



Closing the Age Gap

2019 World Cancer Leaders' Summit Action Brief

Globally, 60% of people who have cancer are 65 years old or olderⁱ, and this number is expected to double over the next two decades in every region of the worldⁱⁱ. According to the Organisation for Economic Cooperation and Development (OECD), the share of population over 65 will reach close to 40% in some of the OECD and G20 countries by 2050. WHO also estimates that by then, 80% of older people will be living in low- and middle-income countriesⁱⁱⁱ. An ageing population will have profound consequences for health systems and will require tailored policies, health budgets and a trained workforce.

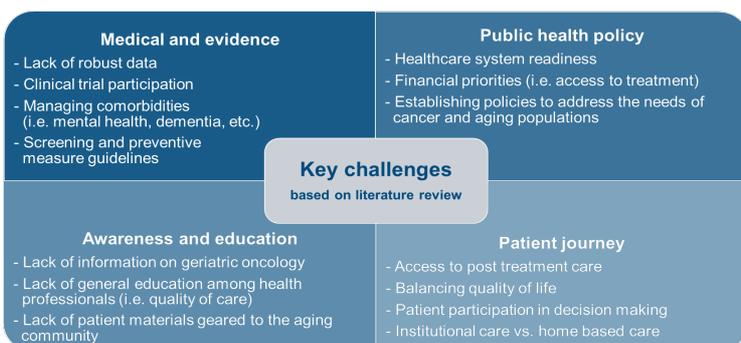
Ageing is inextricably linked to global public-health agendas, such as Universal Health Coverage, the 2030 Sustainable Development Goals and the Non-Communicable Disease Agenda. The WHO Decade of Healthy Ageing 2020-2030^{iv} provides a timely opportunity to start engaging the international cancer control community to think about what the implications of ageing for cancer control and healthcare systems are and to identify areas of collaboration to address current and future challenges in that space.

On the 14th of October 2019, the global cancer community gathered in Nur-Sultan, Kazakhstan at the 2019 World Cancer Leaders' Summit on 'Universal Health Coverage and Cancer'. On the first day of this high-level meeting, the Union for International Cancer Control (UICC), supported by Sanofi, held an interactive workshop aimed at exploring the unique set of challenges linked to cancer and growing old.

The 'Closing the age gap' session was opened by Francesca Colombo, Head of Health Division at the OECD who provided a framework to consider the impact of a rapidly ageing population and cancer. Some key highlights to keep in mind include:

- Most of the population over 65 do not fit into one disease category, as often they live with multiple chronic conditions;
- Many of the current health systems are not ready to manage elderly patients, particularly as these systems tend to have been built around episodic, acute care and communicable diseases rather than chronic conditions;
- Poor coordination and lack of data integration make it difficult to address the specific needs of the ageing population.

The need for a greater focus on prevention and promotion of healthy living, increasing the health system readiness by improving skills, encouraging integrated services and data around elderly people, and adopting a more people-centred approach were suggested as broad policy directions. A follow-up discussion took place, which focused on identifying the priority barriers to tackle as a cancer community in four main categories of challenges, as identified by a broad literature review.



The medical and evidence challenge

As elderly people are usually underrepresented in clinical trials and in screening campaigns, there is a lack of robust data related to the benefits treatment may bring. Screening guidelines based on age do not address the complexity of ageing and cancer. Also, elderly people do not fit into one disease category and multiple chronic conditions limit the use of specific therapies.

The public health policy challenge

Healthcare systems are not ready to cope with the rapidly shifting age demographics and the resulting increase in people with multiple chronic conditions requiring specific and long-term care. With the rising cost of cancer care, elderly people may be left out. Governments need to think about how to build adapted and inclusive policies, as well as strengthening the workforce.

Awareness and education challenge

Older patients have a lower cancer awareness, that might lead to delayed diagnosis and poor cancer survival. According to OECD, ageing is not an equal process. Inequalities compound over the life course, in particular between the high- and low- educated populations. Educational materials geared towards the older age-group are lacking. As out-patient care increases, the role of carers have become more important and there is a need for increased information and support for the patient and their families. Reinforcing geriatric oncology practice is also needed in many countries around the world.

Patient journey

Elderly cancer patients may face a very different journey than younger cancer patients, from diagnosis to treatment and survivorship. A patient's preference is important when it comes to choosing the best care options, balancing treatment side-effects and their quality of life, or when opting for home-based care vs. institutional care. For example, for a breast cancer patient, issues such as pain management, fatigue, body image, sleep quality, independence, time spent with loved ones etc. are important aspects for consideration. Too often, measuring survival alone says little about possible differences in the lived experiences of the patients.

Priorities identified at the 2019 World Cancer Leaders' Summit and recommended actions

Representatives from almost 40 UICC member organisations from around the world were invited, on the first and last day of the World Cancer Leaders' Summit, to share their perspectives on what the key gaps in each of these four big areas might be. Forming groups focusing on one specific area of challenge, each group was asked to identify and agree on a top priority and to share a recommended solution to the issue.

The main conclusions from the discussion groups are summarized below:

Challenge	Priority area	Recommended Actions
Medical/Evidence	Lack of data and high-level evidence to support the inclusion of elderly people in clinical trials and the survival benefits	<ol style="list-style-type: none">1. Increase use of real-world evidence2. Clinical trials: explore strategies for inclusion of elderly, who are possibly frail and suffering from comorbidities, into clinical trials
Public Health Policy	Lack of healthcare systems preparedness to address ageing populations and lack of funding for the inclusion of the elderly within national health programs	<ol style="list-style-type: none">1. Bring in stakeholders to support and advocate for the older populations who don't always have a strong voice2. Push for inclusion of strategies that address the needs of the elderly and identify national health programs or national cancer control programmes (NCCP) that have shown early success3. Develop case studies to share with the global community
Awareness and education	Patients and their families need to have greater access to information	<ol style="list-style-type: none">1. Develop materials for older patients and their families for increased cancer awareness, patient navigation and for improved decision making for treatment and care options2. Develop targeted messages on prevention and early identification of cancer in seniors

Patient Journey	Lack of a holistic approach from the patient's point of view	<ol style="list-style-type: none"> 1.Adapt the care to ensure wellbeing and quality of life 2.Find ways to integrate spiritual and mental aspects of the patients 3.Include patients and caregivers into decision making
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Way forward

With the increase of ageing populations and incidence of cancer worldwide, more practical research (based on real-world evidence and data) and actions from the cancer community need to take place to adapt the healthcare systems to be more patient-centric and inclusive of ageing populations to ensure healthy ageing for all.

This initial conversation in Nur-Sultan on the topic of cancer and ageing is the first of many and will be followed up on in 2020 and 2021 under the UICC-Sanofi partnership. Several in-depths exchanges with UICC members and communications to the broader cancer community will provide opportunities to share information, knowledge, tools and best practices to address the priority areas identified as above.

Additionally, UICC will leverage regional meetings to host workshops that will further explore the policy implications for cancer and ageing. These discussions will be critical to help further identify comprehensive solutions to ensure an inclusive and appropriate care pathway for older cancer patients.

ⁱ Source: www.cancer.net

ⁱⁱ Source: Federal Interagency Forum on Aging related statistics

ⁱⁱⁱ Source : <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>

^{iv} Source: <https://www.who.int/ageing/decade-of-healthy-ageing>