Jusqu’à quel âge traiter le cancer ?
Gilbert Zulian, interniste gériatre oncologue palliativiste
(60 ans en 2016)

Le vieillissement est le plus grand succès de l’humanité
Analyse
Emmanuel Garessus
24 heures = 29 heures

Professor Thomas Kirkwood
Researcher at Newcastle University
Head of the Institute for Ageing & Health
School of Clinical Medical Sciences
Newcastle-upon-Tyne, United Kingdom

Jusqu’à quel âge traiter le cancer ?
« Prevention is much better than cure because it can save the labour of being sick »

Thomas Adams, 1583-1652, writer and theologian
The Happiness of the Church (1618)
Epidémiologie

Jeder zweite Mann und jede dritte Frau in der Schweiz erkrankt an Krebs – das sind etwa 20850 Männer und 17650 Frauen pro Jahr. Eine Krebsdiagnose ist aber nicht mehr unweigerlich ein Todesurteil. Mehr als die Hälfte der Patienten überlebt 5 Jahre oder mehr. Am schnellsten wächst die Gruppe der Langzeitüberlebenden, die 10 Jahre und mehr nach der Diagnose noch am Leben sind. Von Theres Lüthi (Recherche), Marina Bräm (Infografik), NICER* (Daten)

Survie des personnes cancéreuses

- 316233 Krebskrankte im Jahr 2015
- 192946 Krebskrankte im Jahr 2000

In der Schweiz leben heute über 300'000 Menschen, bei denen Krebs diagnostiziert worden ist. Im Jahr 2000 waren es noch weniger als 200'000. Ein Grund für diese Zunahme ist, dass immer mehr Patienten länger überleben.
## Espérance de vie des personnes

### JAMA 2001;285:2750-6

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### Diagramme

![Bar chart showing life expectancy at different ages for men and women.](chart.png)
Are the UK oncology trainees adequately informed about the needs of older people with cancer?

T. Kalić 1,2, S. Payne 3, H. Brodie 4, J. Mars 3, 4, Y. Wang 5 and D. Haran 1,2

1. POCS-GOLD, Older Persons' Assessment Unit, Department of Ageing of Health, Guy's Hospital, Guy's and St Thomas' NHS Foundation Trust, Ground Floor Bernardissy Wing, Great Maze Pond, London SE1 9RT, UK; 2. Division of Health and Social Care Research, King's College London, Capital House, 42 Weston Street, London SE1 3OD, UK; 3. Department of Medical Oncology, St Bartholomew's Hospital, Smithfield, London EC1A 7BE, UK; 4. Macmillan Cancer Support, 94 Albert Embankment, London SE1 7QG, UK; 5. Department of Medical Oncology, Guy's Hospital, Guy's and St Thomas' NHS Foundation Trust, Great Maze Pond, London SE1 9RT, UK and 6. NIHR Biomedical Research Centre, King's College London, Guy's Hospital, 16th Floor, Tower Wing, Great Maze Pond, London SE1 9RT, UK.

Background: Outcomes for older people with cancer are poorer in the United Kingdom compared with that in other countries. Despite this, the UK oncology curricula do not have dedicated geriatric oncology learning objectives. This cross-sectional study of UK medical oncology trainees investigates the training, confidence level and attitudes towards treating older people with cancer.

Methods: A web-based survey link was sent to the delegates of a national medical oncology trainee meeting. Responses were collected in October 2011.

Results: The response rate was 93% (64 out of 69). The mean age of the respondents was 32.3 years (range 27–42 years) and 64.1% were female. A total of 66.1% of the respondents reported never receiving training on the particular needs of older people with cancer, 19.4% reported to have received this training only once. Only 27.1% of the trainees were confident in assessing risk to make treatment recommendations for older patients compared with 81.4% being confident to treat younger patients. Even fewer were confident with older patients with dementia (10.2%).

Conclusion: This first study of the UK medical oncology trainees highlights the urgent need for change in curricula to address the complex needs of older people with cancer.
1. Age_____ (One point for age 75-84, 3 points for age 85 or greater)
2. Compared to other people of your age, would you say that your health is: Poor * (1 Point), Fair* (1 Point), Good, Very Good, or Excellent
3. How much difficulty do you have with the following physical activities: (SCORE 1 POINT FOR EACH *, MAXIMUM OF 2 POINTS)
   - Stooping, crouching or kneeling
   - Lifting, or carrying objects as heavy as 10 pounds
   - Reaching or extending arms above shoulder level
   - Writing, or handling and grasping small objects
   - Walking a quarter of a mile
   - Heavy housework such as scrubbing floors or washing windows

4. Because of your health or a physical condition, do you have any difficulty: (SCORE 4 POINTS FOR ONE OR MORE * YES RESPONSES IN THIS SECTION)
   - Shopping for personal items (like toilet items or medicine)?
     YES* Do you get help with shopping?
     NO
   - DON'T DO >> Is that because of your health?
     YES* NO
   - Managing money (like keeping track of expenses or paying bills)?
     YES* Do you get help with managing money?
     NO
   - DON'T DO >> Is it because of your health?
     YES* NO
   - Walking across the room? USE OF CANE OR WALKER IS OKAY
     YES* Do you get help with walking?
     NO
   - DON'T DO >> Is that because of your health?
     YES* NO
   - Doing light housework (like washing dishes, straightening up, or light cleaning)?
     YES* Do you get help with light housework?
     NO
   - DON'T DO >> Is that because of your health?
     YES* NO
   - Bathing or showering?
     YES* Do you get help with bathing or showering?
     NO
   - DON'T DO >> Is that because of your health?
     YES* NO

Scoring 3 or greater identifies an individual that has 4.2 times the risk of death or functional decline over the next two years.
utility of a specialised geriatric assessment

834 frail patients 65+, stratified for age and functionnality

- evaluation and OPD care by a specialised geriatric team may reduce the occurrence of undesirable drug side effects by 35%
- evaluation and hospital care by a specialised geriatric team may reduce the quantity of inadequate prescriptions ($p<0.05$)
Comprehensive Geriatric Assessment for Older Patients With Cancer
Martine Extermann and Arti Hurria

Conclusion
Growing evidence demonstrates that the variables examined in a CGA can predict morbidity and mortality in older patients with cancer, and uncover problems relevant to cancer care that would otherwise go unrecognized.

J Clin Oncol 25:1824-1831. © 2007 by American Society of Clinical Oncology

AVQ, AIVQ, MMS, montre, MNA, HADS, GDS, CIRS, Charlson, PS OMS/ECOG, Karnofsky, ...
peut-être les deux plus grands défis nosologiques de l’avancée en âge

démence (DSMIII-R) et âge

opinions des patients
Medical Care 2005;43:173-181

Auto-évaluation de l’état de santé actuel

cancer prostate HR
49 patients

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<td>Mauvais</td>
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cancer sein métastatique
51 patients

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<th>Age</th>
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<td>Très bon</td>
<td>61%</td>
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<tr>
<td>Moyen</td>
<td>14%</td>
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<td>Mauvais</td>
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the managing physicians
Lancet 353:1179, 1999

The five E’s

- *Efficacy* – is the treatment active?
- *Effectiveness* – is the treatment effective?
- *Efficiency* – is the maximum obtained with minimal resources?
- *Equity* – are the most in need receiving treatment?
- *Economy* – are the incidental costs justified?
Mr D 88 years old
Age 82: partial glossectomy for epidermoid carcinoma
Age 85: hairy cell leukaemia left untreated
Age 86: prostate cancer left untreated
         moderate dementia treated with donepezil
Mrs D  88 years old, independent, admitted to hospital with bad chest
         infection during the annual influenza epidemic
Mr D   entirely dependent on his wife, admitted with fatigue and
         abdominal discomfort, memory troubles, palor and abdominal
         tenderness
Mr D, 88 years old
Age 82: partial glossectomy for epidermoid carcinoma
Age 85: hairy cell leukaemia left untreated
Age 86: prostate cancer left untreated
    moderate dementia treated with donepezil
    fatigue and abdominal discomfort; palor and abdominal tenderness

IADL 0/8
ADL 2/6
MMS 16/30
GDS 7/15

Hb 105 g/l, WBC 71.5 G/l (94% hairy cells), Th 62 G/l
creatinine 130 μmol/l (39ml/min)
albumine 36 g/l
splenomegaly 21x16cm on ultrasound
Mr D, 88 years old

Professionnal (doctors, nurses, psychologist) and familial (patient, wife, daughter and son) discussion towards consensus and decision
Mr D, 88 years old

Professionnal (doctors, nurses, psychologist) and familial (patient, wife, daugther and son) discussion towards consensus and decision

⇒ 2-chloro-2’-deoxyadenosine 0.14mg/kg s/cut D1,2,8,10
70kgs=28mgTD (10mg/vial=510.00; 3vials x 4=2’400.00 CHF)

Mrs D & Mr D 88 years old

+2 months
Mr D home, no fatigue, memory troubles
Hb 131 g/l, WBC 3.0 G/l (0 hairy cell), thrombocytes 80 G/l
Mrs D home, adequate functionality (6w rehabilitation)
Mrs D & Mr D 88 years old

+2 months
Mr D home, no fatigue, memory troubles
Hb 131 g/l, WBC 3.0 G/l (0 hairy cell), thrombocytes 80 G/l
Mrs D home, adequate functionality (6w rehabilitation)

+18 months
both Mrs D & Mr D admitted to a nursing home where they celebrated their 90th birthdays

les aînés (âgés, seniors, vieux)

- Population exigante
- Population croissante
- Population vieillissante
- Population indépendante
- Population contrastée
- Population variée
- ...

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©gbz
palliative medicine

curative treatments
life prolonging treatments
symptomatic treatments
terminal care
grief

palliative medicine

les coûts (J Geront Soc Sc 2003, 58:S2-S10)
http://siog.org/
http://www.esmo.org/content/search?SearchText=elderly&sort=score
http://www.asco.org/professional-development/geriatric-oncology

http://eprognosis.ucsf.edu/calculators.php
https://www.myabaris.com/tools/life-expectancy-calculator-how-long-will-i-live/

Workshop: Du «bon médecin» aux «health professionals»

• Quelle est aujourd'hui l'image d'un «bon» médecin? Le profil professionnel ainsi que les exigences ont évolué: les notions de «bon médecin de famille» ou de «vocation professionnelle» laissent la place au «cyberdocteur» ou au médecin hautement spécialisé. Les professionnels de la santé, «health professionals», doivent aujourd'hui assumer diverses fonctions spécialisées.

• Les Académies suisses des sciences organisent cette année un nouveau workshop sur le thème des «Medical Humanities»; il sera consacré à une réflexion sur les différents profils allant du «bon médecin» aux «Health Professionals» et à l'examen de leur adéquation et de leur viabilité.

• Le workshop se déroulera à Berne, jeudi, le 31 mars 2016 de 13h à 18h.

• Vous trouverez le programme et le lien vers l'inscription en ligne sous: www.samw.ch/agenda.