

Development of Geriatric Oncology in France

Epidemiology

- French population, 2013
 - *9% older than 75* (10.9% females, 7% males)
- Number of cancer cases in France, 2012
 - *355 000 cases*
 - 32.4% \geq 75y (115 310 cases)
 - 10% \geq 85y
 - *In 2050: 50% \geq 75y*

Epidemiology

- **Patients older than 75 hospitalised in 2013**
 - *361 562 patients*
 - *1 529 637 hospitalisations (24%)*

	<75	>75
Community Hospital	1 268 963 (26,2%)	473 861 (36,7%)
Others (Private, ESPIC, Military)	1 387 600 (28.6%)	407 404 (31.5%)
University Hospitals	1 128 402 (23.3%)	261 699 (20,3%)
Cancer Center	1 065 288 (22%)	149 303 (11,6%)

INCa initiatives

Plan Cancer 2003 - 2008



**Département de l'Amélioration de la Qualité des Soins
et de l'Accès aux Innovations**

Présentation de l'appel à projets national 2006

**Emergence d'unités pilotes de coordination en
Oncogériatrie (UPCOG)**



**Date limite de dépôt des dossiers
Vendredi 15 septembre 2006**

15 Geriatric Oncology units



Appel à projets 2011

Déploiement national d'unités de coordination en oncogériatrie-UCOG



Action 4.2
Action 23.4

UCOG - Geriatric Oncology units

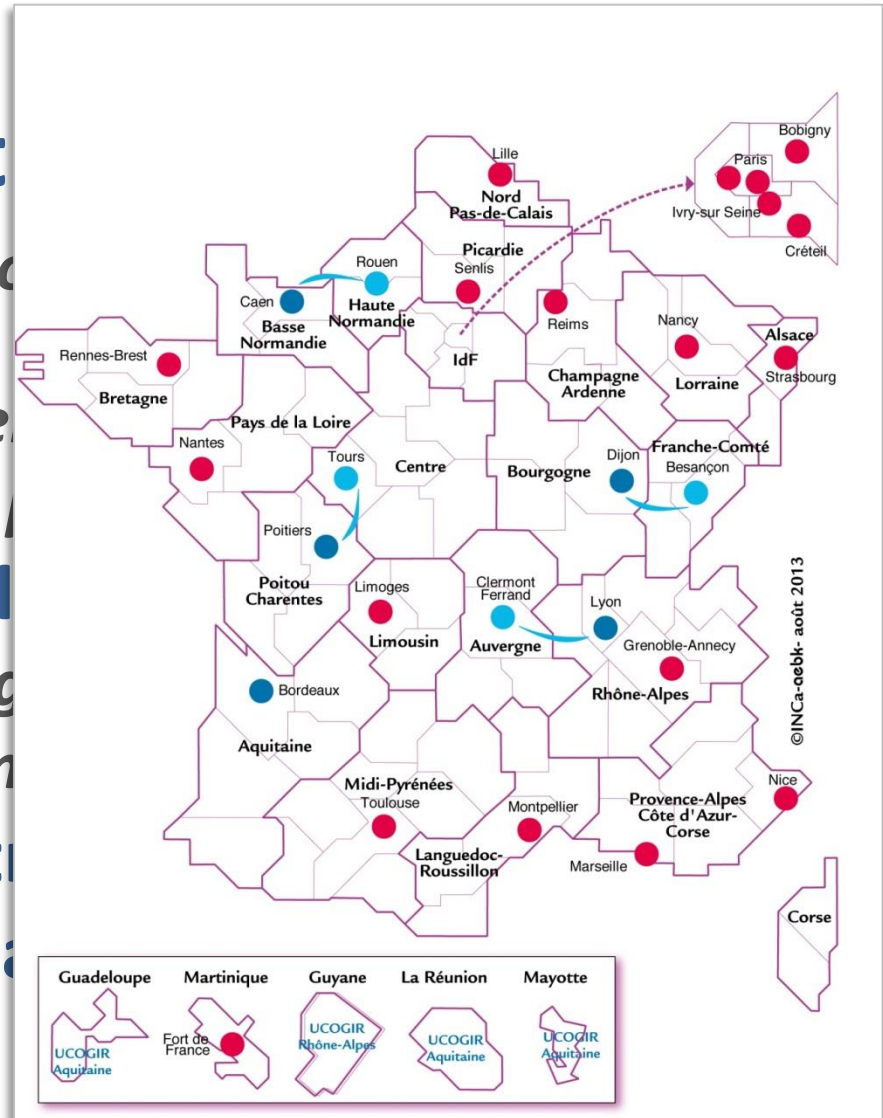
Objectives

- **Disseminate geriatric oncology practice**
 - *In other hospitals allowed to perform cancer treatment*
 - *Implementation of screening*
 - *Assessment of screened patients*
- **Develop Geriatric Oncology research**
 - *Priority of the PHRC program*
 - *Objective: 5% patients included in clinical trials*
- **Promote teaching and training**
- **Inform patients, family and public**

UCOG - Geriatric Oncology units

Objectives

- Disseminate geriatric oncology
 - In other hospitals allow treatment
 - Implementation of screening
 - Assessment of screened patients
- Develop Geriatric Oncology
 - Priority of the PHRC program
 - Objective: 5% patients in geriatric oncology
- Promote teaching and training
- Inform patients, family and carers

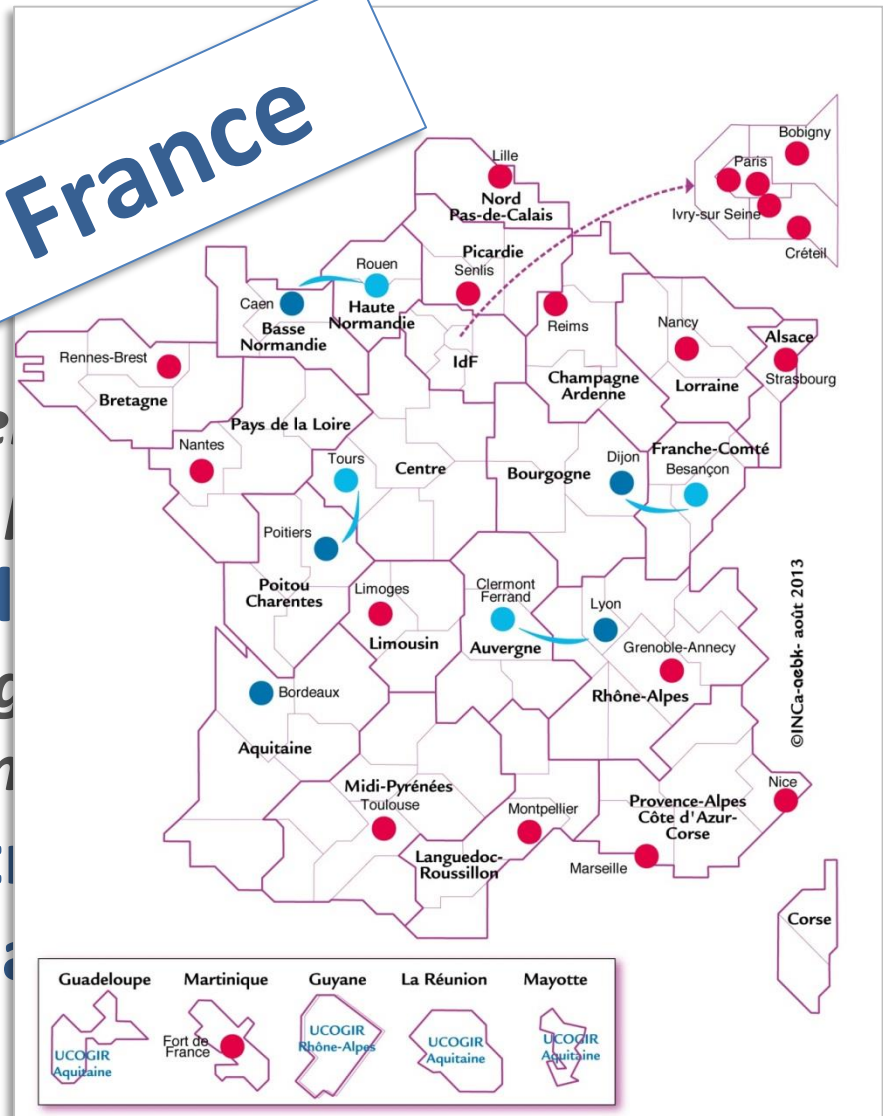


UCOG - Geriatric Oncology units

Objectives

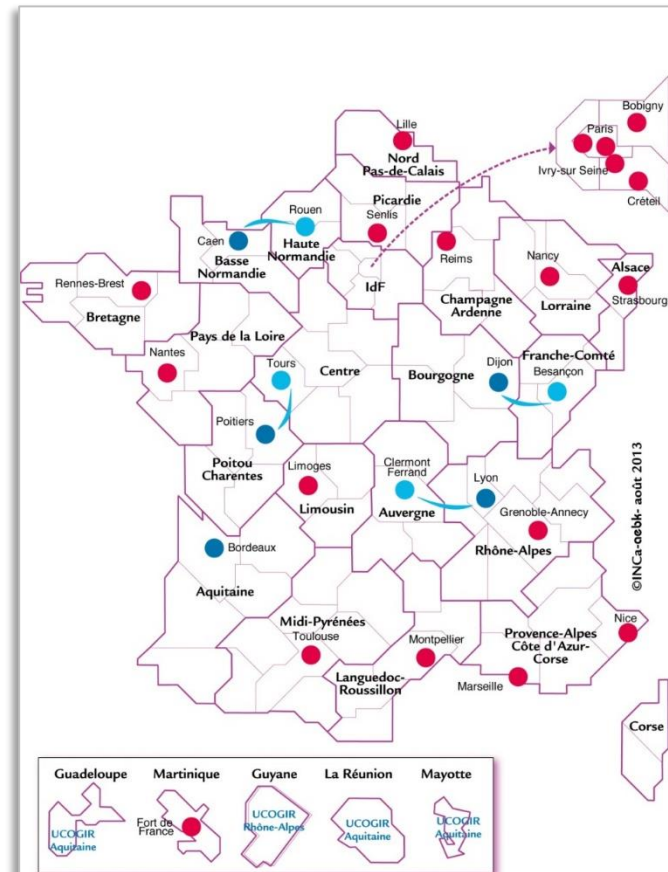
- Disseminate geriatric oncology
 - In other hospitals
 - In other treatment centers
 - Importance of screening
 - Importance of screened patients
- Develop Geriatric Oncology
 - Priority of the PHRC program
 - Objective: 5% patients in geriatric oncology
- Promote teaching and training
- Inform patients, family and caregivers

Full coverage of France



Funding

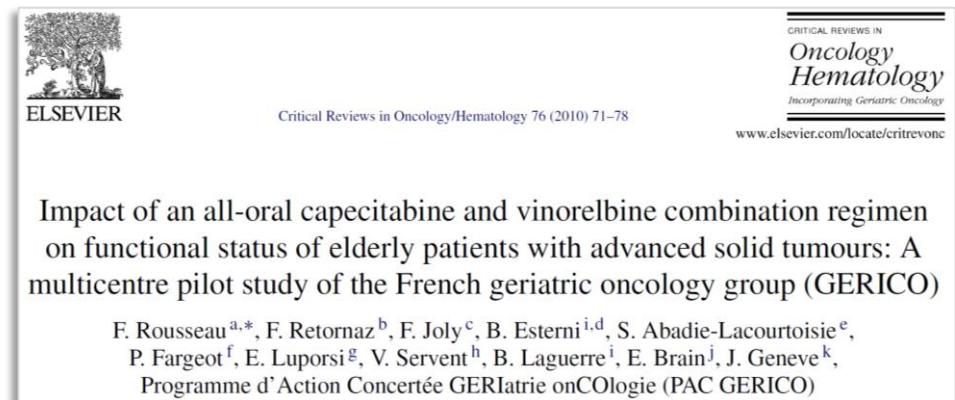
- *Yearly funding by the INCa*
 - *UCOG: 250 000€ (3) or 160 000 to 200 000 (21)*
 - *AOG: 90 000€ (4)*
 - *Plus about 52 154€ for inter-regional support (5)*
- **Overall cost: 5 200 000€/year**



Clinical research

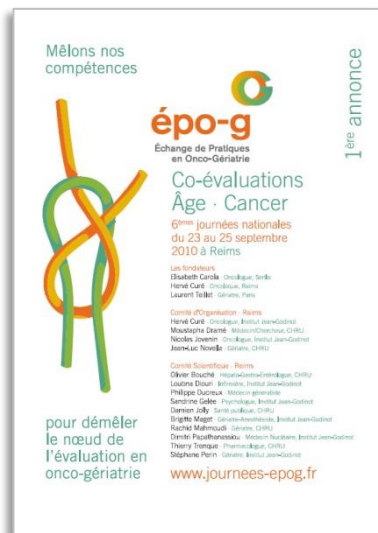
Initially...

- The GERICO national cooperative group



Initially...

- The GERICO national cooperative group
- The EPOG meeting, yearly since 2005
 - *Geriatric Oncology practice*



Initially...

- The GERICO national cooperative group
- The EPOG meeting, yearly since 2005
- UCOG initiatives since 2007



– *With support of the PHRC program and INCa*

original article

Annals of Oncology 22: 2325–2329, 2011
doi:10.1093/annonc/mdj748
Published online 16 February 2011

What the specific tools of geriatrics and oncology can tell us about the role and status of geriatricians in a pilot geriatric oncology program

L. Sifer-Rivière^{1*}, O. Saint-Jean², M. Gisselbrecht², T. Cudennec³ & V. Girre⁴ on behalf of Programme d'OncoGériatrie de l'Ouest Parisien (POGOP)

¹Medical Emergency and Geriatric Department, Research Center of Medicine, Sciences, Health and Society (Cermis 3), EHESS, Villejuif; ²Medical Emergency and Geriatric Department, Hôpital Européen Georges Pompidou (HEGP), Paris; ³Medical Geriatric Division, Hôpital Ambroise Paré, Boulogne Billancourt; ⁴Department of Medical Oncology, Institut Curie, Paris, France

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JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

Predictors of Early Death Risk in Older Patients Treated With First-Line Chemotherapy for Cancer

Pierre Soubeyran, Marianne Fonck, Christèle Blanc-Bisson, Jean-Frédéric Blanc, Joël Ceccaldi, Cécile Mertens, Yves Imbert, Laurent Cany, Luc Vogt, Jérôme Dauba, Francis Andriamampionona, Nadine Houéde, Anne Floquet, François Chomy, Véronique Brouste, Alain Ravaut, Carine Bellera, and Muriel Rainfray

VOLUME 29 • NUMBER 27 • SEPTEMBER 20 2011

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

Comprehensive Geriatric Assessment in the Decision-Making Process in Elderly Patients With Cancer: ELCAPA Study

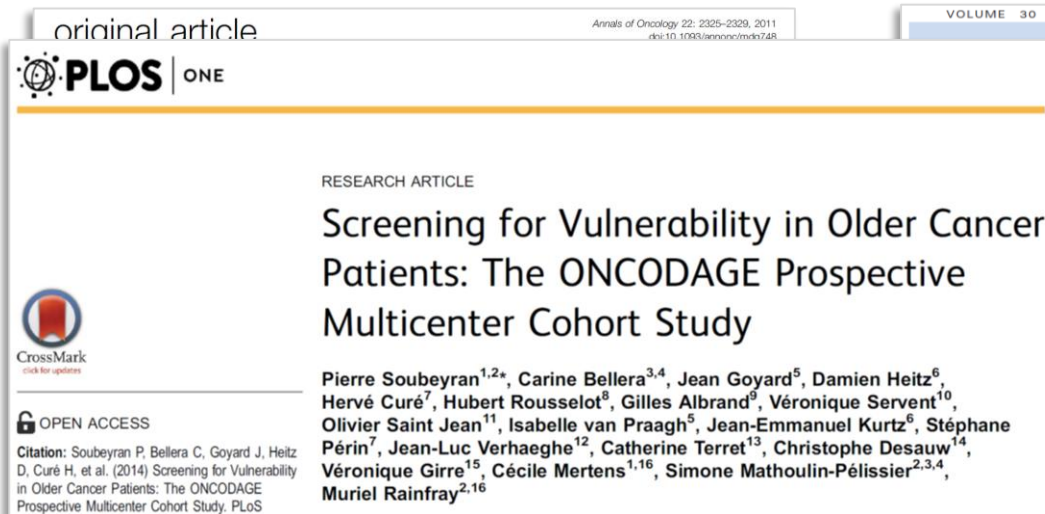
Philippe Caillet, Florence Canoui-Poitrine, Johanna Vouriot, Muriel Berle, Nicoleta Reinald, Sébastien Krypciak, Sylvie Bastuji-Garin, Stéphane Culine, and Elena Paillaud

Initially...

- The GERICO national cooperative group
- The EPOG meeting, yearly since 2005
- UCOG initiatives since 2007



– *With support of the PHRC program and INCa*



Initially...

- The GERICO
- The EPOG
- UCOG initiative

	Items	Possible answers (score)
A	Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?	0 : severe decrease in food intake
		1 : moderate decrease in food intake
		2 : no decrease in food intake
B	Weight loss during the last 3 months	0 : weight loss > 3 kg
		1 : does not know
		2 : weight loss between 1 and 3 kgs
		3 : no weight loss
C	Mobility	0 : bed or chair bound
		1 : able to get out of bed/chair but does not go out
		2 : goes out
E	Neuropsychological problems	0 : severe dementia or depression
		1 : mild dementia or depression
		2 : no psychological problems
F	Body Mass Index (BMI (weight in kg) / (height in m ²))	0 : BMI < 19
		1 : BMI = 19 to BMI < 21
		2 : BMI = 21 to BMI < 23
		3 : BMI = 23 and > 23
H	Takes more than 3 medications per day	0 : yes
		1 : no
P	In comparison with other people of the same age, how does the patient consider his/her health status?	0 : not as good
		0.5 : does not know
		1 : as good
		2 : better
	Age	0 : > 85
		1 : 80-85
		2 : < 80
	TOTAL SCORE	0 - 17

... and a representative group
since 2005



– With support of the PRIC program and INCa

original article

Annals of Oncology 22: 2325–2329, 2011
doi:10.1093/annonc/mdr748

PLOS ONE

RESEARCH ARTICLE

Screening for Vulnerability in Older Cancer Patients: The ONCODAGE Prospective Multicenter Cohort Study

Pierre Soubeyran^{1,2*}, Carine Bellera^{3,4}, Jean Goyard⁵, Damien Heitz⁶, Hervé Curé⁷, Hubert Rousselot⁸, Gilles Albrand⁹, Véronique Servent¹⁰, Olivier Saint Jean¹¹, Isabelle van Praagh⁵, Jean-Emmanuel Kurtz⁶, Stéphane Périn⁷, Jean-Luc Verhaeghe¹², Catherine Terret¹³, Christophe Desauw¹⁴, Véronique Girre¹⁵, Cécile Mertens^{1,16}, Simone Mathoulin-Pélissier^{2,3,4}, Muriel Rainfray^{2,16}

CrossMark
click for updates

OPEN ACCESS

Citation: Soubeyran P, Bellera C, Goyard J, Heitz D, Curé H, et al. (2014) Screening for Vulnerability in Older Cancer Patients: The ONCODAGE Prospective Multicenter Cohort Study. PLoS



Philippe Ca
Sebastien K

AFC coordinatrice
Coordinatrice
Coordinatrice associée

Caroline Roy
Pr. Pierre Soubeyran
Pr. Muriel Rainfray

05.56.33.78.54
05.56.33.32.67
05.57.65.65.57

roy@bergonie.org
soubeyran_p@bergonie.org
muriel.rainfray@chu-bordeaux.fr

Initially...

- The GERICO national cooperative group
- The EPOG meeting, yearly since 2005
- UCOG initiatives since 2007



THEN...

- SoFOG since 2013



– *French Society of Geriatric Oncology*

Initially...

- The GERICO national cooperative group
- The EPOG meeting, yearly since 2005
- UCOG initiatives since 2007



THEN...

- SoFOG since 2013



– *French Society of Geriatric Oncology*

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- The GERICO national cooperative group
- The EPOG meeting, yearly since 2005
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THEN...

- SoFOG since 2013



– *French Society of Geriatric Oncology*



Initially...

- The GERICO national cooperative group
- The EPOG meeting, yearly since 2005
- UCOG initiatives since 2007



THEN...

- SoFOG since 2013
 - *French Society of Geriatric Oncology*
- DIALOG in 2014
 - *Geriatric Oncology Intergroup*



DIALOG

Gerico • Ucog

Multi-organ clinical trials



PACAN Data Center

Tumor-oriented trials



UNICANCER
Platform

DIALOG scientific objectives

1. Improve frailty screening strategy with G8
2. Evaluate impact of geriatric intervention in oncology
 - *The PREPARE trial*
3. Standardise a minimum dataset for clinical trials
4. Consensus endpoints for trials in older patients with cancer
5. Develop a common minimum database
 - *Monitoring of older patients management*

Screening to identify unfit patients

Items	Possible answers (score)
A	Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?
	0 : severe decrease in food intake
	1 : moderate decrease in food intake
B	Weight loss during the last 3 months
	2 : no decrease in food intake
	0 : weight loss > 3 kg
C	Mobility
	1 : does not know
	2 : weight loss between 1 and 3 kgs
D	Neuropsychological problems
	3 : no weight loss
	0 : bed or chair bound
E	Body Mass Index (BMI (weight in kg) / (height in m ²))
	1 : able to get out of bed/chair but does not go out
	2 : goes out
F	Takes more than 3 medications per day
	0 : severe dementia or depression
	1 : mild dementia or depression
G	In comparison with other people of the same age, how does the patient consider his/her health status?
	2 : no psychological problems
	0 : BMI < 19
H	Age
	1 : BMI = 19 to BMI < 21
	2 : BMI = 21 to BMI < 23
TOTAL SCORE	3 : BMI = 23 and > 23
	0 : yes
	1 : no
	0 : not as good
	0,5 : does not know
	1 : as good
	2 : better
	0 : > 85
	1 : 80-85
	2 : < 80
TOTAL SCORE	
0 - 17	

>14
32%

Probably fit or slightly unfit

41% normal MGA
32% one abnormal Q
28% >1 abnormal Q

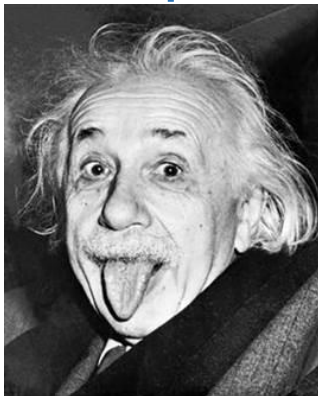
≤14
68%

Probably unfit

90% with abnormal MGA
Median: 3 abnormal questionnaires
10% with normal MGA

Screening to identify unfit patients

>14
32%



No urgent need for CGA
Standard treatment

Items	Possible answers (score)
A Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?	0 : severe decrease in food intake
	1 : moderate decrease in food intake
	2 : no decrease in food intake
B Weight loss during the last 3 months	0 : weight loss > 3 kg
	1 : does not know
	2 : weight loss between 1 and 3 kgs
C Mobility	3 : no weight loss
	0 : bed or chair bound
	1 : able to get out of bed/chair but does not go out
E Neuropsychological problems	2 : goes out
	0 : severe dementia or depression
	1 : mild dementia or depression
F Body Mass Index (BMI (weight in kg) / (height in m ²))	2 : no psychological problems
	0 : BMI < 19
	1 : BMI = 19 to BMI < 21
H Takes more than 3 medications per day	2 : BMI = 21 to BMI < 23
	3 : BMI = 23 and > 23
	0 : yes
P In comparison with other people of the same age, how does the patient consider his/her health status?	1 : no
	0 : not as good
	0,5 : does not know
Age	1 : as good
	2 : better
	0 : >85
TOTAL SCORE	1 : 80-85
	2 : <80
	0 - 17

≤14
68%



Need for specific attention
CGA to be considered
Treatment adapted to patient's status

Improvement of G8

JOURNAL OF GERIATRIC ONCOLOGY 7 (2016) 99–107



Available online at www.sciencedirect.com

ScienceDirect



Detection of frailty in elderly cancer patients: Improvement of the G8 screening test



Aur lie Petit-Mon ger^{a,b,c,*}, Muriel Rainfray^{c,d}, Pierre Soubeyran^{c,e},
Carine A. Bellera^{a,b}, Simone Mathoulin-P lissier^{a,b,c}

Table 6 – Individual performance of the IADL-modified G8 vs CGA reference standard from the development and validation populations.

Population	Patients with abnormal exam		Se	(95% CI)	Sp	(95% CI)	AUC	(95% CI)
	N (%)	Total						
Development	756 (80%)	948 ^a	77%	(74–80)	67%	(60–74)	81%	(78–84)
Internal validation	394 (81%)	486	78%	(73–82)	71%	(60–80)	83%	(79–87)
External validation	322 (95%)	338 ^b	88%	(84–91)	69%	(41–89)	90%	(84–95)

For the performance of the G8 modified questionnaires, sensitivity (Se), specificity (Sp), and area under the ROC curve (AUC) with 95% confidence intervals (95% CIs) are presented assuming a cut-off value of 14 (≤ 14 versus > 14) and a prevalence of frailty in the ONCODAGE development population of 80%.

IADL: instrumental activities of daily living; CGA: comprehensive geriatric assessment.

^a Development population: N = 948 patients instead of 949 patients due to missing data.

^b External validation population: N = 338 patients instead of 364 patients due to missing data.

Improvement of G8

- Weight loss
- Cognition/mood
- Performance status
- Self-rated health
- Polypharmacy
- History of heart failure, coronary heart disease

The
Oncologist®

Geriatric Oncology

Optimizing the G8 Screening Tool for Older Patients With Cancer: Diagnostic Performance and Validation of a Six-Item Version

CLAUDIA MARTINEZ-TAPIA,^a FLORENCE CANOUI-POITRINE,^{a,c} SYLVIE BASTUJI-GARIN,^{a,c,d} PIERRE SOUBEYRAN,^{g,h} SIMONE MATHOULIN-PELISSIER,^{i,j} CHRISTOPHE TOURNIGAND,^{b,e} ELENA PAILLAUD,^{a,f} MARIE LAURENT,^{a,f} ETIENNE AUDUREAU,^{a,c}
ON BEHALF OF THE ELCAPA STUDY GROUP

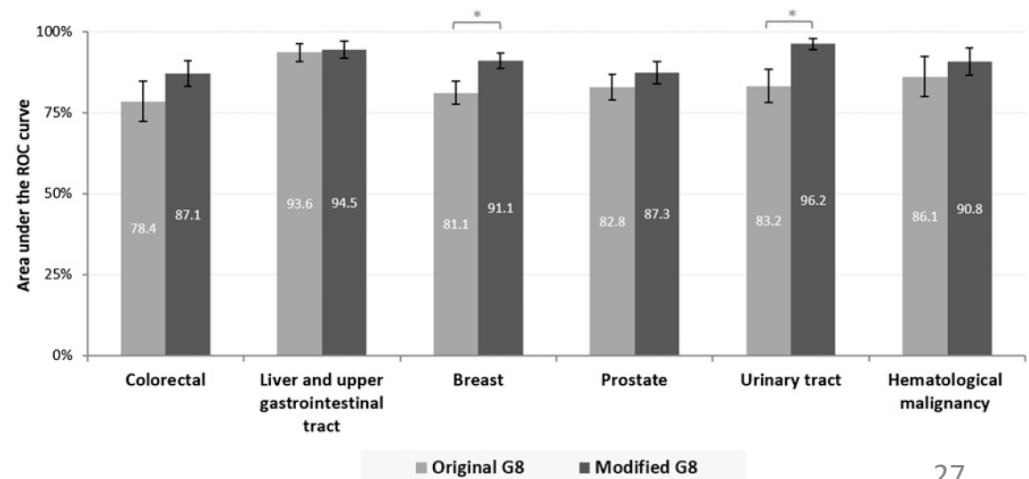


Figure 2. Area under the ROC curve by cancer site: original versus modified G8. *, $p < .05$.

The PREPARE trial

BACKGROUND

Benefits and feasibility of
A **GERIATRIC INTERVENTION WITH MANAGEMENT**



ELDERLY **CANCER**
PATIENTS



ELDERLY NON-CANCER
PATIENTS



CONCEPT

Phase III



'PREPARE' to assess the efficacy of
geriatric intervention in the
treatment of elderly cancer patients

G8

Fit



Cohort

Unfit



RCT

Usual
care



Standard
oncological care

Case
management



Geriatric
intervention



Standard
oncological care

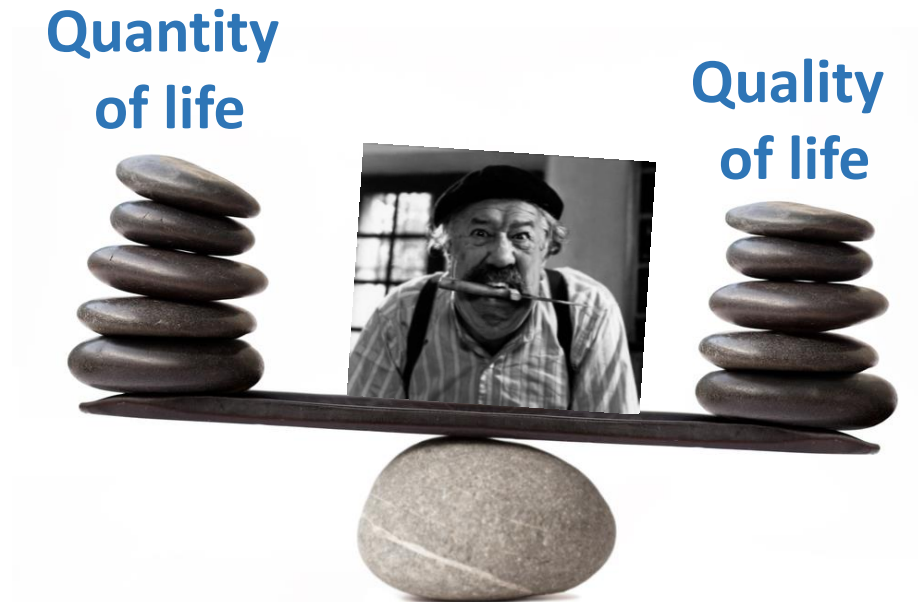
Geriatric Core Dataset

- **Process**
 - *Review of the literature by geriatricians*
 - *Consensus agreement on tools by geriatricians and oncologists*
 - *DELPHI validation by French experts*
 - *Validation by international experts*
- **Includes:** Social environment, ADL, IADL4, TGUG, weight loss, BMI, miniCOG, GDS4, Updated Charlson
- **Objective to:**
 - *Standardise geriatric data collection in trials*
 - *Value for daily practice unknown*

Consensus endpoints

A question of balance

*Between two endpoints
Including one highly dependent on patient's views*



Choice of judgment criteria

- This is a clinical job based on
 - *the chances of disease control*
 - *the expected benefit for the patient*
- The criteria should be valid and reliable
- Clinically meaningful difference to be defined

Among the judgment criteria...

- **Quality of life**

- *Advantages : Pertinence in geriatric oncology*
- *Limits: Difficult to measure*
 - Depends on variable perceptions of patients
 - Missing data
 - Which clinically meaningful threshold to consider benefit...

- **Independence**

- *Advantages : Major determinant of QoL in the elderly*
- *Limits: Difficult to measure*
 - Missing data
 - Which clinically meaningful threshold to consider benefit...

- **Overall Treatment Utility**

DATECAN initiative

- International
- Consensus endpoints in Breast, sarcoma and pancreatic cancer
- Three steps
 - *Review of the literature*
 - *Expert consensus*
 - *Prospective study*
- DATECAN Elderly launched in 2016

A bar chart illustrating the number of patients included in academic trials, industry-sponsored trials, and the total number of patients from 2007 to 2013. The Y-axis represents the number of patients, ranging from 0 to 6000. The X-axis represents the years. The legend indicates three categories: Number of patients included in academic trials (red bars), Number of patients included in Industry-sponsored trials (green bars), and TOTAL (purple bars).

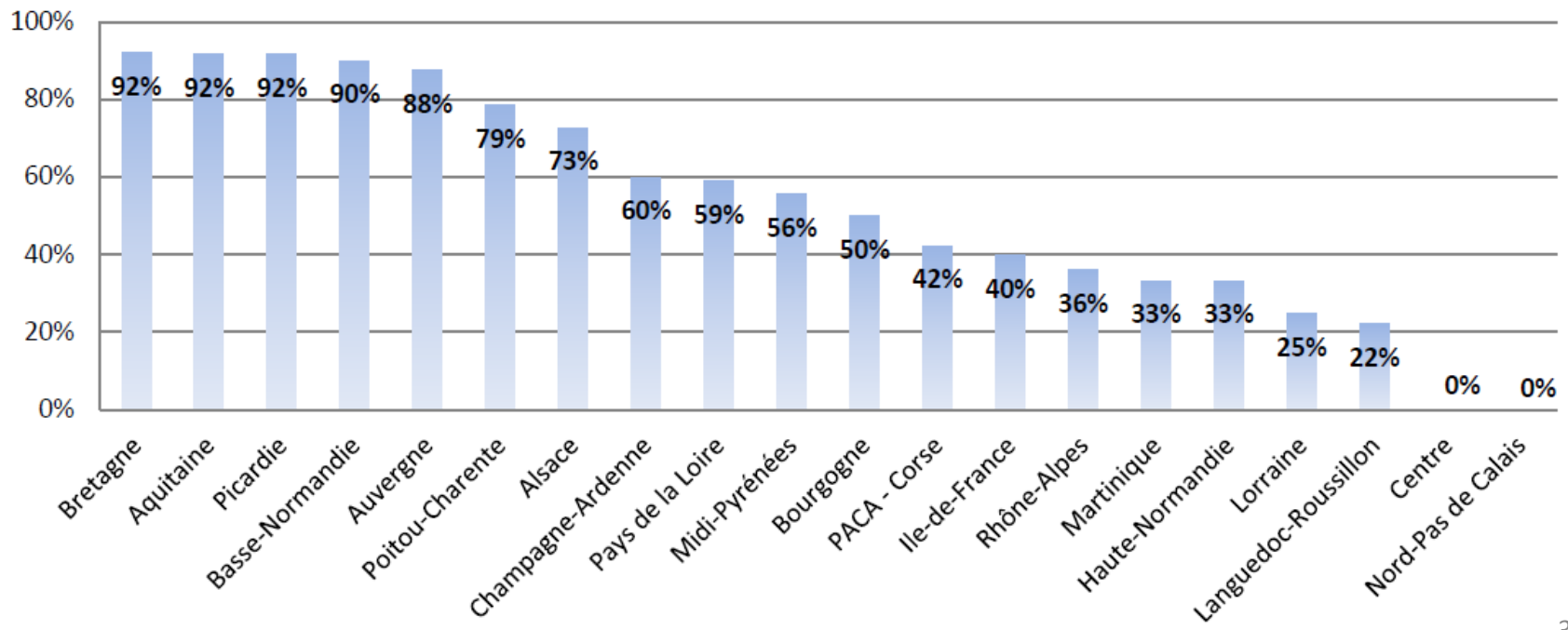
Year	Number of patients included in academic trials	Number of patients included in Industry-sponsored trials	TOTAL
2007	300	0	300
2008	700	100	800
2009	700	200	900
2010	1200	400	1600
2011	1600	400	2000
2012	1900	500	2400
2013	4700	700	5400

- 34

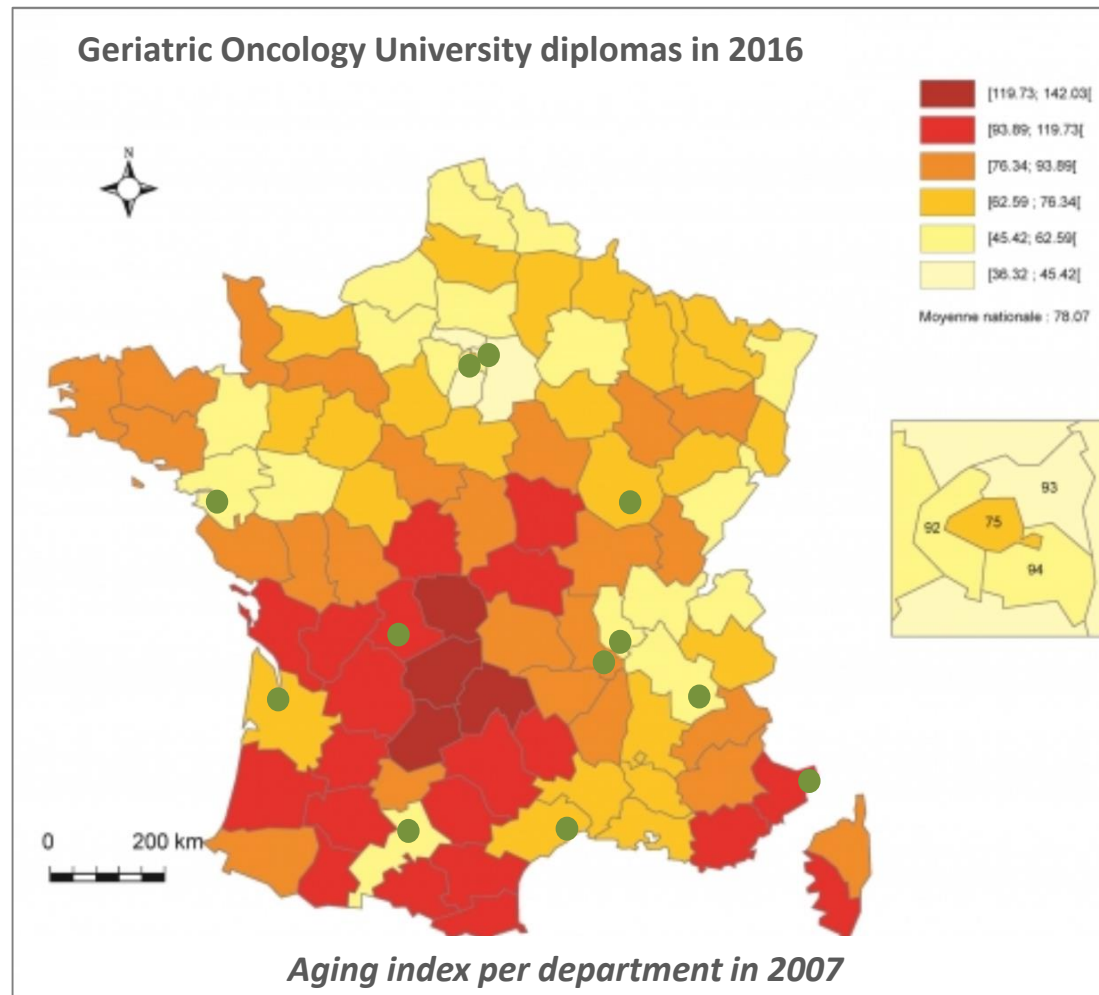
Teaching and Training

Training for G8 screening

- Among 944 accredited hospitals
- 376 cover 80% of older patients
- 342 are in contact with their UCOG
- Training performed in 173 hospitals (51%)



Six University diplomas



Six University diplomas

- 830 physicians trained in 2013

Personnes formées (DU, DIU)		
	Nombre	%
Oncologues	66	8 %
Spécialistes organes	36	4 %
Gériatres	399	48 %
Chirurgiens	26	3 %
Médecins généralistes	92	11 %
Pharmaciens	85	10 %
Radiothérapeutes	16	2 %
IDE Hors libéraux	65	8 %
IDE libéraux	8	1 %
Autres personnels	37	4 %
	830	100 %

Continuous Professional Development

- 1900 physicians trained through DPC

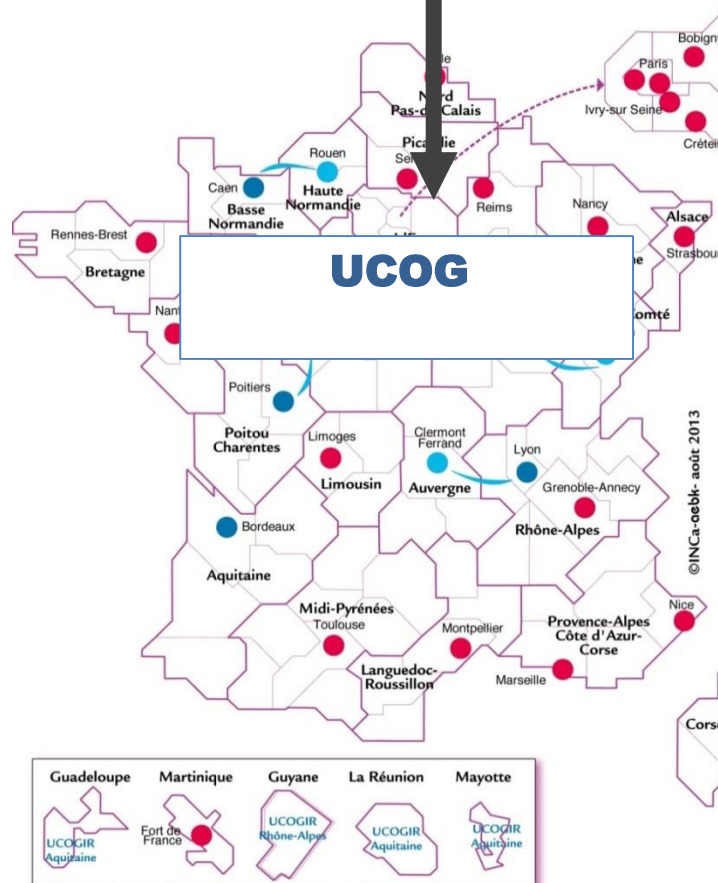
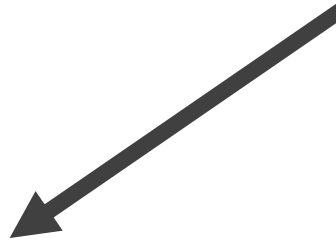
Personnes formées (DPC)		
	Nombre	%
Oncologues	223	12 %
Spécialistes organes	117	6 %
Gériatres	543	29 %
Chirurgiens	62	3 %
Médecins généralistes	274	14 %
Pharmaciens	37	2 %
Radiothérapeutes	37	2 %
IDE Hors libéraux	330	17 %
IDE libéraux	45	2 %
Autres personnels	233	12 %
	1901	100 %

General Overview

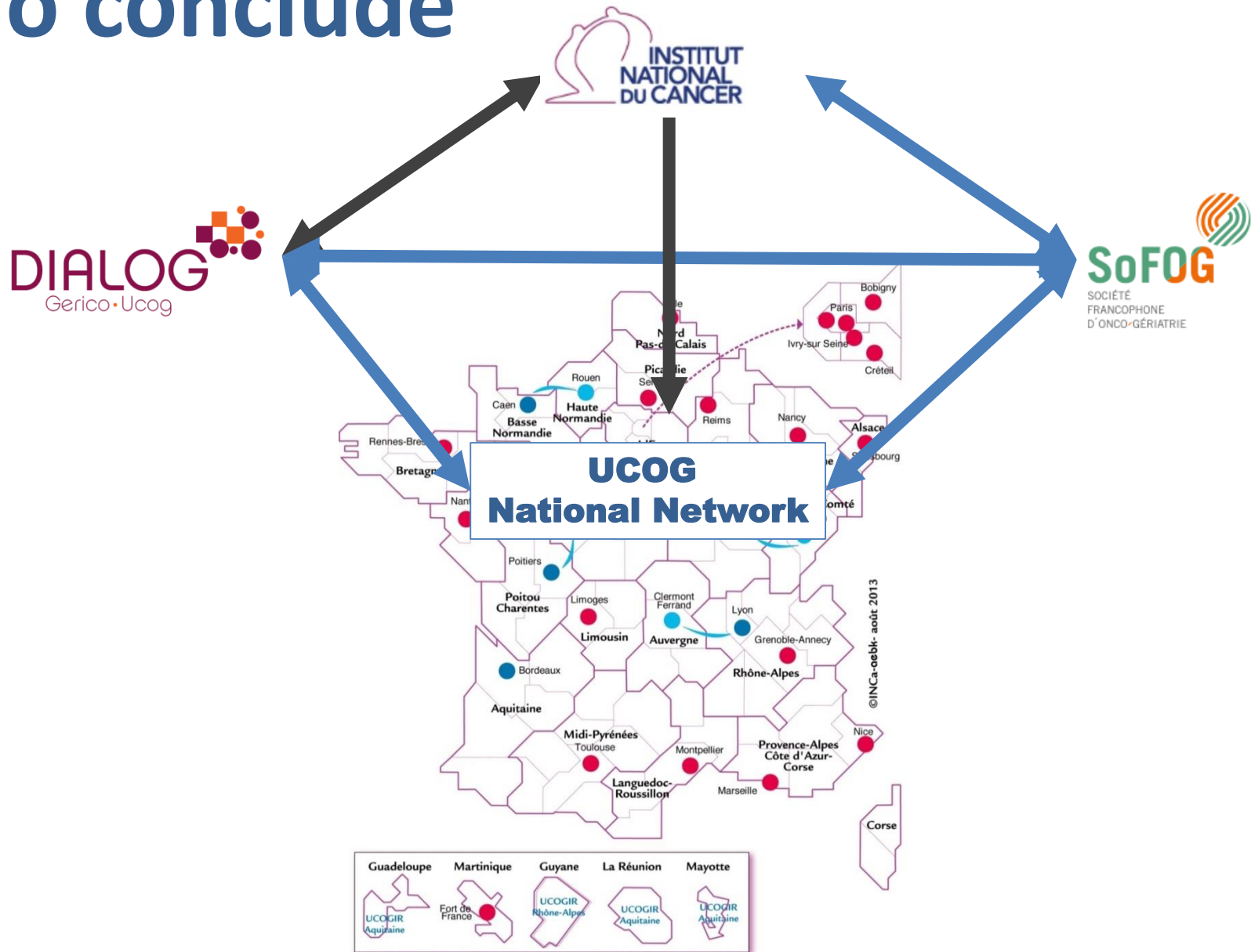
Organisation of patients' care

- **Regional cancer networks**
 - *Accreditation of Cancer centers* (number of cancer patients managed per year)
 - *All cancer hospitals organised in Cancer Coordination Centers (3C)*
 - Multidisciplinary meetings
 - Collection of data (common CRF)

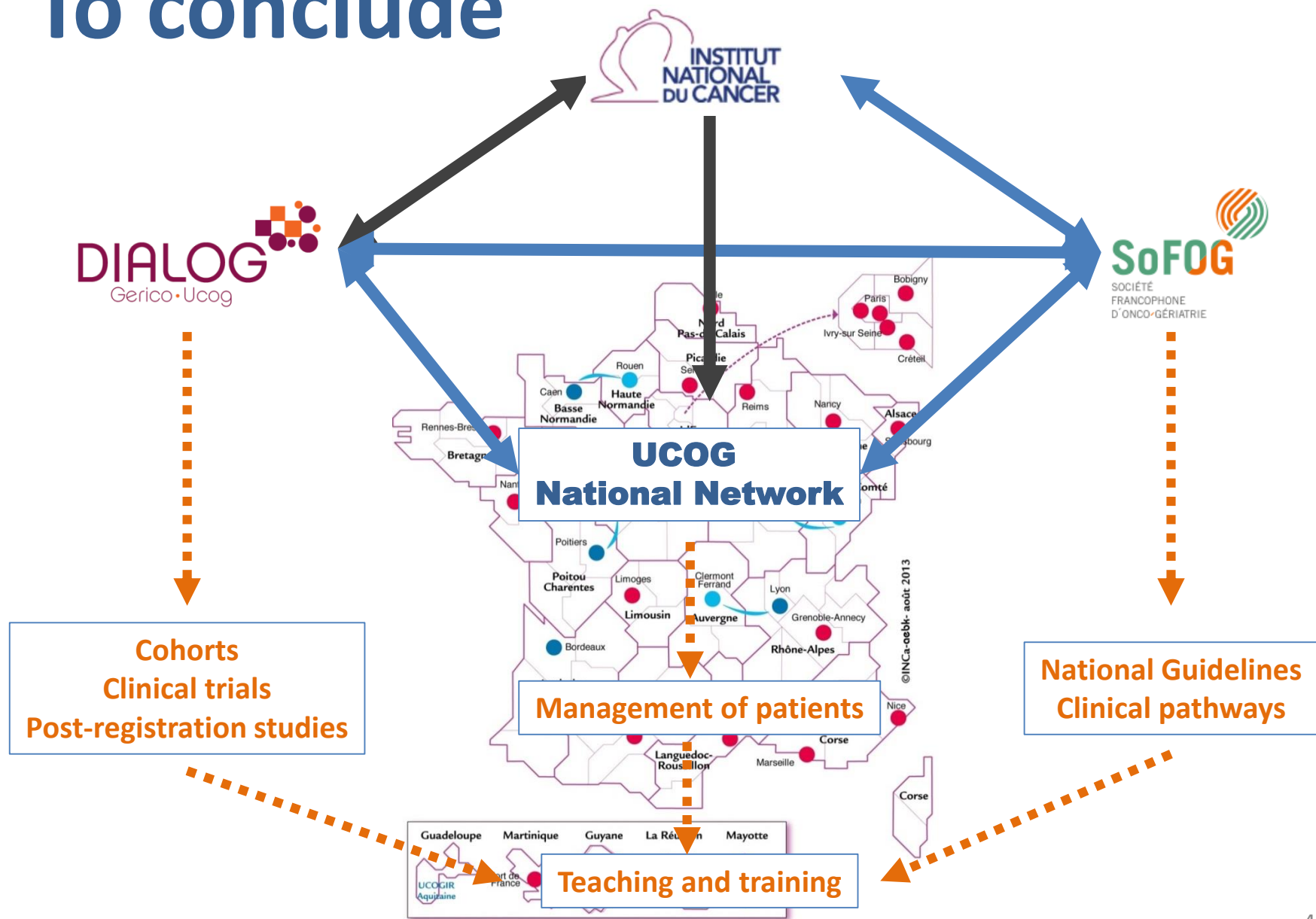
To conclude



To conclude



To conclude



Not yet solved questions...

- **At the INCa level**



- *Inclusion of comorbidities and G8 in multidisciplinary meeting sheets*
- *UCOG, UCOGIR, AOG...*
 - Not the final objective
 - Coordination with Cancer Regional Networks
- *Fees for geriatric oncologists*
 - Comprehensive Geriatric Assessment in Oncology = 23€
 - Day hospital evaluation with at least 3 Health Professionals = 500€
- *Geriatric Oncology as a priority of PHRC since 2006*
 - But the number of trials sponsored by PHRC remains limited

Not yet solved questions...

- **At the SoFOG level**

- *National Guidelines*
- *Clinical pathways*



- **At the UCOG level**

- *Many documents have been produced by UCOGs for patients and physicians*
 - To be disseminated in all UCOGs
- *Develop capacity to include in clinical trials*



Not yet solved questions...



- **At the DIALOG level**
 - *Develop a set of tools for clinical trials*
 - *Develop a prospective database*
 - *Support investigators (platforms and advice)*
 - *Communicate with other cooperative groups to promote geriatric oncology trials*

