid tumors
On behalf of the EORTC Elderly Task Force
Annals Oncology, 2011
The SIOG guidelines

- Management of elderly patients with breast cancer: updated recommendations of the International Society of Geriatric Oncology (SIOG) and European Society of Breast Cancer Specialists (EUSOMA).

- Anthracycline cardiotoxicity in the elderly cancer patient: a SIOG expert position paper.
**UICC World Cancer Declaration**

**Targets: by 2020**

1. Sustainable delivery systems will be in place to ensure that effective cancer control programmes are available in all countries.

2. The measurement of the global cancer burden and the impact of cancer control interventions will have improved significantly.

3. Global tobacco consumption, obesity and alcohol intake levels will have fallen significantly.

4. Populations in the areas affected by HPV and HBV will be covered by universal vaccination programmes.

5. Public attitudes towards cancer will improve and damaging myths and misconceptions about the disease will be dispelled.

6. Many more cancers will be diagnosed when still localised through the provision of screening and early detection programmes and high levels of public and professional awareness about important cancer warning signs.

7. Access to accurate cancer diagnosis, appropriate cancer treatments, supportive care, rehabilitation services and palliative care will have improved for all patients worldwide.

8. Effective pain control measures will be available universally to all cancer patients in pain.

9. The number of training opportunities available for health professionals in different aspects of cancer control will have improved significantly.

10. Emigration of health workers with specialist training in cancer control will have reduced dramatically.

11. There will be major improvements in cancer survival rates in all countries.
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