Joint Interactive Symposium ESO/EONS

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Cancer in the elderly: facts and figures in Europe

S. Monfardini. *Azienda Ospedaliera di Padova, Division of Medical Oncology, Padova, Italy*

Approximately 70% of deaths attributable to all types of cancer occur in men and women aged 65 year or older. In the last decade however the problem of cancer in older people has been somewhat underestimated by the oncological community. Now with growing evidence of the general increase in the lifespan of individuals in Europe, physician and nurses have become more aware of the special approaches needed in the management of elderly people, mainly because of a number of a social and physical age associated limitations. This concern is presently shared by the oncological teams who are often under the pressure of increased numbers of European older patients referred to outpatient and inpatient departments in their everyday practice. No data on the percentage of patients over 70 years observed in medical oncology, radiotherapy and surgical oncology divisions are however available in Europe. This increase of the elderly oncological health care burden derives also from the reduced tendency in Europe to deny active oncological treatment to old, and also to the very old patients, compared with 10-15 years ago.

Although results from controlled clinical trials are still scarce for most neoplasia, more attention has been dedicated in Europe in the last 5 years to cancer in the elderly through retrospective studies, specific trials, studies on the validation of geriatric scales applied to older cancer patients, presentation at international meetings, workshops, conferences and reviews. As a result of these efforts in the field of medical oncology, present chemotherapy treatment plans for some tumors may still be superimposable in adults and elderly patients, but not entirely for other tumors such for example, as breast carcinoma, non-small cell carcinoma and non-Hodgkin's lymphomas.

Cancer management in the elderly is less cost-effective due to reduced life expectancy, costly complications after chemotherapy and use of several concomitant medications. In restricted times, with the address to reduce costs in all European countries, elderly cancer patients may be at risk of undertreatment. The possible limitation to drug prescriptions for elderly cancer patients in Europe is then a concern. The main drug at risk for excessive cost are: hematopoietic growth factors and rituximab, followed by liposomal doxorubicin, taxanes, oxaliplatin, gemcitabine and vinorelbine.

Management of cancer in the elderly has proven to be complex because of the interference of age-associated conditions, (comorbidity, functional status impairment, possible neurological and mental deterioration), but many facets and individual variations in the age-associated limitations and increased costs does not mean that there is an absence of optimal solutions for diagnostic and therapeutic problems, to be managed in Europe through the integrated work of clinical oncologists, nurses, geriatricians, family members and social services.

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Treatment possibilities - what treatments are available and useful

M. Aapro. *Clinique de Genolier, Institut Multidisciplinaire d'Oncologie, Genolier, Switzerland*

Effective treatment that potentially improves quality of life or extends meaningful survival in elderly patients with cancer should not be withheld on the basis of advanced age alone. Inadequate assessment of the patient and a lack of an understanding of the ageing process are a basis for common misconceptions among clinicians. A higher incidence of comorbid conditions may limit the choice of treatment in addition to adversely affecting patient prognosis and survival. Geriatric assessment is precise and allows adequate prediction of survival. It may influence survival as it may lead to adequate interventions. Depression for example can be discovered, and is an issue which is too often neglected, specially in the elderly. The EORTC and SIOG have recently established guidelines for such assessments. Surgery is feasible at even advanced age, with clearly increased mortality if it is an emergency procedure. Radiation therapy can have limitations like positioning or length of therapy, but solutions exist to overcome these issues. Hormonal therapy does have side-effects which need discussion. Elderly patients may also have issues with weight gain, loss of libido, etc. Chemotherapy, when indicated, can be delivered to almost any patient, with appropriate supportive measures, including antiemetics and growth factors. Neutropenia is a serious complication of chemotherapy and leads to potentially life-threatening infections. There is a demonstrated correlation between age and neutropenic complications. The risk of life-threatening neutropenia exceeded 40% and the risk of associated infections varied between 21%–47% in nine studies of elderly NHL patients receiving chemotherapy. This is above the level at which the American Society of Clinical Oncology recommends the primary prophylactic administration of haematopoietic growth factors. Anaemia leads to a number of adverse symptoms secondary to a reduced oxygen-carrying capacity. This may put the cardiopulmonary system under stress, resulting in fatigue, shortness of breath and changes in cognition. Mucositis, which affects the mucous membranes of the mouth and gastrointestinal tract, is often more severe in the elderly population. It may cause extremely painful mouth sores to develop, resulting in difficulty in chewing, swallowing and talking. Patients often require pain control using opioid analgesics, extended hospital stays and may develop malnutrition as a result of a reduction in food intake. Micro-organisms may gain access to the bloodstream via oral lesions, increasing the risk of serious and potentially life-threatening systemic infections. The delivery of planned doses of chemotherapy on time is essential to ensure that elderly patients are offered the same potential outcome benefits as their younger counterparts. Management of myelotoxicities is therefore crucial to enable adherence to planned chemotherapy schedules. Further clinical studies to investigate new treatment strategies and improve the management of elderly cancer patients are needed. The European Organisation for Research and Treatment of Cancer (EORTC) currently have studies underway, which should help achieve this goal.

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Empowering elderly cancer patients: challenges and solutions

K. Redmond. *Editor, CancerFutures, Milan, Italy*

Even though most individuals diagnosed with cancer are elderly, they often do not receive optimal cancer care despite evidence that, otherwise healthy, elderly cancer patients can benefit from treatment to the same degree as their younger counterparts, most elderly cancer patients want to receive information, good or bad, and a significant number of older people want to either share or play an active role in decision making about their treatment. There are many barriers to optimal elderly cancer care. Ageist attitudes abound and are reinforced by poor training of health professionals in the care of elderly people. Elderly people also hold fatalistic attitudes towards cancer and its treatment that are fuelled by life experience and misconceptions. Such attitudes are not counteracted easily since elderly people are less likely to have access to the Internet, less likely to understand the language of the Internet – English – and many educational materials are not developed with the needs of elderly patients in mind. Younger family members do help their elderly relatives overcome the digital divide, however, some act as gatekeepers to information and sometimes prevent the older person from accessing essential information. In general, elderly people have difficulty in advocating for themselves and it is not surprising that when confronted with a life-threatening illness, elderly cancer patients find it difficult to demand equity of access to optimal cancer care. Ageist and fatalistic attitudes need to be challenged through education and action. Education and training is required to equip health professionals with the skills they need to provide optimal care for elderly cancer patients. A concerted effort is required to overcome the barriers elderly patients face in accessing information. Finally, a public awareness campaign is needed to highlight the plight of elderly cancer patients and to call the well-elderly to action to campaign against the inequities and discrimination confronted by elderly cancer patients.