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**Symposium: Elderly and radiation therapy**


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**SP-0314**

**Geriatric assessment is a requirement to effectively provide a quality radiotherapy service to the older person**  
A. O'Donovan<sup>1</sup>, M. Leech<sup>1</sup>

<sup>1</sup>Trinity Centre for Health Sciences, Discipline of Radiation Therapy, Dublin 8, Ireland Republic of

Most European countries are currently faced by a major demographic shift that will see increasing numbers of older patients. This represents a corresponding increase in the number of older patients presenting for radiation therapy. It is recognised that this will require "age attuning" of our cancer treatment services to provide a more holistic approach to the care of older patients. Comprehensive Geriatric Assessment (CGA) or Geriatric Assessment (GA) as used in the oncology literature, can identify risk factors for adverse outcomes in older cancer patients. CGA was designed to more accurately detect frailty in older patients, and both the National Comprehensive Cancer Network (NCCN) and International Society of Geriatric Oncology (SIOG) recommend its use in Oncology. CGA includes a compilation of reliable and valid tools to assess geriatric domains such as comorbidity, functional status, physical performance, cognitive status, psychological status, nutritional status, medication review, and social support. The benefits of CGA include greater diagnostic accuracy, reduced hospitalisation and improved survival and quality of life. Benefits for cancer patients include predicting complications of treatment, estimating survival and detection of problems not found using standard oncology performance measures, such as performance status. Cancer treatment is a physiologic stressor, and its impact on older patients is poorly defined in relation to baseline reserve capacity. GA provides a means of quantifying known heterogeneity in older patients, and may identify problems that could potentially be reversed, or better managed, in order to improve outcomes. Despite the evidence demonstrating the benefits of GA in improving the health status of older patients, its adoption in (radiation) oncology has not been widespread. The published literature lacks a standardised approach to GA in Oncology, making interpretation of the current evidence difficult. Exacerbating this issue is the traditional exclusion of older patients from clinical trials. GA has the potential to predict toxicity, survival and quality of life in older patients, and further research is needed to clarify its role. GA is known to be time and resource intensive, and recent studies have sought to develop shorter screening tools specifically for oncology patients, such as the G8. However, none of these approaches have been validated to date, with one obvious drawback being the lack of comparison in the form of a "gold standard" comprehensive approach. One potential solution to resource and time issues is the sharing of responsibility among the multidisciplinary team, with radiation therapists having a valuable role to play as front line staff. Recent focus in policy documents on measures to improve the quality of healthcare for older patients has resulted in a need to adequately prepare qualified health professionals to work together in a more collaborative manner. Many international models of Geriatric Oncology exist, however implementation is institution-specific and must take account of existing resources and infrastructure. In addition, there is currently no formal Geriatric Oncology fellowship scheme in most countries (apart from the US) or education programme in place for oncology professionals on how to best implement geriatric assessment. Many healthcare professionals, do not receive any training in the fundamental principles of geriatric medicine and how they may apply to their profession. The aim of this presentation is to present a critical overview of the current literature on GA in radiation oncology, and previous research by the authors in this field. It will also incorporate aspects of feasibility and requirements for a geriatric oncology service. The latter will include educational aspects and the need for adapted curricula in radiation

oncology to incorporate aspects of aging, optimal treatment and attitudes towards aging.

**SP-0315**

**Treatment choices in the elderly: focus on breast cancer**  
N. De Glas<sup>1</sup>

<sup>1</sup>Leiden University Medical Center LUMC, Department of Surgery, Leiden, The Netherlands

- The evidence for treatment of older patients with breast cancer is scarce due to lack of clinical trials and selective inclusion of patients
  - Older patients are less willing to trade quality of life for absolute survival gain, but data that can provide patients with information concerning these outcomes are lacking
  - The recently performed "FOCUS onChoice" study has shown that older patients choose a mastectomy more frequently than younger patients
  - Recent trials suggest that radiotherapy can be omitted in older patients with low-risk tumours
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**SP-0316**

**Palliative radiation therapy in geriatric cancer patients**

C. Nieder<sup>1</sup>

<sup>1</sup>Nordlandssykehuset, Department of Oncology and Palliative Medicine, Bodoe, Norway

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**Symposium: A Joint session of Young Radiation Oncologists National Societies & YROG**


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**SP-0317**

**What is the Young ESTRO Committee and what can it do for young radiation oncology professionals?**

J.E. Bibault<sup>1</sup>

<sup>1</sup>Hôpital Européen Georges Pompidou, Radiation Oncology Department, Paris, France

The Young Task Force

The first YTF was formed in 2011 at the Anniversary congress based on the decision of the ESTRO Steering Committee of 16 June 2009. At the beginning, members of the YTF were appointed by the Board each year. In 2012, at the Agorá meeting, YTF members' term was changed to three years, renewable once. This meeting allowed for "strategic discussions", bringing young, promising RT scientists / professionals together with the core ESTRO leadership. The Agorá meeting provided valuable input for the YTF. Several projects realised by the YTF were based on the results of the Agorá meeting.

The first chair of the YTF, Daniel Zips, thought that the aim of the YTF, from the start, was to become a committee and be an integral part of ESTRO governance contributing to activities and supporting the young members. The Young task force (YTF) is a key structure in securing the long-term future of ESTRO. The 3rd YTF succeeded in initiating several projects (e.g. revision of YTF structure, involvement in ESTRO committees, improvement of online communication, etc.). To carry on these essential activities, the YTF was changed to become a full ESTRO Committee in 2015.

Composition of the Young Committee

The Young Committee reflects the diversity and multidisciplinary nature of ESTRO with members from clinical radiation oncology, radiobiology, physics and RTTs. Each member also acts as an observer in one of the other standing committees of ESTRO:

- Jean-Emmanuel Bibault (Paris, France): National Societies Committee
- Gerben Borst (Amsterdam, The Netherlands) : Clinical Committee
- Laura Mullaney (Dublin, Ireland): RTT Committee
- Kasper Rouschop (Maastricht, The Netherlands): Radiobiology Committee
- Maximilian Schmid (Vienna, Austria): GEC-ESTRO Brachytherapy Committee