Welcome to the February Issue of the MASCC Society News

**Message from the Editor, Tony Clark**

This month, we focus on geriatric oncology with a report of the 2015 SIOG Conference and a profile of the Geriatrics Study Group and its leaders. We summarize recent research on older adults' decisions about cancer treatment and profile MASCC member Martine Puts, who led the research team. We also highlight research on polypharmacy in cancer patients by MASCC member, Thomas LeBlanc. And we announce a 2-day training course on conducting home visits to be held at the MD Anderson Cancer Center. This month we welcome 15 new members who joined us in November.

As always, you can find the current and older issues of the MASCC Society News online at www.mascc.org/newsletters or in the back pages of our journal, Supportive Care in Cancer.

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**SIOG 2015 Annual Conference: Geriatric Oncology & Supportive Care**

The International Society of Geriatric Oncology (Société Internationale d’Oncologie Gériatrique, SIOG) held its 15th Annual Conference on November 12-14, 2015 in Prague, Czech Republic. The meeting theme was “Geriatric Oncology & Supportive Care: A Global Approach to Advance the Science.” This year's 426 attendees represented 40 countries, and the meeting featured 26 scientific sessions with 60 faculty members. There were also 115 abstract presentations and three industry-sponsored satellite sessions.

In collaboration with MASCC, SIOG chose a theme that recognizes the key role of supportive care in the management of older adults with cancer. This collaboration created a forum for discussing state-of-the-art ideas and research. The program featured a track on Supportive and Palliative Care, and also included multidisciplinary sessions on solid tumors, hematological malignancies, new diagnostic techniques and therapies, geriatric assessment, and an educational forum for nurses. Christopher Steer, Chair of MASCC's Geriatrics Study Group, served as 2015 Scientific Programme Chair and Matti Aapro, Chair of MASCC's Antiemetics Study Group, as Corporate Relations Committee Chair.

The full scientific program, slide presentations, photos, and videos can be accessed from the SIOG website: www.sioig.org. All abstracts of the Annual Conference were published in a supplement of the Journal of Geriatric Oncology, the official journal of SIOG. You can access the online Abstract Book at http://www.elsevierdigital.com/JGO/SIOG2015/.

The International Society of Geriatric Oncology, or Société Internationale d’Oncologie Gériatrique (SIOG), is a multidisciplinary medical society of physicians in the fields of oncology and geriatrics, along with other allied health professionals. The Society has over 1,500 members in more than 40 countries. Its goal is to foster the development of health professionals in geriatric oncology through education, clinical practice, and research, in order to optimize the treatment of older adults with cancer. SIOG’s 16th Annual Conference will be held in Milan, Italy, in November. Visit the Society's website for more information: www.sioig.org.

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**Submit Your Abstract for MASCC/ISOOG 2016!**

Share your research and best practices in diverse aspects of supportive care in cancer at our 25th Anniversary Meeting in Adelaide. This is an ideal venue in which to present your latest findings to the international community. See the abstract submission information, including topics, at www.mascc.org/meeting. The submission deadline is February 16th. Meeting registration is also open. Take advantage of early registration discounts!
Profile: The MASCC Geriatrics Study Group

The Geriatrics Study Group was established by Ira R. Parker, DDS, MA, MPH. Ira’s leadership and his commitment to supportive care provided a solid foundation for this successful Study Group, which he chaired with the assistance of Vice-Chair Christopher Steer. Despite being one MASCC’S newest Study Groups, its membership is nearly 100. In June, 2015, Christopher became the new Chair. The new Vice-Chair is Holly M. Holmes.

Christopher Steer, MBBS, FRACP, is currently a Consultant Medical Oncologist at Border Medical Oncology in Wodonga, Australia. He is also a Senior Lecturer at the University of New South Wales and Honorary Consultant in the Department of Medical Oncology and Clinical Haematology, Royal Melbourne Hospital. Christopher advocates greater communication between the fields of oncology and geriatrics to improve the management of elderly cancer patients. His research interests include screening tools for multidimensional health problems and improved assessment of older cancer patients.

Holly M. Holmes, MD, a geriatrician and former pharmacist, is Assistant Professor in the Department of Internal Medicine and Director, Division of Geriatric and Palliative Medicine at the University of Texas Health Science Center at Houston. She is the recipient of a K23 Mentored Patient-Oriented Career Development Award from the National Institute on Aging to study medication adherence patterns and the role of the patient, provider, and continuity of care in medication adherence. Her research interests focus on medication-related problems and suboptimal prescribing in the elderly, including studies of chronic medication use in patients with advanced dementia, suboptimal anticoagulant use in hospice patients, and the use of statins at the end of life.

The Geriatrics Study Group serves as a source of clinical and research expertise in geriatric oncology for MASCC’s leadership and other study groups. It also promotes communication and collaboration with other profession societies, such as the International Society for Geriatric Oncology. Members of the group are active in developing clinical practice guidelines for geriatric oncology and managing cancer treatment complications among elderly cancer patients.

Study Group members are active at MASCC Annual Meetings as well as other relevant conferences. In 2014, the Study Group collaborated with the Fatigue Study Group to present a pre-conference workshop on Geriatric Oncology and Cancer-Related Fatigue: Advancing Supportive Care for Older Adults with Cancer. And in 2013, the Study Group collaborated with the Skin Toxicity Study Group on a workshop titled Targeted Therapy in the Elderly, which addressed the impact of targeted agents on older cancer patients, who are at increased risk for treatment-related toxicities, such as skin problems, periodontal disease, neuropathy, and cardiac conditions. Last November, several Study Group members participated in the Annual Conference of the International Society of Geriatric Oncology (SIOG) in Prague.

Recent publications by Study Group members include papers in the Annals of Oncology, the Journal of Geriatric Oncology, Lancet Oncology, and the Journal of the National Comprehensive Cancer Network, among others. Topics include screening tools, geriatric assessment, comorbidities, and supportive care in clinical practice.

In 2014 and 2015, the Study Group conducted a survey of members regarding practices of clinical oncologists with respect to supportive care of older patients. While respondents were familiar with geriatric oncology, most reported little access to geriatric oncology clinical consultative services. A majority agreed, however, that the older cancer patients have unique and challenging needs and that these are poorly addressed. The survey results are being prepared for publication.

Older Patients’ Decisions About Cancer Treatment

Even though a large percentage of cancer patients are older adults, this age group has historically been underrepresented in clinical trials. Besides the likelihood of more comorbidities than in younger patients, elderly patients have declining physiological function and physical abilities, and often have different social support systems and lower levels of education and health literacy. They may also have different priorities regarding treatment — for example, with respect to quality of life versus prolonged survival. All of these can influence treatment decisions. We know that older patients are more likely to refuse recommended therapy or fail to comply with treatment regimens, which can result in poor outcomes. MASCC member Martine Puts has been investigating the factors that influence older patients’ decisions about cancer treatment.

Puts and her colleagues at Lawrence S. Bloomberg Faculty of Nursing, University of Toronto (Toronto, Ontario, Canada) along with others at McGill University (Montreal), University of Toronto, and the Princess Margaret Cancer Centre (Toronto) have conducted the first systematic review of factors that influence older cancer patients’ decisions about whether...
Martine Puts, RN, PhD, is an Assistant Professor at the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto. She completed her PhD in epidemiology and gerontology at the Faculty of Medicine, Amsterdam, the Netherlands and a postdoctoral fellowship at McGill University, where she conducted several projects including a prospective pilot cohort study of health, frailty, and functioning of older adults newly diagnosed with cancer. Martine has contributed to the International Database Inquiry on Frailty, a project of 12 collaborators in eight countries that aims to improve the understanding of frailty and its domains. She has also contributed to the Longitudinal Aging Study Amsterdam (LASA) being conducted at VU University Medical Centre. Martine was recently one of two runners-up for Nursing & Allied Health Investigator Award from the International Society of Geriatric Oncology (SIOG). At the 2015 SIOG Conference, Martine presented an oral abstract on the role of comorbidity, frailty, and functional status in the decision-making process for older adults with cancer and their family members, cancer specialists, and family physicians. She also addressed the role of the nurse in a plenary session on the multidisciplinary care of older adults with cancer.

Martine spoke to us about her career in geriatric oncology, as well as her interest in MASCC and supportive care. Martine has been interested in the health and wellbeing of older adults since she was in nursing school. She found that there was a great interest in geriatric oncology at McGill and the Jewish General Hospital in Montreal, where she did her postdoc work and this increased her interest in older cancer patients.

On the basis of the systematic reviews highlighted above, Martine and her colleagues are currently conducting a mixed-methods study on treatment decision-making experiences from the perspectives of older adults, family caregivers, cancer specialists, and family physicians. They are especially interested in perspectives on the roles of quality of life, comorbidities, and functional status. Final interviews and data analysis are now in progress. The research team would like to continue work in this area by developing interventions to better support older adults in making treatment decisions. Martine said that she is also interested in what happens to older adults who refuse cancer treatment — for instance, where they go for their care and whether they receive adequate symptom management.

Martine is currently involved in several other studies of older adults with cancer, including a pilot RCT of geriatric assessment and management for older adults with advanced breast, gastrointestinal, or genitourinary cancer who are beginning first-line palliative or adjuvant chemotherapy. The research team hopes to demonstrate the cost-effectiveness of these interventions to provide the basis for routine implementation in Canada. She is also involved in the Senior Toronto Oncology Panel (STOP) Study, which aims to assess the research priorities of older adults with cancer and involve them more directly as research team members.

Martine is a member of the MASCC Study Groups on Geriatrics, Palliative Care, and Rehabilitation, Survivorship, and Quality of Life and has attended several MASCC meetings. She appreciates the variety of topics at these meetings and the emphasis on supportive care for older cancer patients.

(Older Patients’ Decisions About Cancer Treatment continued) to accept or decline cancer treatment (Cancer Treat Rev. 2015 Feb;41(2):197-215). They reviewed 10 databases containing Dutch, English, French and German studies: qualitative, cross-sectional, longitudinal, observational, and interventional. After reviewing over 17,000 abstracts, the authors analyzed 38 studies, most of which focused on patients being treated for breast or prostate cancer.

The authors identified several factors that influenced patients' acceptance of cancer treatment. These included convenience of the treatment, success rate, recognition of treatment necessity, and trust in one's physician. However, the most consistent determining factor was physician recommendation. The most common reasons for declining treatment were concerns about discomfort caused by the treatment, fear of side effects, and inconvenience (such as transportation problems).

Martine and her colleagues have recently published a separate review of hypothetical scenario studies (Oncology & Hematology Review, 2015;11(1):19–33). The 12 studies reviewed, which represented hypothetical colorectal, lung, and prostate cancer scenarios, were not included in the first paper, in part because they were all so different in method. The authors found that, in general, willingness to be treated varied with expected benefits, side effects, and previous treatment experience. But the results are complex. Older adults’ decisions varied with age, cancer type, stage, and type of treatment, as well as education, social status, and family situation. But the direction of their effects on the likelihood to accept or decline treatment differed across studies.

It is important for oncology healthcare providers to realize the different factors that can affect these important decisions and the extent of their influence on patients' treatment decisions. Much remains to be learned about the interplay of these complex factors, especially among the very old and those with multiple medical conditions, and about willingness to accept newer therapies, such as oral and targeted agents. More such knowledge can greatly improve the quality of communications between oncologists and patients and could thereby have a significant impact on treatment decisions, compliance, outcomes, and quality of life.


Polypharmacy in Patients with Advanced Cancer

The term polypharmacy, taking several drugs at the same time, is sometimes used to signal unnecessary medication. Taking multiple drugs, even if each is deemed necessary, increases the chances of adverse reactions, drug-drug interactions, and reduced adherence to prescribed therapy. The problem has been well recognized, especially in the elderly population, since older adults are more likely to be taking multiple medications. But it has not been well studied in patients with advanced cancer.

Recently, MASCC member Thomas LeBlanc, MD, of Duke Cancer Institute (Durham, NC, USA) and his colleagues surveyed the literature on polypharmacy in patients of all ages with advanced cancer.* Several important questions need to be addressed in this group, especially those nearing the end of life. For example, when should drugs be discontinued — particularly drugs prescribed for conditions other than cancer, such as high blood pressure or cholesterol? And with respect to such medications, how should benefit and harm be assessed?

LeBlanc et al. review evidence-based approaches to reduce polypharmacy, outline the potential benefits of decreasing the number of drugs prescribed for patients with cancer, and identify priorities for further research. They point to the need for studies that focus on drug-drug interactions, for research on standardized measures, and for definitions of polypharmacy specific to unique populations, such as patients with advanced cancer and those at the end of life. Well-tested interventions to reduce polypharmacy and its cumulative effects in these populations are also needed.

The potential for drug-drug interactions is high for cancer patients and even greater for those who take over-the-counter medicines, complementary and alternative products, and oral targeted therapies. While the number of drugs taken usually increases near the end of life, many such drugs, prescribed to manage comorbidities or prevent long-term complications, are continued even when unlikely to result in any benefit. While interventions to reduce polypharmacy have not often involved patients with cancer and those at the end of life, results from other groups may be applicable. Prospective methods and formal reviews to identify inappropriate drug prescriptions are often effective and can help to reduce polypharmacy. But there remains a need for cancer-specific screening techniques to identify inappropriate drug prescriptions and for discontinuation initiatives within the context of terminal cancer.

This extremely complex area involves the weighing of risks and benefits of multiple medications, real-world costs and feasibility of interventions to reduce polypharmacy, communication with patients, caregivers, and healthcare providers, and the ethical issues inherent in the discontinuation of drugs in seriously ill patients. Also, approaches need to be individualized for each patient, taking into account the necessity of each prescription and realistic life expectancy. The authors believe that reducing polypharmacy could reduce adverse drug events as well as financial costs, and might improve quality of life for many patients. Until more data and appropriate assessment methods are available, the authors recommend that clinicians at least screen informally for polypharmacy, especially in patients who might be at high risk of developing adverse drug events or interactions. Even one unnecessary or inappropriate drug carries the potential for harm.

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Thomas W. LeBlanc, a medical oncologist and palliative care physician, is an Assistant Professor of Medicine at the Duke University School of Medicine and a Member of the Duke Cancer Institute. The focus of his practice is hematologic malignancies, especially myeloid conditions including acute myeloid leukemia (AML), myelodysplastic syndromes (MDS), and myeloproliferative neoplasms (MPNs / MPDs), and lymphomas. His research interests stem from concerns with cancer symptom burden, quality of life, and the difficult decisions that patients and their families often face. In particular, he is interested in the development of targeted interventions for patients with blood cancers and of comprehensive cancer care programs that include palliative care services.

Thomas is the recipient of a Junior Career Development Award grant from the National Palliative Care Research Center (NPCRC). He was named a 2012 Research Scholar by the American Academy of Hospice and Palliative Medicine and one of the Academy's Inspirational Leaders under 40. Other honors include the Sojourns Scholars Award from the Cambia Health Foundation, which has facilitated his career as a palliative care expert for patients with hematologic malignancies. He is a member of the Ethics Committee of the American Society of Clinical Oncology, an active member of the American Academy of Hospice and Palliative Medicine, and a member of the Scientific Review Committee of the NIH-funded Palliative Care Research Cooperative Group and of the NCCN panel on cancer-related fatigue. Thomas has been a MASCC member since 2014 and is a member of three Study Groups: Fatigue, Palliative Care, and Rehabilitation, Survivorship, and Quality of Life.

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Recruit a Colleague in 2016!

Make 2016 the year you introduce a colleague to MASCC! We currently have more than 1,000 members worldwide, representing more than 60 countries and 6 continents. In the past year, we’ve seen an increase in members from all countries, most notably Denmark and India. Membership benefits include a free subscription to our monthly journal, Supportive Care in Cancer; access to members-only areas of our website; discounts on supportive care books and meeting registration fees; and numerous opportunities to work with MASCC Study Groups, to exchange ideas and expertise, and promote supportive care in cancer. Membership is open to medical and surgical oncologists, radiologists, nurses, dental professionals, pharmacists, social workers, dietitians, psychologists, students, industry representatives, and anyone interested in the prevention and management of the adverse effects of cancer and its treatment.

New MASCC Members

MASCC welcomes the following new members who joined us in November.

Jane Campbell, Australia
Elisabeth Crisci, Canada
Ingo Diel, Germany
Lawrence Ebenezer Donsah, Ghana
Adrian Esterman, Australia
Susanne Flechsig, Germany
Neha Gupta, India
Reham Ibrahim, Egypt
Pamela Jorquera, Chile
Kailash Mishra, India
Mark Mitchell, Australia
Joanna Morales, United States
Isaac Quaye, Namibia
Mhairi Simpson, United Kingdom
Deborah Walker, United States

Conducting Patient Home Visits: A 2-Day Training Course

MD Anderson Cancer Center, Houston, Texas • February 26-27, 2016

In recent years, palliative and hospice care have emerged as important topics in the education of healthcare professionals. People with progressive, incurable diseases typically spend a long time at home and require home hospice or palliative care. There are still few models for educating healthcare professionals about conducting patient home visits. Day one of this two-day training program will comprise a full day of classroom teaching in the areas of curriculum development, hospice and home-based care liaisons, patient selection, interviewing, case debriefing and discussion, and more. On the second day, attendees will participate in home visits in patients’ homes and inpatient hospice facilities. They will observe direct interactions between the MD Anderson Cancer Center physician, the hospice healthcare professional, patients, and their families. The training course faculty includes Eduardo Bruera, MD, and other medical staff of the MD Anderson Cancer Center. It is appropriate for physicians, nurses, hospice workers and others interested in establishing a similar program. There is no cost for the course. A $100 deposit, refundable upon participation, is required to reserve a place. For more information or to register, contact Deanna Cuello at 713-794-1887.

Australia

SAVE THE DATE!

MASCC/IS00 ANNUAL MEETING ON SUPPORTIVE CARE IN CANCER Adelaide, Australia | 22-25 June, 2016

Have any news items to share?

Please send contributions for the MASCC News to MASCCnews@mascc.org or to Toni Clark, Editor at tclark@mascc.org

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