



# European Association for Cancer Education

## 32nd Annual Scientific Meeting

### Teaching geriatric oncology – the challenge of a new oncology training paradigm

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In 2018, the Northern Centre for Cancer Care in Newcastle received 8277 new referrals, of which 67% were over 60 years of age and 55% over 65 years. In the past, geriatric oncology used the phrase “*Are you are a paediatric oncologist? If not you are by default a geriatric oncologist*” and to some extent that is borne out by these figures.

Yet most oncologists have had no formal training in geriatric oncology, the use of geriatric assessment or frailty tools or formal teaching in how frailty or reduced performance status may alter how surgery, radiotherapy and chemotherapy may have to be given depending on fitness and resilience in older patients.

Conceptually, Kolb has questioned whether geriatrics itself should be expanded, raising the question, is geriatric medicine are defined sub- speciality or a series of processes applicable to other defined specialities; and if the latter is the geriatricization of specialities such as an oncology required by the changing geriatric demographic. There is still the danger of the older cancer patient falling into the gap between geriatrics and oncology.

The presence of multiple comorbidities, differing non-cancer prognoses and the need for extended complex shared decision-making with older cancer patients makes the case for increased integrated geriatric oncology education both for oncology professionals and trainees. In the sparse literature available, trainees in the US and the UK feel they are not taught enough about the older patient with cancer. This presentation gives a snapshot of how geriatric oncology is at present being taught, in the few places that it is, and how it may expand to deal with the challenge of an ever growing elderly population.

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