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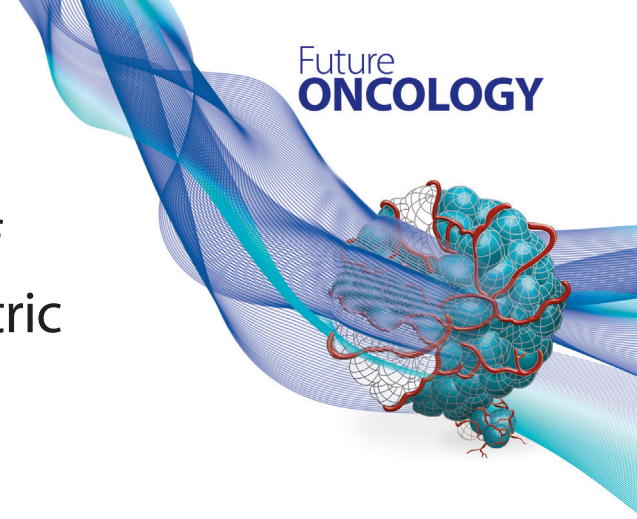

CONFERENCE SCENE

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Report on the 14th Conference of the International Society of Geriatric Oncology

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14th Conference of the International Society of Geriatric Oncology, Lisbon, Portugal, 23–25 October 2014

The annual international conference of the International Society of Geriatric Oncology gathered about 400 scientists in Lisbon in October 2014. Arti Hurria, President of the Society, opened the meeting and presented recent Globocan data on the development of the number of people newly diagnosed with cancer. From 2012 to the expected figures of 2035 the number of people aged 65 years and older diagnosed with cancer will increase by 108%. All areas of the world are concerned, not only the so called western Countries. Five major tracts covered important areas in the field of Geriatric Oncology: solid tumors; hematological malignancies; new therapies and basic science; nursing, supportive care and geriatric assessment; advocacy and social-economical issues.

KEYWORDS

• breast cancer • cachexia • cancer • cancer screening • chronic lymphocytic leukemia • frailty • geriatric assessment • geriatric oncology • nutrition • psychooncology

Nearly 60 state-of-the-art lectures by international experts, and 25 abstracts selected as oral presentations, and 120 posters set up the program. The sessions covered a broad field from basic science, addressing the interaction of cancer and aging, till impact of cancer on care givers. The main topics were the clinical care of older adults with different types of cancer, the methodology of geriatric assessment as instrument to describe an older individual's health, cancer screening, nutrition, sarcopenia and cachexia, and ongoing clinical trials in the field. Vesa Kataja from Finland chaired the Scientific Committee.

Traditionally, the conference started with an update of the development in medical oncology, geriatrics, surgery, psycho-oncology and hematology. Definition and detection of frailty in the context of cancer is an important clinical and scientific topic, as the aggressiveness of disease and care already has implications on decision-making and course of the disease in older adults with cancer otherwise classified as nonfrail. According to the recent recommendations Murial Rainfray suggested to screen all persons older than 70 years and all individuals with weight loss >5% due to chronic diseases for frailty [1]. In addition she mentioned delirium as a major health care problem in older adults, affecting 10–30% of all hospitalized patients. Delirium is associated with increased length of stay, long-term functional and cognitive decline, higher mortality, patients and care givers distress, and elevated costs. The rate of undetected cases of delirium remains high. Screening tools are available [2], but tested in different setting. Kwok Leung Cheung (UK), addressed the topics of surgical research in the field, as there are less aggressive surgery, omitting surgery, or replacing surgery by radiotherapy. In addition, some trials addressed questions of geriatric assessment as instrument for

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decision-making. Jimmie Holland, nestor of psycho-oncology in the USA, pointed the attention to the fact, that most of the cancer survivors are older adults. In addition, she reported about programs addressing the psychosocial needs of older adults living with cancer, and the importance of social ties for their well-being. Reinhard Stauder, Austria, reported on the recent development in the assessment and treatment of older adults with hematological malignancies. Especially in chronic lymphocytic leukemia he could report on major achievements in the last year [3].

To find effective screening procedures for cancer is a long standing wish. As the incidence rates increase with age, older adults could be the major goal of early detection by screening giving a higher right of true positive cases, on the other hand, remaining live expectancy decreases, thus cancer might be diagnosed in people dying of other causes than cancer. Thus a person might receive a cancer diagnosis she would not have received, if she would not have participated in a screening program, the so called lead-time-bias. The situation is very different for different cancer types. Meri-Sisko Vuoristo, from Finland, reported on the screening data on colorectal carcinoma in Finland, summarizing a benefit in decreasing mortality from colorectal carcinoma. Michael Jaklitsch (USA), reported the recent trials on screening with low-dose computer tomography for lung cancer in high-risk person. High-risk persons are those with 30 and more packed years. With the expertise of International Society of Geriatric Oncology (SIOG) members, it was possible to point out that the median age at diagnosis is 74 years in the USA and that the risk of major lung surgery increases over the age of 80 years and not below. Therefore, besides only person between 55 and 74 years of life were included in the screening trials, screening is meaningful in high-risk persons up to the age of 79 years. Unfit persons should not be screened. Lung cancer screening in high-risk persons is expected to add about 7 more years to life. For breast cancer, Karsten Julh Jorgensen, Denmark, from the Nordic Cochrane Group reported that no data support screening for breast cancer with mammography, neither in younger nor in older women, and recommends to put the effort in treating the sick and not screen the well. For prostate cancer screening with determination of the blood levels of prostate-specific antigen, William Dale demonstrates with two cases of his clinic, the need for an individualized decision-making, mainly based on health condition rather than age. In addition, he pointed out the difficulty of estimating and communicating life expectancy.

With the International Psycho-Oncology Society (IPOS) SIOG had a session on social and cultural determinants of health in elderly cancer patients. Lea Baider (Israel) made the introduction with a patient's story. Joachim Weis (Germany) presented the current concept of coping, coping styles and special data on elderly patients. He named five different areas where cancer patients and their family members experience distress: distress caused by the cancer and its treatment; distresses caused by family and partnership; social, financial and work distress, existential and spiritual problems; problems of the healthcare system. Coping describes the complexity of mental processes to reduce, compensate, handle or sustain existing or expected distress in the context of disease and their consequences through target-orientated actions with the goal of regaining emotional stability on the following levels: emotional, cognitive and behavioral. Whereas former research focused on distress, other topics such as empowerment and patient competence gained more importance in current concepts. Some trials report less distress and anxiety and a better emotional quality of life of older compared with younger patients. Older cancer survivors are psychologically resilient. However, older adults tend to under report psychological distress. Different coping strategies exist with fighting spirit, active coping and social support positively affecting outcome. The role of denial and repression remains unclear. They might be of positive short-term effect; however, in the long term, they are not suitable for adjustment and adaption. All in all data on older adults are limited. They deserve further prospective longitudinal studies. Meaning was the other big topic in this session. William Breitbart (USA) pointed out that human beings are of unique nature, they are aware of their existence, they seek for meaning, make meaning, it is essential for them to be connected. To know about the concept of meaning, their source, their culture, about responsibility, guilt, vulnerability, shame, despair and loss of meaning, is important for a comprehensive care for older adults with cancer.

One of the highlights of the annual meeting is the presidential session with the awards ceremony of SIOG. The SIOG 2014 Paul Calabresi Award, named after Paul Calabresi, a pioneer

of Geriatric Oncology and former ASCO president, was given to Martine Extermann (USA) for her long standing and major achievements in the field of geriatric oncology, among others the presidency of SIOG 2008–2010. In her talk she addressed the topic of big data and their importance for geriatric oncology. The Nursing and Allied Health Investigator Award was given to Cindy Kenis (Belgium) for her work on the prognostic value of geriatric screening and assessment for overall survival in older patients with cancer. The SIOG 2014 Young Investigator Award was given to Maria José Molina-Garrido from Spain, for her work on methods to detect and to evaluate frailty. The SIOG 2014 Best Poster award was given to Emilie Ferrat (France) for her poster "Predictors of one-year mortality in a prospective cohort of elderly patients with cancer," data derived from the ELCPA study, including 993 patients with newly diagnosed cancer aged 70 years and older. Besides cancer-related factors, such as tumor site and stage, finding in comprehensive geriatric assessment, such as functional and mobility impairment, malnutrition, number of severe comorbidities, as well as age >80 years independently predicted 1-year mortality.

Prague is the place of the next year's conference to be held from 12 to 14 November 2015.

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