

# Geriatric oncology in low and middle income countries: can it be integrated into clinical practice?



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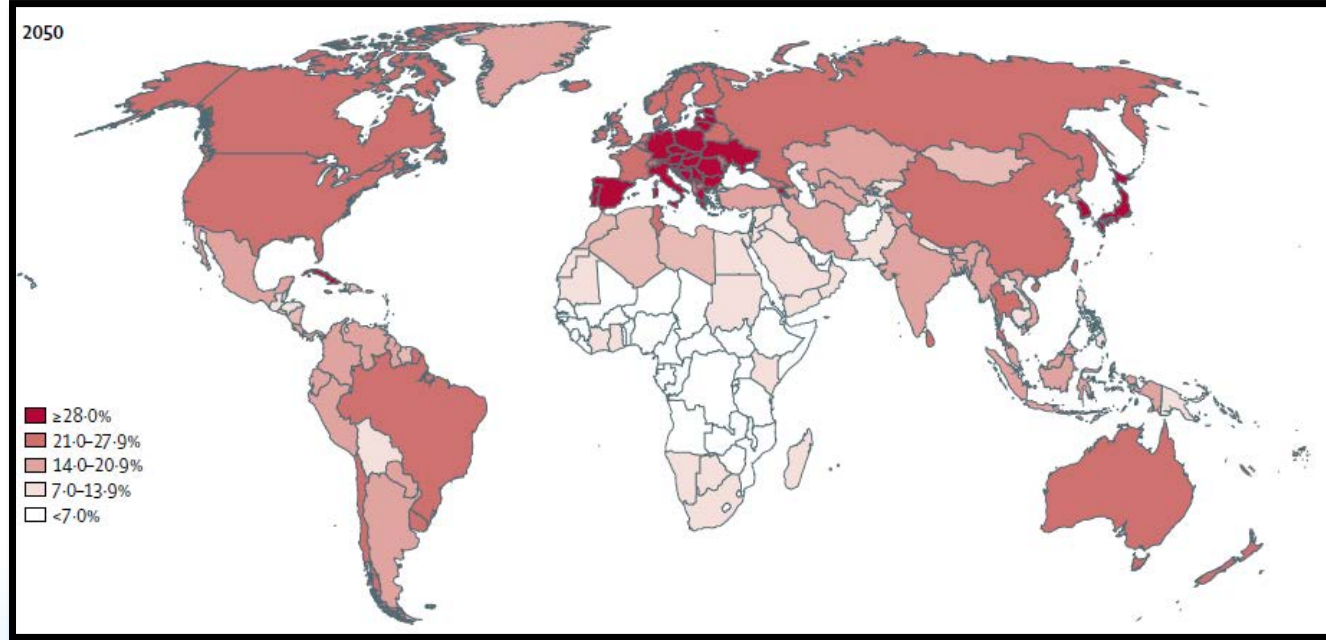
# Conflict of Interest Disclosure

Enrique Soto Pérez de Celis, MD MSc

**Has no real or apparent  
conflicts of interest to report.**



# The world is getting older



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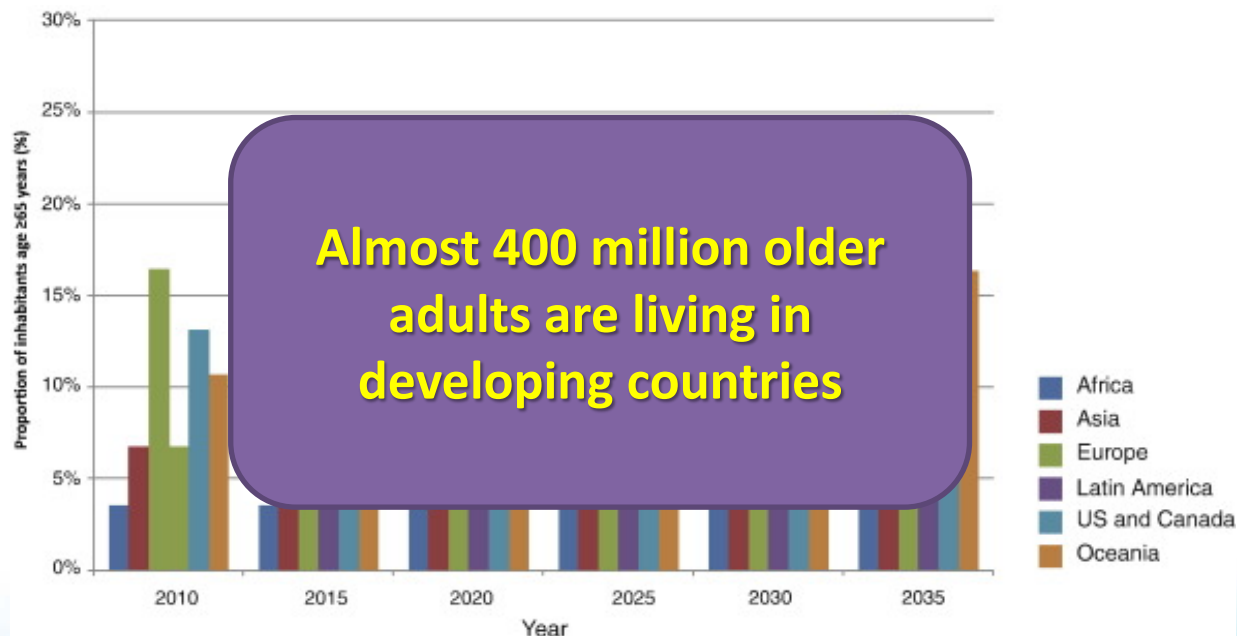
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# The world is getting older



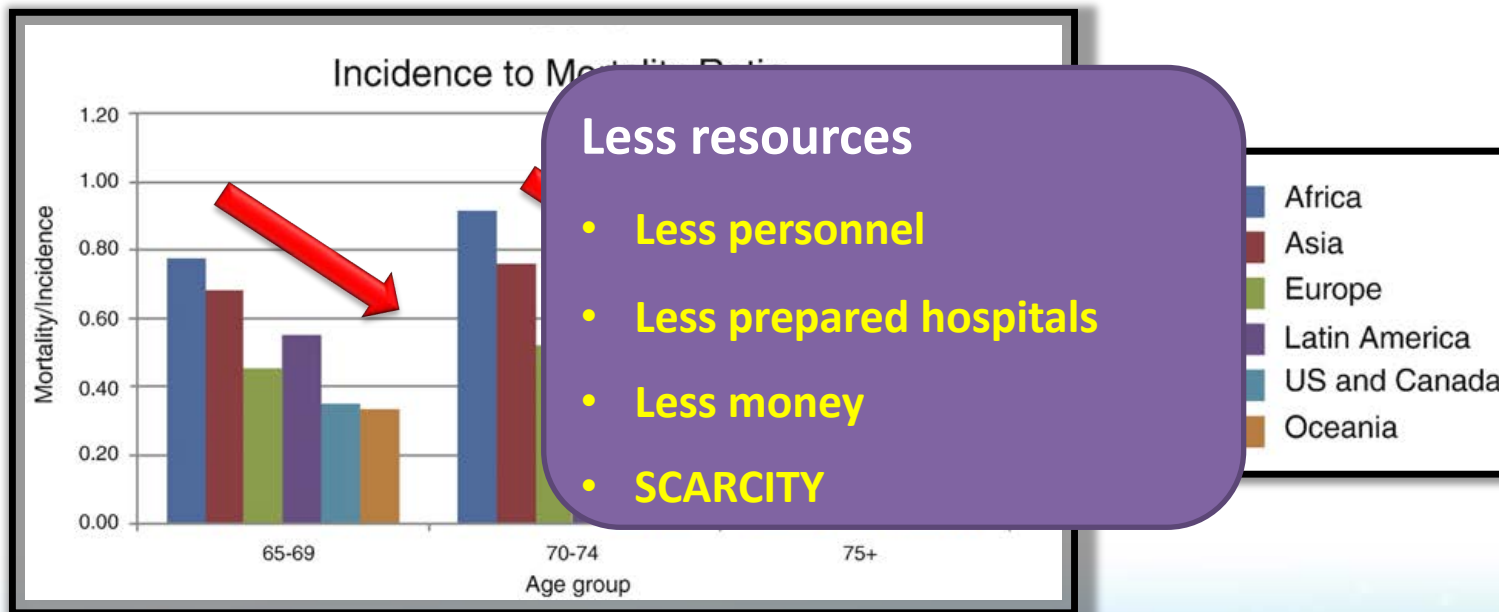
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# Global Cancer outcomes in older patients



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# Scarcity and the provision of healthcare

- Material resources are insufficient to produce goods aimed at satisfying the **unlimited** needs of the population
- **Our needs grow faster than our resources**
- **Leads to sacrifices or adaptation of resources**
- **Final goal** ➡ **Efficiency**



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# Potential assessments and interventions are unlimited



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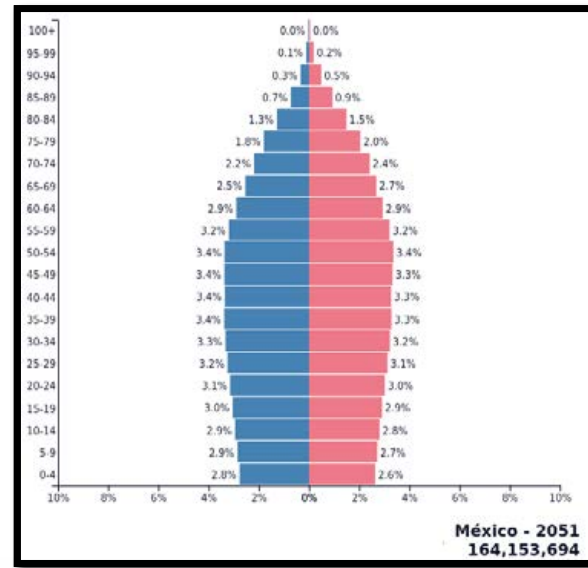


## THE RESOURCES WE HAVE ARE SCARCE



# Geriatric oncology in developing countries

- Not a luxury, but rather **a necessity**
  - Better understand our patients
  - Provide high-quality clinical care
  - “Simplify the complex”
- Barriers
  - Availability of personnel with geriatric training
  - Capability of undertaking interventions



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## The Latin American Example

Country	Number of geriatricians	Older adults per geriatrician
Argentina	926	5123
Brazil	1000	16395
Colombia	50	67896
Mexico	401	20349
Peru	157	13640

**Only 35% of Universities teach Geriatrics**



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## The Latin American Example

Country	Number of	Annual case load per oncologist
Brazil	<b>How can you include geriatric principles into cancer care in these settings?</b>	224
Panama		540
Mexico		420
Uruguay		111
USA		119



# SIOG 10 PRIORITIES INITIATIVE



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**Tool  
development**

**Development of  
Clinics**

**Address issues  
in access to care**



## Tool development

- The geriatric assessment is important in cancer care
  - Identifies issues not identified in oncology visits
  - Helps in estimating life expectancy
  - Predicts survival
  - Predicts chemotherapy toxicity
- We already have the tools, however....



## One size may not fit all...

- Might be difficult to understand or complete
  - Educational background
  - Social circumstances
- **Completion of CARG self-administered GA (USA)**
  - 90% of English-speaking patients
  - 61% of Spanish-speaking patients
    - 30 minutes to complete

E-Poster presented today!



- Brief self-administered GA
- 40% elementary school
- Time to complete 18 min.
- 70% complete on their own





One size may not fit all...



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## Models of care in geriatric oncology

### Geriatric Oncology Unit

- Trained geriatric oncologist
- Geriatric assessment and interventions
- Oncologic treatment

### Geriatric Consultation Team

- Geriatric Team
- Co-manages patients with oncologist
- Provides recommendations

### No Geriatric Expertise available

- Oncologist works alone



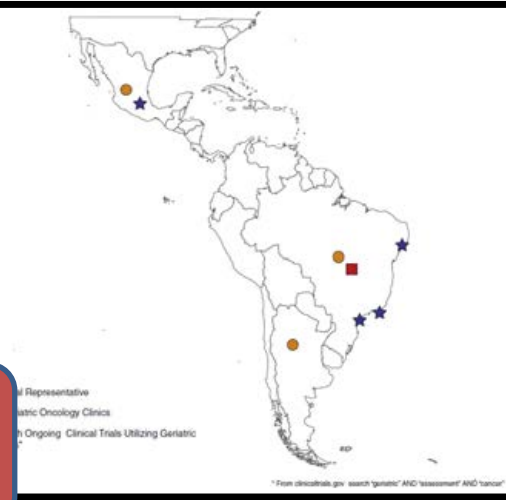
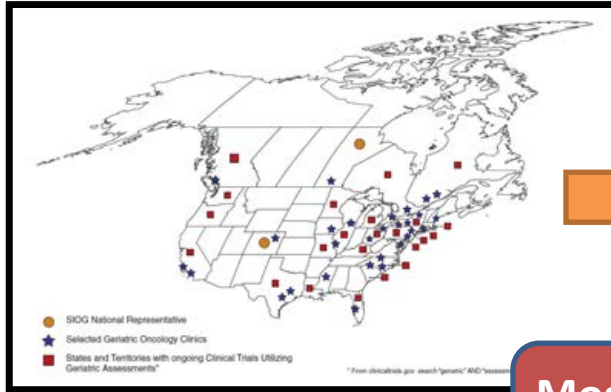
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# Contrasts and disparities



Most oncologists in the world work alone



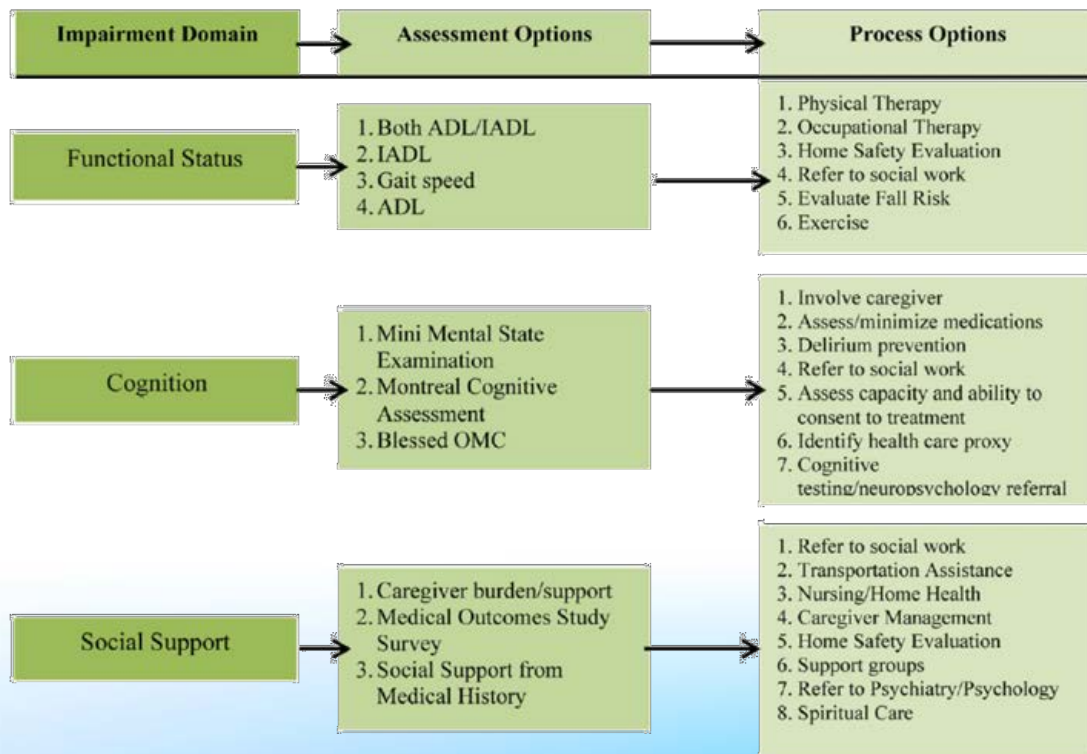
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# Multidisciplinary interventions



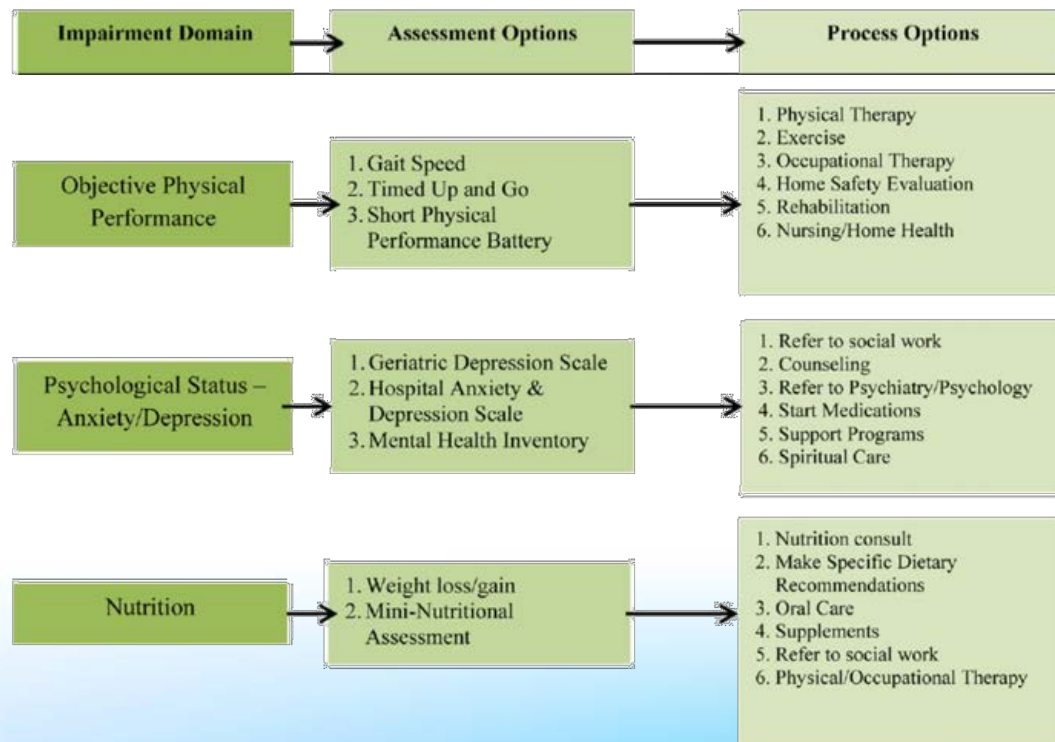
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# Multidisciplinary interventions



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## Can this be done in resource-limited settings?

- YES, but ACCESS TO CARE is still an issue
  - One size does not fit all
  - Resources are different everywhere
    - Personnel
    - Space
    - Money
- No matter how little resources you have, there is always something to do

How can we optimize  
access to care?



# “Young SIOG” Recommendations



## Academic Centers

- All older patients receive a geriatric assessment
- Geriatric assessment-guided interventions are implemented



## Third-level Hospitals

- Use of screening tools
- Geriatric assessment and interventions for selected patients



## General Hospitals- Community Clinics

- Screening Tools +/- Chemotherapy toxicity calculation
- Referrals to other centers or specialists



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# The Cancer care in the elderly clinic (CICAM) Model

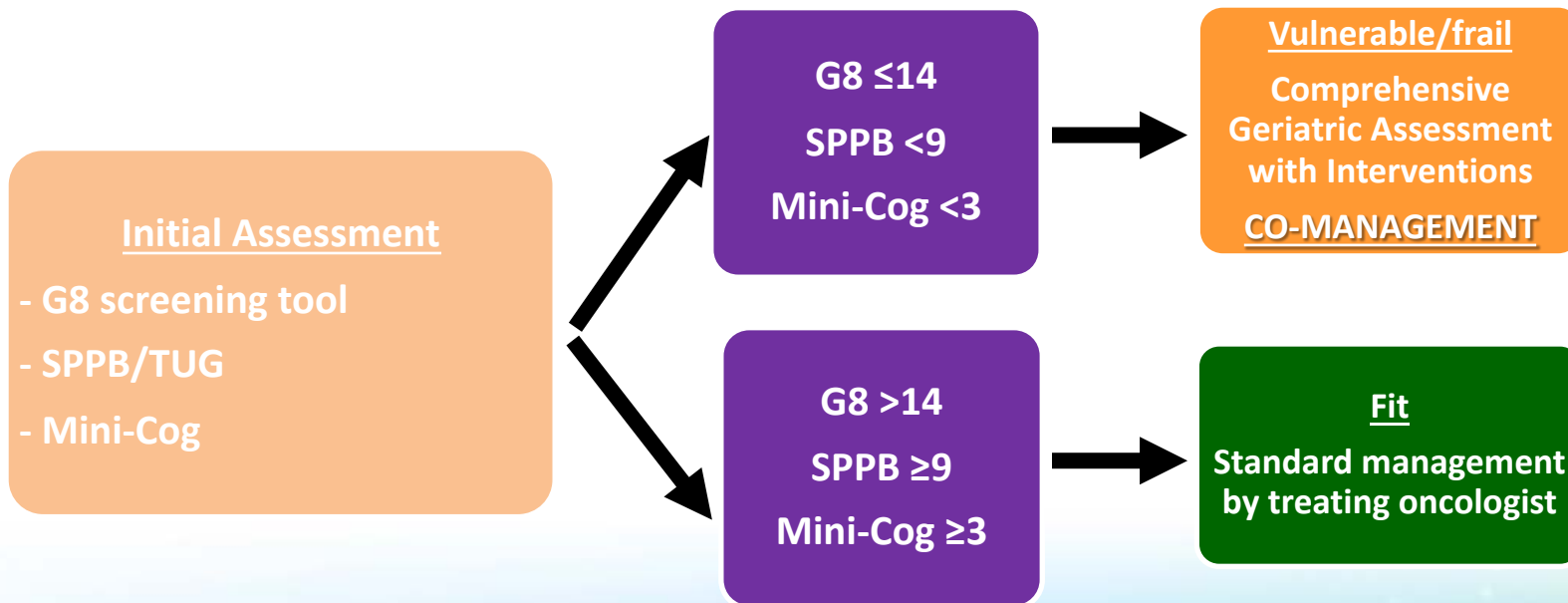


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## Does this influence therapeutic choices?



- 173 patients
- Median age 79
- Evaluated by CICAM
- Recommendations to treating oncologists
- Overall agreement 80%

Treatment Recommendation	Treatment Decision			
		Standard Treatment	Less Intensive Treatment	Best Supportive Care
	Standard Treatment	77%	15%	8%
	Less Intensive Treatment	16%	75%	9%
	Best Supportive Care	0%	6%	94%



**Overall agreement was higher when the evaluation was acknowledged**

## Communication is key

- Is there a geriatrician in your hospital?
  - Refer for an assessment
  - Co-manage
- No geriatrician?
  - Self-administered geriatric assessments
    - [www.mycarg.org](http://www.mycarg.org)/tools
    - Validated tools
    - Available in multiple languages

Results	Interventions
Weight Loss	Nutrition
Fall risk	Physical therapy
Polypharmacy	Medication reconciliation
Poor social support	Social Work



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# Integrating the assessment into decision-making

- **Target actionable issues**
- **Identify partners**
  - Institution
  - Healthcare System
  - Community
- **Provide multidisciplinary care even without a specialized geriatrics team**



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# Can geriatric oncology be implemented in LMIC?

- **YES**
  - We have the tools
  - There are many models of care
    - **Adaptable**
  - Opportunities to interact with other disciplines
  - Opportunities to foster innovation in the delivery of clinical care
  - **Geriatric principles should be included in the decision-making for ALL older adults, regardless of where they live**



## Future priorities

### Healthcare systems

- National plans and guidelines
- Age-friendly systems

### Training

- Including geriatric competences in fellowship curricula
- Training community healthcare workers

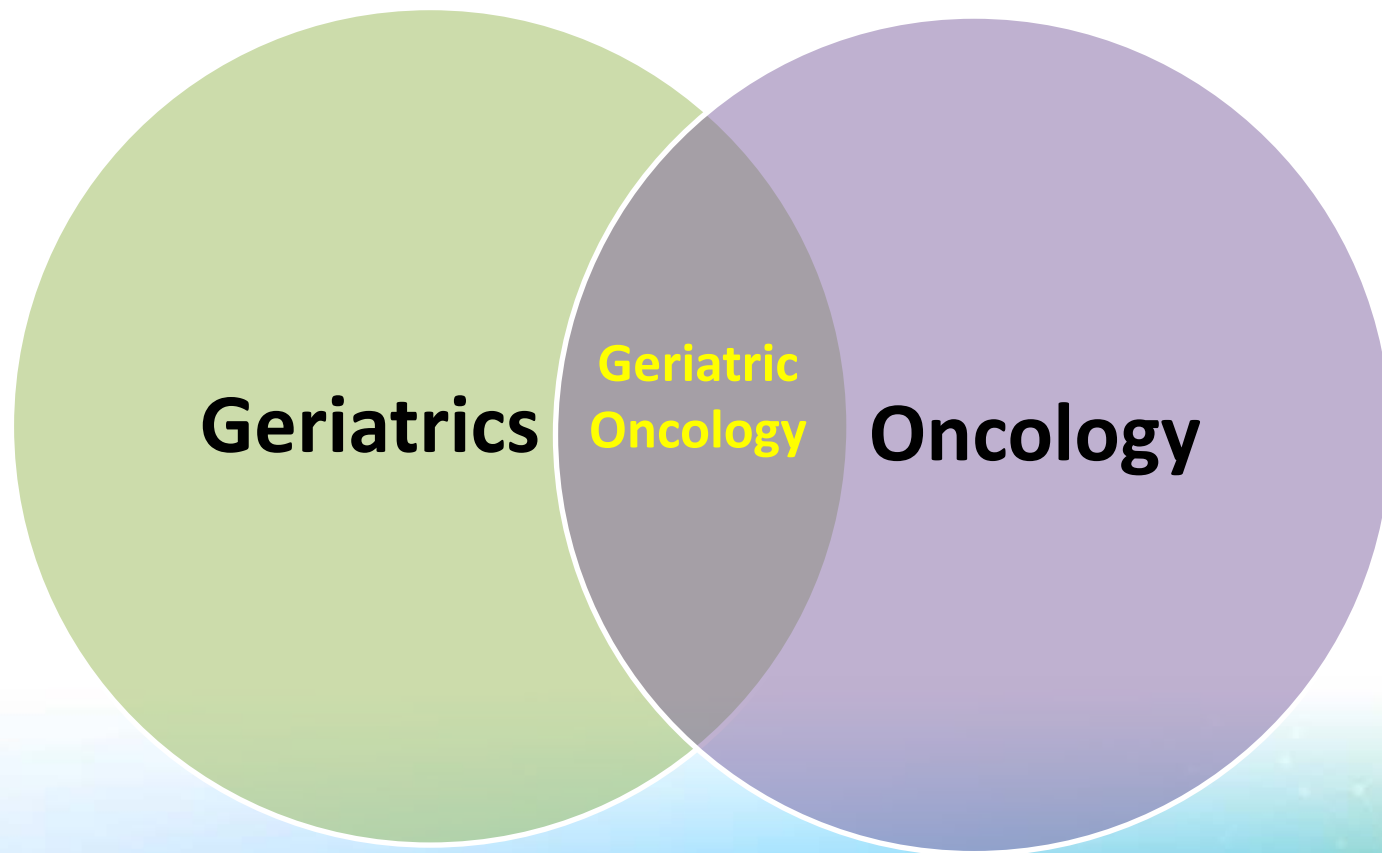
### Clinical Care

- Disseminating validated tools in various languages
- Promoting team-building

### Research

- International collaborative projects
- Fostering funding for global cancer and aging

**We all work in resource-limited settings**



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INTERNATIONAL SOCIETY  
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# 2019

GENEVA  
SWITZERLAND  
14-16 NOV

19<sup>th</sup> SIOG Annual Conference, Geneva - Switzerland



**SAVE THE DATE - November 14-16, 2019**





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