

Caring for older cancer patients during COVID-19

Virtual Dialogue Brief

29 June 2020



A MEMBERSHIP ORGANISATION
FIGHTING CANCER TOGETHER

Introduction

The longevity revolution and consequences for cancer

There are currently over 703 million people worldwide above the age of 65 years¹, representing 9.1% of the global population. Estimates suggest that this proportion will rise to 15.9% (1.5 billion people) by 2050.

Population ageing will have consequences for cancer control globally as cancer is more prevalent in older adults. In fact, more than 50% of people who have cancer are 65 years or older².

COVID-19 and impact on older adults

Studies³ on the impact of COVID-19 suggest that older adults suffer higher hospitalisation rates and increased mortality. Additionally, measures such as lockdowns and social distancing can have an impact on mental health through increased loneliness and isolation which may disproportionately affect older people⁴.

Old age and underlying medical conditions are also factors leading to increased risk for severe illness from COVID-19, putting older adults with cancer among the most vulnerable group of people in the current context⁵.

At a UICC's Special Focus Dialogue, four expert speakers explored the practical and ethical dilemmas of caring for older cancer patients during COVID-19, addressing the issue from four different perspectives:

Expert perspectives

Clinical perspective

- **Nicolò Matteo Luca Battisti**
Medical Oncologist, The Royal Marsden NHS Foundation Trust (UK)

Patient perspective

- **Antonella Cardone**
Director, European Cancer Patient Coalition (ECPC)

Societal perspective

- **Alexandre Kalache**
Gerontologist and President, International Longevity Centre (Brazil)

Low- & Middle-Income Country perspective

- **Enrique Soto Perez De Celis**
Geriatric Oncologist, National Institute of Medical Sciences and Nutrition Salvador Zubirán (Mexico)

¹ United Nations, Department of Economic and Social Affairs, Population Division (2019) World Population Ageing 2019, Highlights.

² International Agency for Research on Cancer (IARC), Section of Cancer Surveillance (CSU), GLOBOCAN 2018, Cancer Today.

³ Analysis of Epidemiological and Clinical Features in Older Patients With Corona Virus Disease 2019 (COVID-19) Out of Wuhan, Clin Infect Dis.

⁴ Policy Brief: The Impact of COVID-19 on older persons, United Nations.

⁵ Clinical impact of COVID-19 on patients with cancer (CCC19): a cohort study, The Lancet.

Clinical perspective

Clinical decision-making in geriatric oncology is often a matter of assessing competing risks:

- Quality of life issues
- Increased risk of toxicities or complications
- Comorbidities
- Psychological distress
- Cognitive impairment
- Lack of social support
- Nutritional problems

COVID-19 has added even more complexity and risks, and the question is how to best manage these implications?

General care management

COVID-19 has prompted five areas of change in the overall way cancer care is managed, presenting additional challenges for older patients:

1. Social distancing and isolation
2. Limiting access of caregivers to hospitals
3. Tele-consultations
4. Self-administration of cancer drugs
5. Pressure on supportive care teams

Some practical solutions to minimise these potential barriers to care include:

- Engaging social services, charities and primary care practices to bring care closer to the patient
- Remote prescribing and drug delivery to facilitate treatment at home when relevant
- Training patient navigators and undertaking in-clinic needs assessments
- Encouraging digital literacy to overcome the age-related digital divide

Geriatric assessments

Several studies⁶ attest to the benefits of geriatric assessments as standard practice of cancer care for older adults across many levels, from predicting

complications and functional decline, to estimating survival, from improving mental health and well-being to helping pain control.

Such benefits remain relevant during COVID-19, potentially leading to reduced hospitalisations and shorter time spent in critical care, hence geriatric assessments should remain the standard of care.



“Older adults with cancer are very heterogeneous” Nicolò Battisti

Potential practical solutions to pursue geriatric assessments during the pandemic include:

- Implementing telehealth, which has been shown to be feasible as an alternative modality⁷ to delivering in-person care
- Adopting geriatric screening tools⁸ that can be completed remotely by patients

Anticancer treatments

In determining the most appropriate anticancer treatments, decisions should always take into consideration three key factors: the patient's individual situation, the disease and available treatment options.



“The first question to ask is: what are the preferences of the patient?” Nicolò Battisti

During COVID-19, in some cases⁹, treatment may be adapted, delayed, or omitted to minimise the risk of infection without compromising cancer care, whether systemic therapy, radiotherapy, or surgery.

Conclusions

In conclusion, to help guide clinical decisions during COVID-19, clinicians should:

- Use geriatric assessment & screening tools
- Engage with a multidisciplinary team
- Know the local COVID-19 epidemiology
- Adopt tele-medicine whenever possible
- Consider the bigger picture, i.e. patient's wishes, life expectancy, chances of disease control

⁶ Mohile S et al, ASCO 2020; Soo WH et al, ASCO 2020; Li D et al, ASCO 2020; Nipp R et al, ASCO 2020. [Access here](#).

⁷ DiGiovanni G et al, Development of a telehealth geriatric assessment model in response to the COVID-19 pandemic, J Geriatr Oncol.

⁸ For example G8 screening tool (Bellera 2012), or Vulnerable Elders-13 Survey (VES-13) (Saliba 2001). [Access here](#).

⁹ Various studies incl. Giordano SH et al, J Clin Oncol, 2006; Marijnen CAM et al, Radiother Oncol, 2020; Sud A et al, Ann Oncol, 2020.

Patient perspective

COVID-19 and ethics

The strain felt by health systems due to COVID-19 has, at times, led to “medical rationing” even in the most developed regions.

At the peak of the pandemic, in hardest-hit countries, guidelines were issued on who to treat, based on factors such as age and underlying health conditions, as predictors of life expectancy and chances of survival.

These are stark ethical dilemmas raising issues of social equality, as older adults are invariably ranked lower, and the social determinants of health, often at the root of medical problems, are not addressed.

“These are thorny questions, for which there aren’t necessarily easy answers”
Antonella Cardone

Age-unfriendly health systems

These intractable issues have added to the challenges already faced by older people living with cancer in accessing individualised care pathways:

- Underrepresentation of older populations in clinical trials
- Lack of sufficient geriatric expertise within the oncology speciality
- Absence of multidisciplinary teams
- Limited ability of patients and carers to engage in and contribute to the development of care services

“Health systems are not identifying the specific needs of older people living with cancer, yet this is essential to ensure that they receive a level of care equal to that of other patients” Antonella Cardone

Longer term impact

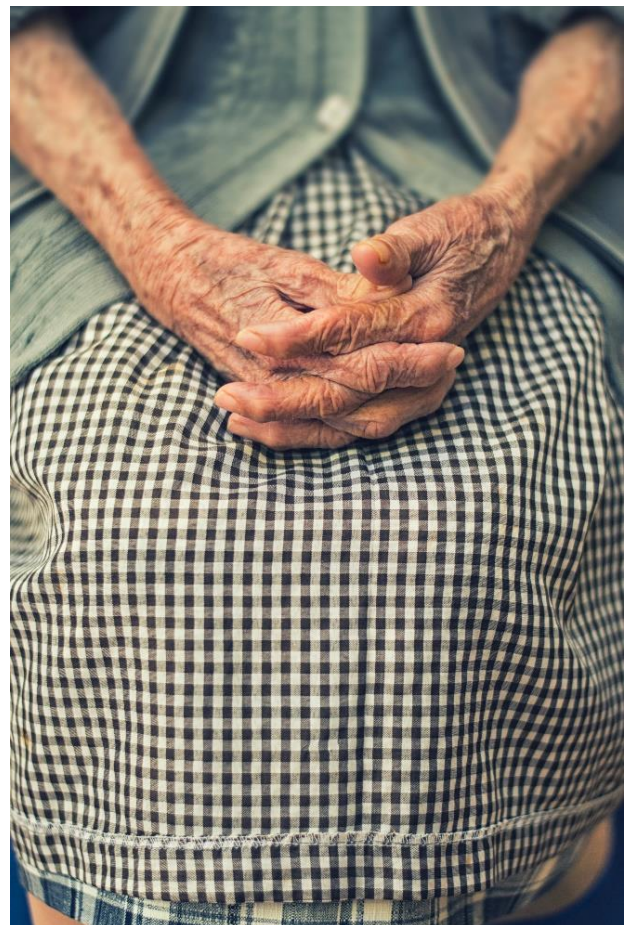
With cancer screening and follow-up consultations suspended across many countries during the

pandemic, and demand for other routine check-ups severely reduced due to fear in accessing hospital settings, some studies¹⁰ now suggest that a 20% spike in mortality due to late presentation could be expected.

Conclusions

What are some lessons that can be drawn from the current situation to avoid this from happening in the future?

- Health systems should be better prepared to face emergencies, so that other services are not compromised
- The use of tele-medicine, digital health and artificial intelligence tools should be expanded, with issues of accessibility and usability being tackled at the outset
- The overall health and digital literacy of the population should be raised.



¹⁰ Alvina G. Lai et al, Estimating excess mortality in people with cancer and multimorbidity in the COVID-19 emergency. UCL, Health Data Research Hub for Cancer.

Societal perspective

Ageing: promise and reality

Over the last century, population ageing has been a major achievement for mankind, evidence of the progress made against premature death. However, this demographic transformation requires new perspectives, policies, technologies and models of care to enable healthy ageing and ensure older adults benefit from equitable access to healthcare.

Even prior to COVID-19, systemic age bias was compounded by social inequalities, adversely affecting the health status, health-seeking behaviours and access to health services of the most vulnerable amongst the older population.

“COVID-19 has not forged the inequalities in developing countries, it has opened them up”

Alexandre Kalache

COVID-19: furthering inequities

With the pandemic, other factors have now come into play adding to the challenges and furthering these inequities:

- Risk of social isolation as older adults are cut out from their support networks due to social distancing measures
- Fear of accessing health services, particularly in less resourced settings
- Exclusion from digital health solutions due to digital illiteracy or lack of equipment
- Rampant misinformation, affecting especially the least educated and most vulnerable
- Challenges in following guidelines and at-home treatment regimens, due to widespread low health literacy

Change: education on ageing

Health literacy, or the lack thereof, is not only an issue amongst the older patient population. While the traditional model of clinical medical education

has met the needs of several generations of patients, there is now a growing gap between the traditional disease-centred curriculum and the more holistic needs of our ageing society.

Given the increasing age of the population, today's medical graduates will have to care for proportionally more older patients over their careers. However, there is a lack of specialised training to ensure that they can understand and address the diverse needs of this population.

“We urgently need a coalition to press for changes in the medical curriculum, so that the promise of longevity is not lost to ignorance of healthy ageing”

Alexandre Kalache

Conclusions

Older people are a heterogeneous group. The biological changes leading to decrease in physical and mental capacity, which are often associated indiscriminately with age, are not linear nor consistent.

Beyond biological factors, ageing is also associated with many other life transitions, such as retirement, relocation to care homes and the death of friends and partners, hence any public health response to it must include approaches that reinforce recovery, adaptation and psychosocial growth¹¹.



¹¹ Ageing and Health, factsheet. The World Health Organization (WHO), February 2018

Low- & Middle-Income Country perspective

COVID-19 as a time of scarcity

With COVID-19, even the most advanced health systems have entered a time defined by scarcity of health resources, whether beds, ventilators, personal protective equipment, or health workforce.

Unfortunately, this is the everyday reality in many low- and middle-income countries where the health needs of the population tend to grow faster than the resources available to meet them.

COVID-19 has exacerbated this gap further, affecting resources across the health system; and nowhere is it felt more than in the least developed nations:

- Shortages of medicines, as anaesthetics and antibiotics are being redirected to treat COVID-19 patients
- Closure of key health services, including cancer, as limited specialised centres are transformed into COVID-19 hospitals
- Scarcity of reliable information and evidence, leading at times to “opinion-based medicine”

Older adults with cancer, who are at greater risk of COVID-19 and already faced with systemic bias due to their age, are particularly affected.

“Sadly, many of the characteristics of geriatric oncology, its multidisciplinary, the individualised care, the importance of caregivers, have had to be sacrificed due to the pandemic in order to keep patients and health personnel safe”

Enrique Soto Perez De Celis

LMIC’s pre-existing challenges

In low-resource settings, pre-existing structural deficits make it impractical to apply some of the solutions highlighted to reduce the impact of COVID-19 on the care of older cancer patients:

- Already stretched health workforces are spread even thinner by the pandemic
- Increased reliance on tele-medicine risks leaving behind the less digitally resourced

Conclusions

In weaker health systems, the solution may lie in applying a resource-stratification methodology to ensure guidelines for cancer care during COVID-19 are both based on evidence and applicable in real-world settings.

Resource-stratified approaches¹², developed for example in the context of breast cancer, involve the application of a four-tiered framework – basic, limited, enhanced and maximal – in which cancer management strategies can be prioritised within the context of available healthcare resources.

This resource-conscious approach could provide a useful reference to guide clinical, but also other decisions during the pandemic: for example, favouring already widespread and user-friendly digital solutions when expanding tele-medicine, from group messaging systems to virtual consultations via mobile phones.

“The coronavirus pandemic has accelerated changes already taking place in how we dispense care. We must be careful that, in the process, we do not further reduce access to care. Let’s not make health systems even less age-friendly than they already are but seize this moment as an opportunity to be innovative and move towards greater equity and universal health coverage”

Enrique Soto Perez De Celis



¹² Anderson BO et al, Resource-Stratified Guidelines for Cancer Management: Correction and Commentary. J of Glob Onc Feb 2017

Outcomes

In their closing remarks, the expert panellists converged on the following areas to focus on for policy change:



Patient-centred approach

There is no one-size-fits-all approach in caring for older adults with cancer, but decisions must be taken with the individual patient's needs and circumstances in mind, while being cognisant of the available resources within the health system.



Education

Health literacy of patients must be raised to better support healthy behaviours, chronic disease management and medication adherence. Health professionals from all cadres must be better trained on ageing and geriatric issues.



Digital solutions

The potential of digital solutions, such as tele-medicine, to support access to care must be leveraged in a way that does not compound inequities or discriminate those less digitally-literate.



Multi-disciplinary collaboration

The heterogeneity of the older population means their health needs are better provided for by establishing connections across health disciplines and engaging different actors, from social services to charities, from industry to technology companies.

This Virtual Dialogue was supported by:



What next

Through partnerships with SIOG and Sanofi, UICC is working to ensure that cancer challenges for older patients are appropriately addressed by:



Raising awareness of how best to prepare healthcare systems

- UICC's [Cancer and Ageing](#) thematic focus
- [Technical assistance on national cancer control planning](#) via the ICCP Portal
- Sanofi's [When Cancer Grows Old](#) initiative
- International Society of Geriatric Oncology (SIOG)'s [Top Priorities](#) initiative
- WHO's [Decade of Healthy Ageing](#) (2020-2030)



Support members' driven national advocacy initiatives

- UICC's [Cancer Advocates](#) programme (new call opens in September 2020)
- SIOG's [Advocacy programmes](#)



Strengthen the health workforce on ageing issues and in geriatric care

- UICC's [Virtual Fellowships](#)
- UICC's [Technical Fellowships](#) (call reopens in October 2020)
- SIOG's [Education activities](#)
- [SIOG Comprehensive Geriatric Assessment](#) (CGA) of the older patient with cancer
- Geriatric Oncology: An Introduction ([ESMO](#))
- ESMO/SIOG [Handbook](#) of Cancer in the Senior Patient
- [ASCO](#) Geriatric Oncology Resources



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