

Conference News

Are you organising an annual meeting or conference which you would like to tell our readers about? Or would you like to write a report on a meeting or conference of particular interest? If so, contact Patricia McDonnell at Oncology News on T/F: +44 (0)288 289 7023, E: patricia@oncologynews.biz

11th International Society of Geriatric Oncology Meeting

Date: 4-5 November, 2011. **Venue:** Paris, France.



Stuart Lichtman, MD (Scientific chair of the meeting) giving a presentation. Photo ©2011 Xavier Granet.

The 11th meeting of the International Society of Geriatric Oncology (SIOG) was held in Paris in November 2011. Founded in the year 2000, the SIOG is dedicated to the education of physicians about the care of the older cancer patient. The Society has a number of activities, in particular task forces which have published important position statements about various aspects of Geriatric Oncology care: chemotherapy, renal dysfunction, surgery, geriatric assessment and others. There is also a National Representatives group whose role is to stimulate interest in Geriatric Oncology in their respective countries. This year's meeting welcomed over 400 attendees from 27 countries with a broad range of specialties. The scientific program was structured so that clinicians with varying interests can benefit and included basic science of aging, review of therapeutic modalities (surgery, radiation therapy), and disease specific sessions (gastrointestinal, breast, ovary, head and neck). There were educational sessions, proffered paper presentations and poster sessions. Earlier meetings of the Society were primarily educational sessions. In contrast the Paris meeting focused more on data from a wide variety of investigator initiated studies. There was a large number of presentations on geriatric assessment instruments utilised in various clinical settings. Topics included evaluations of preoperative assessment, measures including the GFI, G8, studies of the Cancer and Aging Research Group and the CRASH score from the University of South Florida, showing the increasing interest and experience with these various instruments. Presented data showed these assessment tools to be specific for the clinical settings in which they were developed.



The conference room with attendance. Photo ©2011 Xavier Granet.

There may not be a one-fits-all instrument. There will be a need for prospective validation in various clinical settings. However it is clear that great strides have been made since the last meeting in 2009. In view of the small number of trained geriatricians, oncologists will need to familiarise themselves with some of these instruments and bear the responsibility for assessing their patients to aid in treatment decisions. There were also data presented on disease specific clinical trials as well as a number of studies of quality of life, issues of cognitive impairment and symptom burden. A definite highlight of the meeting was the number of excellent proffered papers covering a broad range of topics, demonstrating the increased worldwide interest in geriatric oncology. This 11th meeting in Paris provided an opportunity for interaction among investigators around the globe to stimulate further study.

The Society presented the Calabresi award to Dr Beena Devi in recognition of her contribution to geriatric oncology over these past years, particularly in organising the successful First Asian Congress on Cancer in the Older Patient, held in Kuching in January 2011. Importantly, the Society's next President was elected: Dr. Arti Hurria of the City of Hope. Dr. Hurria is also the Editor-in-Chief of the Journal of Geriatric Oncology.

The current SIOG President is Riccardo Audisio, MD in the United Kingdom, and the Executive Director is Matti Aapro, MD in Switzerland. Stuart M Lichtman, MD (New York) was the Scientific Chair and Etienne Brain, MD (Paris) was the Meeting Chair. The 12th SIOG meeting will be held in Manchester, UK, on October 25-27, 2012. ■

Erratum:

In the Conference Digest section of the November/December 2011, Page 157 Radiotherapy between or during chemotherapy cycles reduces breast cancer recurrence, the first sentence in paragraph three should have read 2.8% in the synchronous arm rather than 28%.

(The five-year local recurrence rates were 2.8% in the synchronous chemoradiation group and 5.1% in the sequential group.)

Measurable steps to reduce the burden of cancer now and for future generations agreed at the 2011 World Cancer Leaders' Summit

Date: 18 November, 2011. **Venue:** Dublin, Ireland.

On 18 November 2011, 240 representatives of governments, the World Health Organisation (WHO) and the World Economic Forum, plus civil and corporate leaders from over 60 countries, met at the World Cancer Leaders' Summit (WCLS) in Dublin to publically agree the actions incumbent on governments and societies to halt the spiralling global cancer epidemic.

Organised by the Union for International Cancer Control (UICC) and the Irish Cancer Society, the two-day event was the first opportunity since the UN High-Level Meeting on non-communicable diseases (NCDs) for civil society, health, government, philanthropic and corporate leaders from around the world to agree strategies and actions to convince governments to commit to specific time-bound targets that address the global burden of cancer. A key focus of the meeting discussions was the need to create commitment to measurable actions in priority areas – including pain control/palliative care, cancer registries, public-private partnerships, cancer control in the developing world and best practice in disease control public policy – with the ultimate aim of reducing premature deaths from cancer and other NCDs by 25% by 2025.

"With an increasing number of cancer cases being diagnosed across the world (particularly in low- and middle-income countries), due to a large extent to preventable factors, the global incidence of cancer is projected to rise from 12.7 million in 2008 to 21.4 million by 2030," stated speaker Andreas Ullrich MD MPH, Medical Officer Cancer Control, Department Chronic Diseases and



Health Promotion, WHO Headquarters Geneva. "The world must act now to reduce the human suffering and economic impact of this disease."

A key outcome of the WCLS was the ratification of the Dublin Resolution. This

statement of intent, signed onsite by many delegates, spells out the measurable actions required by governments and societies to help achieve the shared ambition of reducing the social and economic burden of cancer for future generations. These are:

- Developing time-bound indicators by 2012 that address the increasing cancer epidemic
- Promoting the inclusion of cancer-related targets in the post-2015 Millennium Development Goals
- Promoting local policies and approaches that will strengthen and facilitate multisectoral action against the disease
- Promoting sustainable and adequate resourcing in the areas of cancer prevention, early detection, treatment and care.

"It is unacceptable that millions of people worldwide still suffer unnecessarily and die prematurely from cancer," commented Cary Adams, UICC Chief Executive Officer. "To give the world the best chance of dramatically reducing the cancer epidemic, UICC urges world leaders to support the commitments of the Dublin Resolution by promoting sustainable resourcing and measurable targets for cancer in their countries." ■

For further information visit W: www.uicc.org

Marie Curie Annual Palliative Care Research Conference

The challenge of symptom control in advanced progressive disease: what can we do?

Date: 23 March, 2012. **Venue:** London, UK.

PREVIEW

We know from clinical practice that people with advanced, progressive disease who are approaching the end of life experience numerous distressing symptoms that are often difficult to control. The burden is similar in both cancer and non-cancer diagnoses, although in many non-cancer diagnoses, such as dementia, symptoms are poorly recognised by clinicians.

For patients, research into how we can identify and attempt to manage these symptoms and their consequences is a high priority. Such research includes understanding how and why symptoms occur, which treatments might be most effective for which patients, how these treatments can be put into practice, and what the long-term effects on patients and families might be.

At our Marie Curie Annual Palliative Care Research Conference this year, we shall update our thinking in these areas. We shall hear talks from expert researchers working on a range of common symptoms, including pain – the one which many of us fear the most.

There will be more free research papers than ever before as well as 20 posters – all chosen in open competition. We will end the day with



an interactive session in which we explore issues of how we might put new knowledge into practice.

Invited Speakers:

Professor Mike Bennett, St Gemma's Professor of Palliative Medicine, Leeds Institute of Health Sciences School of Medicine, University of Leeds

Dr Joy Ross, Consultant in Palliative Medicine, Royal Marsden and Royal Brompton Palliative Care Service Honorary Clinical Senior Lecturer, Imperial College London

Professor Frances Mair, Professor of Primary Care Research and Head of General Practice and Primary Care, Institute of Health and Wellbeing, University of Glasgow

Professor Alex Molassiotis, Professor and Chair of Cancer and Supportive Care, University of Manchester

Joanna Eley, NCRI Consumer Liaison Group Representative. ■

**For further information visit:
W: www.rsm.ac.uk/academ/plc04.php**