

Geriatric Oncology: Building Clinical Care for Swiss Patients



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In Switzerland, around 40,000 people are diagnosed with cancer every year.¹ Despite all improvements in cancer care, approximately 40–50% of diagnosed patients will relapse and die of the disease. Significant progress has been made in terms of diagnostics, treatments and prevention over recent decades and new therapeutic approaches, including immunotherapy with immune checkpoint inhibitors, bispecific antibodies, tumor-infiltrating lymphocyte (TIL) or chimeric antigen receptor (CAR) T-cell therapy, will further improve survival outcomes in cancer patients.²

More than 60% of all cancer patients are older than 65 years at diagnosis.³ This has a major impact on our health system because several issues have to be considered when treating this patient population, especially the questions regarding the best treatment options for elderly and frail patients, polypharmacy, mental status and organ function.⁴ Literature has coined the terms “undertreatment” and “overtreatment” and to prevent them, a detailed assessment of elderly cancer patients is recommended. Several data sets demonstrated an improved survival outcome in patients with frailty with geriatric assessments and adapted therapeutic concepts.⁵ Another problem that needs to be considered is the lack of prospective data from randomized controlled clinical trials. Indeed, data from the Food and Drug Administration (FDA) showed that only 10% of patients currently enrolled in clinical trials are older than 70 years.⁶

To optimize care for elderly and frail cancer patients, the International Society of Geriatric Oncology (SIOG; <https://siog.org/>) registered in Geneva as a network of health professionals from over 84 different countries, proposes important topics to be carried out, such as education, clinical practice, research, and collaborations and partnerships for the advancement of geriatric oncology.⁷ In several countries, geriatric oncology clinics are implemented in routine clinical care for cancer patients. The French model includes “geriatric screening” followed by oncologic and geriatric work-up with an integrated treatment plan.⁸ In our institution, we will establish a collaboration with our center for aging medicine and will implement a screening tool for patients aged 75 years and upwards, which will be assessed by nurse specialists. A multidisciplinary team including oncologists, a geriatrician, physiotherapists, a pharmacologist, a nutrition specialist and others will recommend a detailed integrated treatment plan and patients will be assessed in a specialized geriatric oncology clinic.

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