Abstract of Conference Report

Onco-geriatric surgery in the Third Millennium

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It is a well known fact that the elderly population is growing. Some 15% of the total European population is aged 75 years or more, and 55% of all cancers are detected in this age group.

As regards mortality, recent epidemiological trials have shown that neoplasms account for 40% of all deaths in the 50 to 69 year age range, but for only 4% in people aged 100 years or over. Several studies have evidenced a significant reduction in the incidence of cancer above 95 years of age.

In terms of health care, the elderly represent a specific group in relation to the complexity of their problems: they suffer from several concomitant disorders and diseases, their symptoms often present atypically, they are often inactive, diseases cause rapid deterioration of their health, the healing process is slower and they are affected more frequently than adults by iatrogenic diseases.

The multidimensional assessment is regarded as a mainstay of geriatric medicine, representing the main focus of geriatric programs, and an indispensable step in organizing the initial patient evaluation, creating a care scheme, and monitoring the patient's clinical course. It may be defined as a "multidimensional interdisciplinary diagnostic process" whose purpose is to identify the medical, psycho-social and functional conditions and problems of the frail, elderly patient, and to put together a general treatment and follow-up plan.

Based on the conviction that elderly cancer patients require a multidimensional assessment, in January 1999 the Molinette Hospital in Turin opened an Onco-geriatric Clinic. In this unit, cancer patients aged over 70 are jointly assessed by an oncology specialist and a geriatrician, and in special cases also a surgeon.

So far over 500 patients aged 70 years or over are being followed up. The age threshold for accessing the service was raised in February 2002 after an initial evaluation of the patient population, which showed that the majority of patients aged between 70 and 75 had minimal concomitant disease and minor functional limitations, rendering them suitable for standard oncological care.

The most common neoplasms were colorectal (38%) and lung cancer (13%). Special attention was focused on associated diseases: only 11.5% of patients did not present with other diseases associated with their cancer, while almost 50% were affected by 2 or 3 associated diseases requiring drug treatment.

The Onco-geriatric service was recently converted into an Interdisciplinary Care Group (ICG) and the team is now comprised of an oncology specialist, a geriatrician and a geriatric surgeon.

Geriatric cancer surgery is playing an increasingly important role in the clinical activity of oncologists and geriatricians, and good cooperation with the general medical officer is crucial if individual decisions and choices are to be abandoned in favor of a daily practice featuring more rational treatments and organizational models based on a systematized use of current understandings.

This ambitious goal can only be achieved by developing syngergies among the existing professional skills and competences.