

Reshaping cancer control for ageing societies

Virtual Dialogue Brief

20 October 2020



A MEMBERSHIP ORGANISATION
FIGHTING CANCER TOGETHER

Introduction

The numbers of new cancer cases is estimated to triple by 2050 worldwide due to unprecedented population ageing¹. The urgency of adapting the public health response to this demographic transformation is even more glaring within the context of cancer control.

Ageing is driving a global epidemiological shift from infectious diseases to non-communicable diseases, such as cancer. In 2018, out of 18.1 million cancer cases worldwide, 50% occurred in people aged 65 and above and 13% in people over the age of 80. In 2040, out of an estimated 29.5 million new cancer cases diagnosed, 59% will be among those aged 65 and above and 22% will occur in those aged above 80².

These trends signal that health and social care systems around the world must quickly adapt to the complex and heterogeneous needs of older cancer patients.

The economic and social implications of a growing ageing population are significant, the more so in low- and middle-income countries, where the demographic shift is even more rapid and significant, and there are less resources and time available to adapt to respond to the challenge.

At a UICC's Virtual Dialogue held in October 2020, three expert speakers explored how to reshape cancer control for the needs of ageing societies.

Expert perspectives

- **Ravindran Kanesvaran**
Consultant in the Department of Medical Oncology of the National Cancer Centre Singapore, and President of the International Society for Geriatric Oncology (SIOG)
- **Sophie Pilleron**
Epidemiologist affiliated with the Big Data Institute at the University of Oxford
- **Yuka Sumi**
Medical Officer, Ageing and Health, at the Department of Maternal, Newborn, Child & Adolescent Health and Ageing (MCA), World Health Organisation (WHO)

Moderated by: **Yvonne Arivalagan**, Public Policy Consultant specialising in population ageing and healthcare

^{1,2} [Global Cancer Observatory](#)

Ageing and cancer: societal, economic, and public health implications

Ageism in cancer control: addressing the stigma and cultural barriers to effective geriatric care

Ageism in healthcare and in cancer control can take many forms and impacts the way the care is delivered. Older patients themselves may defer decision-making on cancer treatment to family members. This may be due to internalised ageism, where older adults believe that they should not be receiving the same level of care as their younger counterparts.

“Ageism can be seen from screening to treatment to palliative care. Not only society as a whole but individuals are ‘ageist’. We will all be old one day – we need to change society’s views on age and healthy living.”

Sophie Pilleron

Families, especially in cultures with tight-knit family structures such as in Asia, may conceal a serious diagnosis from their older relative, thus undermining the older person’s right to make their own decisions regarding treatment. At the structural level, physicians may also attribute a patient’s condition to old age, instead of treating the person holistically.



Ideas to combat ageism

1. Adapt the tools used to eradicate sexism or racism for example
2. Empower older adults to become more engaged in the decision-making process in relations to their care
3. Increase research for older cancer patients, currently underrepresented in clinical trials

The importance of integrated and person-centred care

Person-centred care is defined by the WHO as care that is focused and organised around the health needs and expectations of people and communities rather than on diseases across the life course. In low- and middle-income countries with rapidly ageing

populations and a double burden of infectious diseases and non-communicable diseases, experts have recommended an integrated approach to healthcare. However, person-centred care requires that a person’s needs, rather than their disease burden, are at the centre of the care approach.



“It is important to recognise that there are no typical older persons. It is essential to define a person’s age as a factor of health (“health age”) not merely their chronological age.”

Yuka Sumi



WHO’s Integrated Care for Older Persons ([ICOPE](#)) approach recommends a person-centred and coordinated model of care that supports optimising the intrinsic capacity and functional ability of older persons.

The key aspects of ICOPE are:

- maximising intrinsic capacity and functional ability of older persons;
- person-centred assessment and personalised care plans;
- community-level and home-based interventions;
- multidisciplinary care teams;
- support for self-management;
- support for caregivers;
- ensuring referral and follow-up.

The major challenge with implementing integrated, person-centred care is the lack of qualified practitioners, as oncologists and geriatricians are often in short supply in many countries. It is therefore important that primary care physicians, nurses and primary care givers are equipped with the skills and training to care for older cancer patients as much as possible before referring them to specialists.

Telemedicine is a tool that can be used to connect patients in rural areas with specialists, as well as **educate and train rural community workers in geriatric oncology and other specialist services**. It may also be an enabler for the continuous care and follow-up that older patients with cancer might require.

It is important, however, to consider the availability of resources and the technological know-how of patients and caregivers to ensure that telemedicine creates opportunities and not additional barriers to care.

Patient navigators or care managers also play a vital role in person-centred care. In Japan, for example, care managers assess the health and social care needs of older people and recommend the most appropriate services for them with financial support from the government.

Little is also known about the burden for caregivers in lower income setting. With caregivers ageing themselves, more research should be done to better understand how profoundly ageing impacts society.

Building age-friendly social and environmental approaches to health and cancer control

Health and well-being are not only determined by personal characteristics but also by the physical and social environment in which people live. Environments play an important role in determining their physical and mental capacity across the life course.

Creating environments that are truly age-friendly requires coordinated action from many sectors (health, long-term care, transport, housing, labour, social protection, information and communications, etc) and stakeholders.³

The WHO's Global Network for Age-Friendly Cities and Communities encourages cities and municipalities to consider aspects such as safety, physical spaces for older people and access to

information for older people with functional impairments.

For example, in a Japanese prefecture with a population of nine million people, 30% of whom are older adults, community centres have been equipped with salons where older people can come together for social activities and physical exercise.



Singapore has developed a new township which will have a polyclinic next to a nursing home. This type of initiative will enable older adults to age-in-place, remain socially connected to their community, and have access to health and social care.

Ensuring that such places dedicated to older adults provide screening opportunities in the community would also allow for earlier and broader access to cancer diagnosis.

A great way to centre the voices of older adults in healthcare initiatives is to encourage older people to volunteer in their communities to support one another. **Older people know and understand the needs of older persons.** This strategy also helps to effectively combat social isolation, which, as the current COVID-19 pandemic has shown, can be a real problem for older people.

Palliative care, an integral component of holistic, integrated health care

Major institutional and cultural barriers to palliative care remain in many countries, with significant

³ <https://www.who.int/ageing/age-friendly-environments/en/>

discrepancies between low- and middle-income countries and high-income countries. In some cases, palliative care may be mis-represented as a failure to cure. It is also sometimes not very easily discussed within families.

As a practice devoted to relieving suffering throughout the cancer journey, palliative care goes beyond merely end-of-life care. However there are also misconceptions about using opioids as pain medication in many countries. For many governments in Asia for example, opioids are still viewed as a health risk to the population. Patients themselves may also fear becoming addicted to pain medication.

Public education and advocacy, as well as more expert-driven discussions are necessary steps to influencing cultural and public policy change around access to pain medication.

Quality and value of care: quality of life vs life prolongation

The need to bring the patient's perspective at the centre of all decisions about their care is even more important with regards to older patients. Interviews with older cancer patients reveal that many may prefer having a good quality of life with good symptom control to living longer with the side-effects of cancer.

Goals of care change with age and it is important to address these questions upfront with the patient to understand their preferences.

“When you are in your 30s or 40s, you are thinking of starting a family, of your professional career. When you are in your 70s and 80s, the goal is no longer about prolonging life but about quality of life.”

Ravindran Kanesvaran



Conclusions

Ensuring that a greater proportion of older people stay healthy and active has become key for future sustainability of health and social policies around the world. Fighting the non-communicable disease epidemic throughout the life course, and allowing people to lead active and healthy lives in their later years requires investment across a broad range of policies⁴.

Given the rapid ageing of populations and the profound implications on society, governments need to swiftly identify evidence-based solutions suitable within their respective societal and cultural contexts.

Greater exchange of knowledge, experiences and good practices nationally and internationally will be needed for the development and implementation of effective policies and programmes for ageing⁵.

For older adults with cancer, increasing awareness about their needs and challenges, greater involvement in research and in clinical trials, and the inclusion of their perspectives on treatment decisions were highlighted by the expert panellists as priority interventions.

⁴ World Health Organisation, Active Ageing, Policies and priority interventions for healthy ageing, Europe

⁵ Policies on Ageing and Health. A selection of innovative models, Multisectoral action for a life course approach to healthy ageing, Dr. Mathias Bernhard Bonk, Mandated by the Swiss Federal Office of Public Health

Key considerations in planning cancer control for an ageing population

Panellists' perspectives

1. **Focus on prevention and diagnosing diseases early** using tools such as PAP Smear, Mammogram or FIT kits (Faecal Immunochemical test) in new innovative ways.
2. **Understand and ask patients about their preferences:** the importance of assessing treatment goals and preferences of older patients – it is not always about prolonging life but also about quality of life.
3. **Health education is key:** whole of society needs to be better educated about health, healthy behaviours, and preferably from a very young age. All healthcare professionals including physicians, nurses, pharmacists, physiotherapists, and medical students need to be (better) trained on geriatric care.
4. **Empower** older adults in becoming more engaged in the decision-making processes related to their health.
5. **Involve the community healthcare workers and the primary healthcare** professionals to alleviate scarcity of geriatric specialists.
6. **Perform more research and clinical trials** involving older adults with cancer and generate more data on what intervention/treatment options are most effective.
7. **Generalise the use of Geriatric Assessments,** which can be performed by a broad range of healthcare professionals and are a very useful tool when dealing with older cancer patient.

What's next

Through capacity building, advocacy and partnerships, UICC is working to ensure that cancer challenges for older patients are appropriately addressed.



Raise awareness of how best to prepare healthcare systems

To drive demand for policy change and investments in care for older adults there is a need to improve the cancer community's awareness of the solutions to address the needs of older adults with cancer.

- 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
- SIOG's Advocacy programmes



Strengthen the health workforce on ageing issues and in geriatric care

One of the most pressing hurdles facing older adults with cancer is the shortage of healthcare professionals with training and experience in geriatric oncology, and particularly in low-resource settings.

- UICC's [Virtual Fellowships](#)
- UICC's [Technical Fellowships](#)
- SIOG's [Education activities](#)



Additional resources for further reference

- [WHO Global strategy and action plan on ageing and health](#)
- [WHO World report on ageing and health](#)
- [WHO Guidelines on Integrated Care for Older People \(ICOPE\)](#)
- [Integrated care for older people \(ICOPE\): guidance for person-centred assessment and pathways in primary care:](#)
- [Integrated care for older people \(ICOPE\) implementation framework: guidance for systems and services](#)
- [ESMO-Magnitude of Clinical Benefits Scale](#)

This Virtual Dialogue was supported by:



Union for International Cancer Control

31 – 33 Avenue Giuseppe Motta 1202 Geneva, Switzerland
T +41 (0) 22 809 1811 F +41 (0) 22 809 1810 E info@uicc.org
www.uicc.org



A MEMBERSHIP ORGANISATION
FIGHTING CANCER TOGETHER

Union for International Cancer Control

31 – 33 Avenue Giuseppe Motta 1202 Geneva, Switzerland

T +41 (0) 22 809 1811 **F** +41 (0) 22 809 1810 **E** info@uicc.org

www.uicc.org