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#### ESTRO 35 2016

#### Symposium: Elderly and radiation therapy

#### SP-0314

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

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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  $\underline{N}. \ \underline{De} \ \underline{Glas}^1$ 

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• The evidence for treatment ofolder patients with breast cancer is scarce due to lack of clinical trials and selective inclusion of patients

 Older patients are less willing totrade quality of life for absolute survival gain, but data that can providepatients with information concerning these outcomes are lacking

• The recently performed "FOCUS onChoice" study has shown that older patients choose a mastectomy more frequentlythan 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 <u>C.Nieder</u><sup>1</sup>

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

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

### SP-0317

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

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

#### The Young Task Force

The first YTF was formed in 2011 at the Anniversary congressbased on the decision of the ESTRO Steering Committee of 16 June 2009. At thebeginning, 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, renewableonce. This meeting allowed for "strategic discussions", bringing young, promising RT scientists / professionals together with the core ESTROleadership. The Agorá meeting provided valuable input for the YTF. Several projectsrealised by the YTF were based on the results of the Agorá meeting.

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

Composition of the Young Committee

The Young Committee reflects the diversity andmultidisciplinarity 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 committee 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 • Mateusz Spalek (Warsaw, Poland): ACROP Committee

Daniela Thorwarth (Tübingen, Germany): Physics
Committee

Wouter van Elmpt (Maastricht, The Netherlands): Physics Committee

Future vision: carry on the activities initiated by theprevious task Forces and work on new perspectives

Standing committee involvement

Young Committee members' positions as observers allow us torepresent the interests of the young ESTRO members and to evaluate the contribution and participation of the young members in other standing committees' activities.

Young scientist session at ESTRO Forum and Young scientisttrack at numbered ESTRO congresses

The Young Committee is responsible for the organisation, contribution and promotion of the young scientist session / track at all ESTROcongresses. Each year, a young track is held with symposia and teachinglectures aimed at the young radiation oncology professionals, with subjectssuch as "how to build a career", "how to write a good article/abstract". Wealso organize a young reception at the end of the track, which is always a nicemoment to meet other young Europeans and network with each other.

Online services (Facebook, videos, FALCON, DOVE, scientificnetworking)

The 3rd YTF started several projects regarding onlineservices. The main task will be to maintain, promote and communicate theseactivities. The Young Committee will also contribute to ESTRO online serviceslike FALCON, DOVE, etc.

#### ESTRO Fellow

In regard of the heterogeneous training in the field ofradiation oncology within Europe, the "ESTRO Fellow" was created to achieve ahigh level of education as well as reflect a high dedication towards ESTRO. Ithas become a prestigious mark of distinction.

The next ESTRO fellow exam will take place on April, 29th2016 at ESTRO35 in Turin. The Application deadline is set for March, 29th 2016.

The future

The Young Committee is currently involved in the setup of the 3rd Agora Meeting which should take place late 2015 or early 2016. Thismeeting will bring together motivated young ESTRO members to discuss and exchange our vision for our field. A call for applications will be sent in that perspective.

#### SP-0318

#### The Young Radiation Oncology Group of EORTC -ROG O. Kaidar-Person<sup>1</sup>

<sup>1</sup>Rambam Health Care Campus- Faculty of Medicine-Technion, Oncology Institute, Haifa, Israel

The Young Radiation Oncologists Group (YROG) is a working party of the European Organization for Research and Treatment of Cancer (EORTC) -Radiation Oncology Group (ROG). Its members are the "young members" of the ROG.

The YROG was initiated in 2012 with an aim to incorporate radiation oncologists in early phases of their career within the EORTC- ROG activities. This was done to have a new generation of radiation oncologists actively involved in research.

Joining the YROG is an opportunity to present your research and new study proposals and to take part in the discussions held at the different ROG working parties. By being a part of the EORTC-ROG you will learn about designing clinical trials and have a chance to work side by side with world-leaders in oncology.

If you are at the early stages of your career in radiation oncology and are looking for an opportunity to be involved in key research, come to hear about the YROG.

#### SP-0319

# The French Society of Young Radiation Oncologists $\underline{T. \ Leroy}^1$

<sup>1</sup>Centre Oscar Lambret, Lille, France

Since 2003, the SFJRO (French Society of young Radiation Oncologist) promote radiation oncology teaching in France.

The goals of our society are to promote and ease the teaching of radiation oncology by developing relationships between residents and professors. By creating specific tools, giving access to scientific journals and organizing each year two theoretical courses, the SFjRO aims to give access to a better understanding of current practices in Radiation Oncology. Nowadays our society has more than 200 members. Each year French residents attend one national radiation therapy courses covering each fundamental field of radiation oncology : radioanatomy, radiobiology, radiophysics and brachytherapy and a summer school dedicated to a specific organ. All these courses are available freely on our website which has now a database of more than 300 radiation oncology courses. The SFjRO works with SFRO (French Society of Radiation Oncologists) and organize a young session during the National meeting of Radiation oncology. We also represent resident in front of national organisation such as National cancer Institute (Inca) and National Board of Oncology Teachers (CNEC). Another goal of SFjRO is to promote research among residents and we have published several studies about delineation variability, burnout or mobile technology and social media use by young radiation oncologists. In the future we hope to strengthen our cooperation with European young radiation oncologist societies, and to take part in young sessions such as the YROG sessions.

#### SP-0320

# The Young AIRO (Italian Association of Radiation Oncology) Group

D. Greto<sup>1</sup>

<sup>1</sup>University of Florence- Azienda Ospedaliera Universitaria Careggi, Sperimental and Clinica Biomedical Sciences, Firenze, Italy

The Young AIRO group (yAIRO) is a part of the Italian Association of radiation oncology composed by members below 40 years old. The increasing participation of the young member to the AIRO scientific activities resulted in the foundation of the Young group in 2007. The main purpose of the yAIRO was to create a network connections between junior physicians working in different institutions throughout the country, to promote the collaboration with junior groups of other national scientific societies in the field of oncology. Nowadays the Young group has approximately 350 members. Every years there is an annual scientific national event dedicated to young members, a scientific session dedicated to the young members takes place during the AIRO national meeting. One of the main project of the yAIRO is to create collaboration programs with other young specialists involved in the oncology field. In the last years, relationships were created with the young group of the Italian medical oncology association (AIOM), young urologists (SIURO) and young medical radiologists (SIRM). The yAIRO published some collaborative research projects: the INTER-ROMA Project (2011), the BUONGIORNO Project (2013), the PROCAINA part I and II Project (2013), the STYRO Project (2013), the PEDRO project (2015). A project about the history and development of Italian radiation oncology residency programs and one the pacemaker and implanted cardioverter about defibrillator management in radiation therapy are in progress. The fundamental role of young members in the Italian radiation oncology society will induce yAIRO to improve young specialists' participation, involvement and commitment into education, research and clinical care.

#### SP-0321

# The British Institute of Radiology

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Abstract not received