GERIATRIC ONCOLOGY: THIS MUST BE JUST LIKE LIVIN' IN PARADISE

Oncogeriatrics: deve ser como viver no paraíso

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In recent decades, life expectancy has been increasing. Since age increases the risk of cancer and with further advances in therapeutic options, an increasing number of both cancer diagnoses and cancer survivors in the older population is anticipated.

According to Instituto Brasileiro de Geografia e Estatística (IBGE) data, life expectancy in Brazil has increased 31.1 years since 1940, reaching 76.6 years in 2019. Currently, 10.2% of the population is 65 years and older, a number expected to reach 25.5% by 2060.¹ More than 1.3 million new cancer cases and 666 000 cancer deaths were estimated to have occurred in 2018 in Latin America. According to the Instituto Nacional do Câncer (INCA), the estimated number of cases in Brazil for 2021–2022 will be 625 000 new cases of cancer per year (450 000, excluding cases of non-melanoma skin cancer). The most common tumors are non-melanoma skin cancer, followed by breast, prostate, colorectal, lung, and stomach cancers.²

Aging and cancer are heterogeneous processes. Heterogeneity is a hallmark of aging — as are economic, social, and health care disparities in Brazil. Cancer is also a heterogeneous disease, varying not only in site, staging, and histological diagnosis, but also, as increasingly recognized, in genetic and molecular features that influence treatment. Aging and cancer require a multidisciplinary approach to provide the highest-quality care possible. Biological age should not be the key factor when deciding cancer treatment: functional independence, social support, quality of life, multimorbidity, vulnerabilities, frailty, life expectancy, and patient values are cornerstones.

Besides these considerations, we must take into account different scenarios of economic resources and cultural background when applying knowledge generated in one setting to others with different characteristics, as cited by Soto-Perez-de-Celis in his editorial “Global geriatric oncology: One size does not fit all”.³

Since the 1990s, geriatric oncology has grown to address these needs. At first, the evidence was limited, but now the literature is extensive. In 2000, the International Society of Geriatric Oncology (SIOG) was founded and, since then, stronger and stronger evidence and recommendations have become available in favor of geriatric assessment. Recently, the SIOG published a report of the 2020 American Society of Clinical Oncology (ASCO) annual meeting highlighting key findings from four randomized controlled trials that demonstrated the benefits of specialized oncogeriatric care,⁴ including reduced toxicity and improved quality of life.

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This led to the inclusion of geriatric oncology in the European Society of Medical Oncology (ESMO) / ASCO Recommendations for a Global Curriculum in Medical Oncology in 2016.⁵ In 2018, ASCO recommended that all older adults with cancer undergo a geriatric assessment prior to chemotherapy to identify vulnerabilities not routinely identified by standard oncologic evaluation.⁶

This issue of *GGA* brings articles that highlight the importance of other aspects of cancer care in the geriatric population, such as social support and quality of life. Regarding the rational use of resources, we call attention to an article on inappropriate requests for tumor marker measurement in patients 50 years and older,⁷ which increases costs of care without providing benefit. We also recommend the article “Geriatric Principles for the Patient with Cancer,”⁸ which provides a comprehensive review for those interested in this challenge.

As proposed by Hamaker et al.,⁹ it is important that geriatricians reinforce that it is time to stop saying geriatric assessment is too time-consuming or too expensive as soon as cost-effectiveness and quality of care issues are brought to light.

Lastly, as aging and cancer go together, a multidisciplinary approach where knowledge about cancer and aging are interchanged and used in the fight against ageism is essential to improving the care of older adults with cancer. In this journey, oncologists and geriatricians working side by side with many other specialties sounds like “livin’ in paradise”. We hope this can become reality everywhere — and that you enjoy your reading.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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AUTHOR’S CONTRIBUTION

LAGJ: conceived and designed, wrote the paper. ALK: conceived and designed, wrote the paper. TMW: wrote the paper.

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