

MARCH 2015

MONITORING OF THE SCHEME FOR CARE AND CLINICAL RESEARCH IN ONCOGERIATRICS

January 2015

The French National Cancer Institute (INCa) is the agency for health and scientific expertise in oncology with responsibility for coordinating action on cancer in France.

Since 2003, cancer control in France is structured around national control plans aimed at mobilising all the players around prevention, screening, treatment and research, and supporting patients and those close to them. The 2003-2007 Cancer Control Plan drew up a first overall strategy for cancer control; the second (2009-2013) introduced the concept of personalised care.

The 2014-2019 Cancer Control Plan aspires to give everyone in France the same chances of recovery, and to bring innovations to patients even more quickly. It comprises 17 objectives grouped around the following four major health priorities:

logo PK3-1-rvb



- Cure more patients
- Maintain continuity and quality of life
- Invest in prevention and research
- Optimise management and organisation

The Cancer Control Plan is part of the implementation of the French National Health Strategy and the Strategic Agenda for Research, Technology Transfer and Innovation "France Europe 2020."

This guide responds to **Action 2.16:** Improve the care of older people with cancer with consideration for their specific needs, based on increased clinical research on this population.

Action 2.17: Include geriatrics training in the DES in oncology and in oncology training.

Action 4.4: Improve the training of cancer specialists.

For further information, and to download the Cancer Control Plan: e-cancer.fr

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KEY FIGURES ON CARE OF OLDER PEOPLE WITH CANCER IN FRANCE IN 2013

- ▶ A specific organisation that covers the entire national territory, with **24 oncogeriatric coordination units** (UCOG) and **4 oncogeriatric units** (AOG)
- ▶ **115,000 new cancer cases** in people aged 75 years and over in 2012
- ▶ **20 websites** devoted to oncogeriatrics
- ▶ **352 health facilities targeted** by UCOG and AOG
- ▶ Training in the G8 geriatric prescreening test in **173 facilities**
- ▶ **830 health professionals** had university training in oncogeriatrics
- ▶ **1,900 health professionals** had training in oncogeriatrics as part of continuing professional development
- ▶ **5,380 people** over 65 years with cancer enrolled in a clinical trial
- ▶ **14 clinical trials** devoted to people aged over 70 years with cancer
- ▶ **174 health facilities** with at least one open clinical trial devoted to older people with cancer.

1. BACKGROUND

1.1 Epidemiology

The incidence of cancer increases steadily with age. For 2012, the number of new cases in France is estimated at 355,000, 115,310 of which occurred in people aged ≥ 75 years (32.4%). Nearly 10% of all cancer cases occur in people aged ≥ 85 years. The share attributable to ageing is 34% for men and 22.5% for women. It is estimated that by 2050, one out of two cancers will occur in people over 75 years old [1].

In terms of incidence, the distribution of cancer types is the same as in the population for all ages combined. The most common cancers are, for men ≥ 75 years, prostate cancer (15,359), colorectal cancer (9,298) and lung cancer (7,230), and for women, breast cancer (11,619), colorectal cancer (9,741) and lung cancer (3,093).

Of the 35,000 new cases of malignant haemopathies in metropolitan France in 2012, over half occurred after the age of 60 years. The four most common types of malignant haemopathies are multiple myeloma, chronic lymphoid leukaemia, diffuse large B cell lymphoma and myelodysplastic syndromes [2].

Survival varies considerably, depending on where the cancer is located. Net survival, i.e. survival observed if cancer were the only cause of death, is for most cancers lower for older people compared with younger people.

Thus net 10-year survival for prostate cancer is 61% for 75-84 year olds, and 32% for those aged 85 years and over, whereas it is 83% for 55-64 year olds, and 79% for 65-74 year olds. This unfavourable prognosis in older people is explained by a later diagnosis and comorbidities that limit curative treatment.

Net 10-year survival for colorectal cancers goes from 60% in 15-44 year olds to 45% in those aged 75 years and over. This difference is mainly explained by diagnosis at a more advanced stage in older people.

For breast cancer, net 10-year survival is 65% for those aged 75 years and over, whereas it is 83% for 45-54 year olds.

In lung cancers, net 10-year survival is 9% for all ages. It goes from 17% in 15-44 year olds to 5% in those aged 75 years and over. This very grim prognosis is related to the long latency of the cancer, which is diagnosed at a late stage.

1.2 Type of care

In 2013, 361,562 patients aged ≥ 75 years (53% of them men) were admitted to hospital in relation to cancer, totalling 1,529,637 hospital admissions, or 24% of all cancer-related care in MCO (medicine, surgery, obstetrics) facilities (excluding radiotherapy in the independent private sector). Nearly a third (31.8%) of these people were ≥ 85 years old.

For older people, 33% of hospital admissions were for chemotherapy (91.5% on an outpatient basis), 23% for radiotherapy (98% on an outpatient basis), 10.5% for surgery in hospital (77% on an inpatient basis) and 3.9% for palliative care. Hospital admissions unrelated to one of these types of care represent 30.7% of hospital admissions (57% of them on an inpatient basis).

The activity breakdown is 36.2% in general hospitals (CH), 22.9% in private for profit facilities, 21% in university hospitals (CHU), 12.1% in cancer centres (CLCC), 6.5% in private non-profit facilities, and less than 1% in local hospitals and military teaching hospitals. Distribution of care by type of facility for older people is therefore somewhat different to that for cancer patients as a whole in France [3].

1.3 Specific organisation of care in oncogeriatrics

Older people with cancer are at risk of being undertreated. Advanced age may sometimes lead to a failure to offer curative treatment, such as surgical removal. Conversely, there is also a risk of overtreatment, depending on the patient's general state of health. Thus a "standard" treatment may lead to fatal complications, particularly depending on comorbidities and interactions with long-term treatments taken for other illnesses.

In 2006, the 2003-2008 Cancer Control Plan enabled the selection, via calls for proposals from the French National Cancer Institute (INCa)/French Directorate-General for Care Provision (DGOS), of 15 pilot oncogeriatrics units designed to bring oncologists and geriatricians together around the older cancer patient.

The specific organisation for older people with cancer was enhanced and extended during the 2009-2013 Cancer Control Plan, with a new INCa-DGOS call for proposals enabling the deployment of oncogeriatric coordination units (UCOG) or oncogeriatric units (AOG) in every region. This scheme currently comprises 24 UCOG and 4 AOG (Appendices 1 and 2). Overseas territories without a UCOG work with a UCOG in metropolitan France. The objective of this specific organisation is to provide appropriate care to every cancer patient aged ≥ 75 years receiving care in one of the 944 facilities authorised to treat cancer. The UCOG thus have the following roles:

- to disseminate, in the region (or territory) under their control, recommendations for good practice in oncogeriatrics, including the systematic performance of geriatric prescreening using the G8 geriatric screening tool, prior to presentation of the patient file at a multidisciplinary consultative meeting (RCP) for a therapeutic decision. This tool (Appendix 3) makes it possible to identify in a few minutes those patients at risk of poor tolerance to a cancer treatment (score ≤ 14), and to offer them an appropriate consultation, or even a comprehensive geriatric assessment in order to adjust the cancer treatment and the patient's general care;
- to encourage clinical research in geriatrics, with dedicated clinical trials for this population;
- to encourage training in oncogeriatrics for all professionals involved (oncologists, organ specialists, geriatricians, general physicians, retail pharmacists, nurses, mobile geriatrics units);
- to inform patients, their families and the general public of advances made in cancer care, including in older patients, the importance of early and reliable diagnosis, the sometimes

spectacular benefit of some targeted therapies, and the importance of participation in clinical trials allowing access to innovative treatments.

The 2014-2019 Cancer Control Plan devotes two of its actions specifically to oncogeriatrics. The first involves evaluating and, if necessary making adjustments to the UCOG and AOG scheme and restructuring clinical research; the other action is aimed at including geriatrics training in the DES in oncology and in oncology training.

Since 2012, the organisation of oncogeriatrics has received €5.20 million worth of health insurance credits.

2. OBJECTIVE

This report is aimed at reviewing the situation regarding the care of older cancer patients in France in 2013. This situation analysis covers different areas:

- epidemiological data;
- evaluation of the specific national organisation, with a review of the activity of the UCOG and AOG, focused on the actions for regional coordination, training, and information established by each UCOG or AOG.
- research activity devoted to this population;
- training in oncogeriatrics for oncologists, cancer specialists and geriatricians;
- recommendations or guidelines for oncogeriatrics;
- an update on specific potential marketing authorisations.

This situation analysis will constitute the initial review of cancer care for older people with cancer at the beginning of the third Cancer Control Plan ("time zero" of the 2014-2019 Cancer Control Plan), and will serve as a benchmark for better evaluation of the actions carried out in these different areas between now and 2019.

It is also aimed at helping oncologists and cancer specialists to improve the personalised care of the older person with cancer.

The outlook for the 2014-2019 Cancer Control Plan will be presented in order to raise awareness among the different players involved, particularly the regional health agencies (ARS), and to involve them more in this process.

3. METHODOLOGY

Two sources of data are used to monitor activity in 2013:

- first, the results of the online survey, “2013 Monitoring of the Oncogeriatrics Scheme,” of the UCOG and AOG, conducted by INCa’s Department of Care Organisation and DGOS; this was a declaratory survey;
- second, the data from the annual survey of clinical research activity and the analysis of the French Registry of Clinical Trials in Oncology, both conducted by the Department of Clinical Research at INCa.

4. 2013 MONITORING OF THE ONCOGERIATRICS SCHEME: RESULTS OF THE ONLINE SURVEY

4.1 Number of questionnaires completed

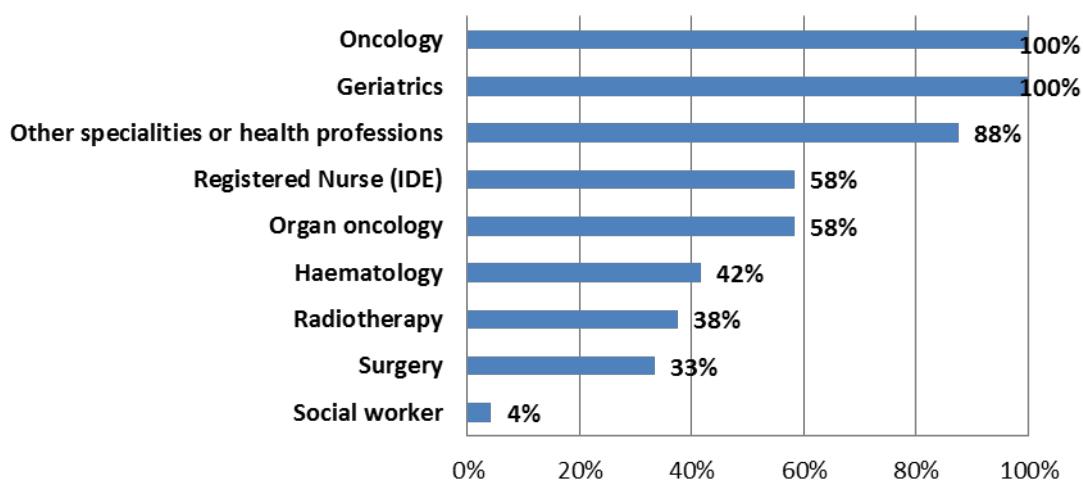
This was the first year since the establishment of this specific organisation that INCa and DGOS offered the UCOG and AOG a questionnaire inquiring about the procedures for coordinating these structures, the players involved, and the indicators for their training and information roles. The response rate for the monitoring questionnaire is highly satisfactory, and shows the strong involvement by the UCOG and AOG; 93% among them responded to the questionnaires within a limited time period. The absence of data from two regions, Limousin and Franche-Comté, is related to the current lack of an operational oncogeriatrics scheme in these two regions. The analysis was therefore conducted on the data from 26 UCOG/AOG.

4.2 Coordination procedures established by the UCOG

In order to encourage close cooperation between oncologists and geriatricians in all authorised facilities in the territory or region involved, a steering committee was established by the vast majority (24/26, 92%) of UCOG and AOG. Only UCOG Martinique (with a total of 5 authorised facilities in the department) and UCOG Paris East are without one. On the other hand, the number of members constituting these steering committees is highly variable, from 3 to 43 members.

Many health professionals are represented on these committees, as shown by Figure 1.

Figure 1. Representation of medical specialities and professions



Twenty-four UCOG indicate participation by professionals from various organisations in these steering committees: regional oncology network (RRC) (n = 7); management of health facilities (n = 4), regional health agencies (ARS) (n = 3), patient associations (n = 3), cancer care coordination centres (n = 1), or other professions: clinical research assistants (ARC) (n = 2), general physicians (n = 1).

These steering committees meet regularly, and exchange ideas on the organisation of care, good practices, and for some of them, the areas of research to be developed in oncogeriatrics.

Twenty-four of the UCOG and AOG have a dedicated website for oncogeriatrics. These websites disseminate information for general physicians, patients and families, as well as tools for good practice (G8 geriatric prescreening test, standardised geriatric assessment form, etc.), and the practical aspects of care organisation, including how to access geriatrics clinics for older people with cancer in the region.

As depicted in Figure 2 and 3, most of the UCOG websites have been designed and are hosted by the RRC.

Figure 2. WEBSITE designer

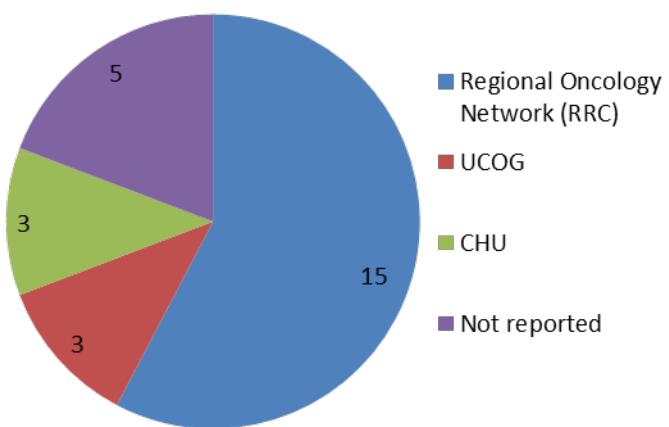
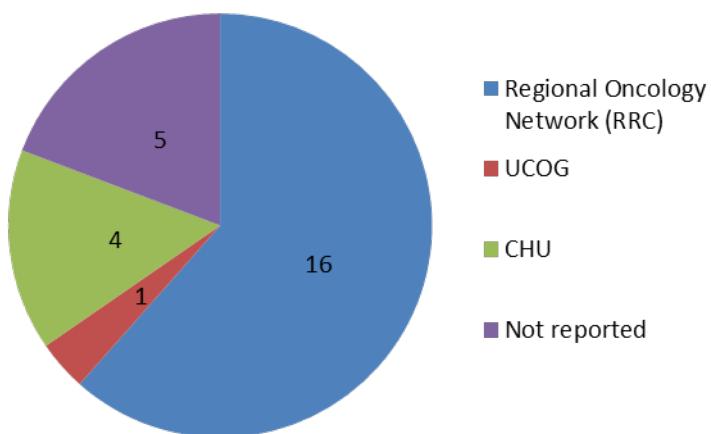


Figure 3. WEBSITE host



Twenty UCOG/AOG specified the addresses of these dedicated websites, as shown in Table 1

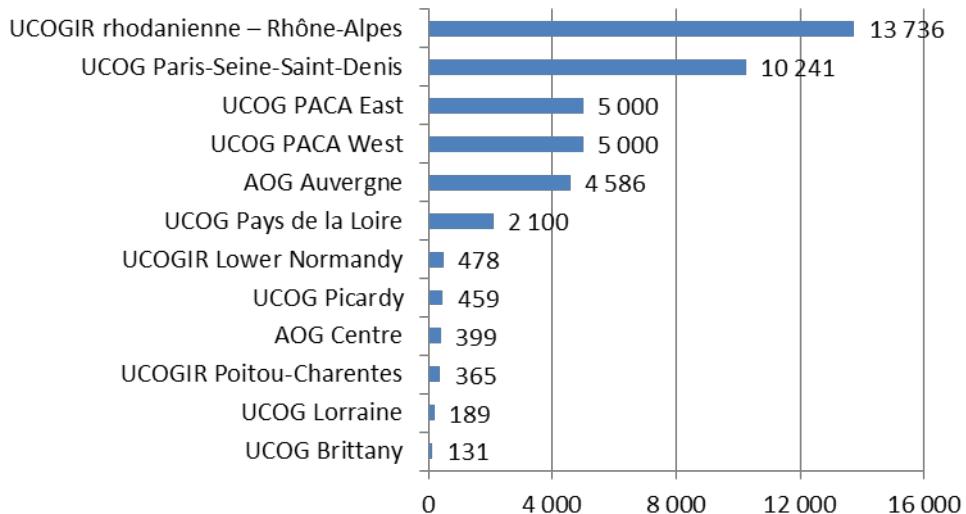
Table 1. Addresses of oncogeriatrics websites supported by UCOG

UCOG	URL address
AOG Auvergne	www.oncauvergne.fr
UCOGIR Aquitaine	http://www.canceraqutaine.org/
UCOGIR Lower Normandy	http://oncogeriatrice.oncbyn.fr
UCOG Burgundy	www.oncobreugogne.com
UCOG Brittany	http://www.oncobretagne.fr http://www.pole-cancerologie-bretagne.fr
AOG Centre	http://oncocentre.org/professionnels/comites-experts/oncogeriatrice/
AOG Upper Normandy	reseau-onconormand.org
UCOG Lorraine (ULCOG: Unité Lorraine de Coordination Oncogériatrique; Oncogeriatric Coordination Unit for Lorraine)	http://www.oncolor.org/le-reseau/organisation-regionale/oncogeriatrie/
UCOG Martinique	http://cancer-martinique.fr/
UCOG Midi-Pyrénées	http://oncomip.org/fr/espace-professionnel/oncogeriatrice/
UCOG Nord-Pas-de-Calais	www.onco-ndpc.fr
UCOG Paris-Seine-Saint-Denis (UCOG for Paris-Seine-Saint-Denis university hospitals)	http://ucog.fr/
UCOG Paris West (POGOP: Programme Oncogériatrique de l'Ouest Parisien; West Paris Oncogeriatrics Programme)	http://www.longuevieetautonomie.fr/oncogeriatrie
UCOG Pays de la Loire	http://www.oncopl.fr/fr/ucog/
UCOG Picardy	https://sites.google.com/a/esante-picardie.com/oncopic/home/espace-professionnel/oncogiatrie
UCOG PACA West and UCOG PACA East	http://www.oncopaca.org/fr/cancer-sujets-ages
UCOGIR Poitou-Charentes	www.onco-poitou-charentes.fr/fr/medecin.php?id_rubrique=356
UCOGIR rhodanienne and UCOG Alp (RHÔNE ALPES)	http://espacecancer.sante-ra.fr/oncogeriatrie

It must be emphasised that 2 AOG created a dedicated oncogeriatrics website, AOG Auvergne and cAOG Centre.

Twelve UCOG and AOG recorded the number of visits to these websites. As shown in Figure 4, this number is high, especially the number of visits to the websites of UCOG rhodannienne and UCOG Paris-Seine-Saint-Denis, which exceeded 10,000 in 2013.

Figure 4. Number of visits to oncogeriatrics WEBSITES in 2013



❖ Guidelines or recommendations for good practice and information documents prepared by UCOG and AOG

The UCOG or AOG are responsible for providing appropriate care for every older patient with cancer in their region.

Two types of documents are prepared and/or disseminated by the UCOG and AOG. On the one hand there are guidelines or recommendations for good practice intended for health professionals and aimed at harmonising the care of older cancer patients on the UCOG or AOG territory, and on the other hand, information documents intended for patients, the general public, health professionals or institutions aiming to provide information on the specific organisation of oncogeriatrics, and disseminate resources.

Guidelines are mainly regional guidelines, implemented in only one region, regarding the care of a given cancer (breast, bladder, colon) (9 documents), supportive care (1 document), or geriatric assessment (4 documents). The 10 UCOG disseminating these documents within their regions are UCOG Alsace, Burgundy, Lorraine, Midi-Pyrénées, Paris East and Paris South, Picardy, PACA West and PACA East, and UCOG rhodanienne (Rhône-Alpes).

The large majority of UCOG and AOG disseminated specific information. Several types of media are used: information leaflets, paper brochures, newsletters, web pages, and information meetings. Communication is mainly aimed at patients (13 UCOG/AOG), health professionals (17 UCOG/AOG), management of facilities in the region (6 UCOG/AOG), oncology coordination centres (3C), and/or regional oncology networks (RRC) (7 UCOG/AOG). Communication is mainly related to the G8 tool (8 UCOG/AOG), the list of pairs of oncologists and geriatricians, and oncogeriatrics clinics in the region (6 UCOG/AOG).

❖ **Links with patient associations**

Ten UCOG/AOG have links with one or more patient associations, mainly the French National Cancer League (LNCC), as well as a palliative care association (JALMAV) (1 UCOG), and an association for people with Alzheimer's disease (ACA) (1 UCOG). In 3 UCOG, a member of one of these patient associations is on the steering committee.

❖ **Specific actions of the interregional oncogeriatric coordination units (UCOGIR)**

Five UCOG have agreed to support the 4 AOG and overseas territories in the development of oncogeriatrics.

UCOGIR Aquitaine, supporting the development of oncogeriatrics in Guadeloupe and Réunion Island, is establishing online oncogeriatrics teaching, and has made contact with the referring oncologist in Réunion Island to identify needs.

UCOGIR Rhône-Alpes-Lyon, supporting AOG Auvergne and oncogeriatrics development in French Guiana, has given health professionals and patients from AOG Auvergne access to its dedicated oncogeriatrics website, has shared a full-time equivalent coordination assistant between the two regions, and has defined a common oncogeriatrics policy with the ARS and RRC.

UCOGIR Lower Normandy, supporting AOG Upper Normandy, has organised a meeting with health professionals from both regions, and provided oncogeriatrics training to 4 Registered Nurses (IDE) in Upper Normandy.

UCOGIR Burgundy, supporting AOG Franche-Comté, has organised 2 coordination meetings and one training meeting with the relevant health professionals from both regions.

UCOGIR Poitou-Charentes, supporting AOG Centre, has not yet carried out any training activities for health professionals in the Centre region.

4.3 Oncogeriatric care

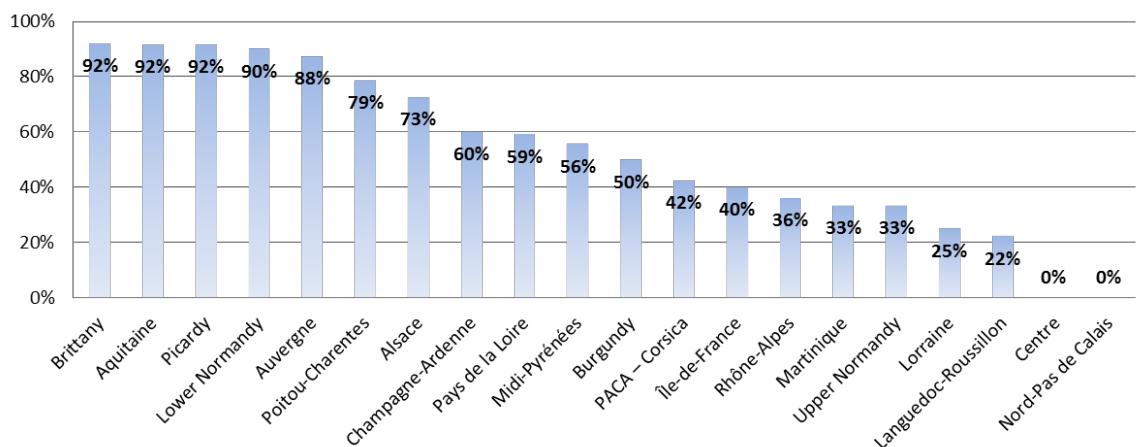
The main mission of the UCOG and AOG is to provide oncogeriatric care to all older cancer patients requiring it. In order to help the UCOG and AOG to target those facilities recording the most oncogeriatrics activity, the 2013 analysis of the Programme for the Medicalisation of Information Systems (PMSI) made it possible to select 376 health facilities that had admitted 80% of older people with cancer. These facilities may or may not be authorised for cancer treatment. Of these 376 facilities, 277 were contacted by UCOG and AOG, varying from 45% (Upper Normandy) to 100% (Brittany, Centre and Martinique), depending on the regions. Some UCOG contacted facilities that did not feature on the initial list (65 in all), bringing to 352 the total number of facilities with which UCOG/AOG established links.

Among the actions conducted by UCOG/AOG in these facilities, training of health professionals in the G8 geriatric prescreening test constituted the first phase of training in oncogeriatric care in these facilities. Indeed, this tool, validated by a national multicentre trial [4-5], enables oncologists and haematologists to establish, on the basis of 8 questions, a score that, if below 14, identifies a geriatric vulnerability or frailty that should lead to an appropriate consultation (nutritionist, dietician, geriatrician, etc.) and/or a standardised geriatric assessment (EGS), followed by an integrated geriatric care plan. This test may be conducted in an oncology/haematology clinic by the physician or nurse. It is therefore essential to inform the teams and motivate them, so that this test is carried out systematically before the patient's file

is presented at the RCP where treatment is decided. Informing the oncology coordination centres (3C), guarantors of the quality of the RCP, is crucial.

Figure 5 illustrates the proportion of the facilities contacted in the relevant region that have received training in G8 testing.

Figure 5. Proportion of facilities contacted that have received training in the G8 “Oncodage” test



G8 training has been established in 173 facilities (i.e. 51% of all facilities contacted by the UCOG/AOG).

4.4 Training for health professionals

This is another mission of the UCOG, which should encourage training in oncogeriatrics for all healthcare practitioners involved in caring for these patients. Training actions include both university training in oncogeriatrics and training as part of continuing professional development (CPD).

❖ University training in oncogeriatrics

At the moment, 3 university diplomas (DU) and 2 inter-university diplomas (DIU) provide specific teaching in oncogeriatrics. They are organised in Nantes (1), Île-de-France (2), Nice (1), and throughout the South-West and South-East of France (Lyon, Montpellier, Dijon, Saint-Étienne, Limoges, Bordeaux, Grenoble and Toulouse). There is also an optional certificate in oncogeriatrics as part of medical studies (DCEM3, Paris Descartes University [Paris V]). Oncogeriatrics is also taught as part of the *Capacité* and DESC qualifications in geriatrics.

Two learned societies organise annual conferences devoted to oncogeriatrics: the French Geriatric Oncology Society (SoFOG) and the International Society of Geriatric Oncology (SIOG).

Non-university training options also include oncogeriatrics training: an example is the *École de Formation Européenne en Cancérologie* (EFEC; European School of Oncology Training), as well as initiatives from the drug industry or patient associations.

In 46% of the UCOG/AOG, one or other or both coordinators are responsible for university training in oncogeriatrics, and 22 (85%) are involved in providing this training. In all, 830 health professionals were trained in this context in 2013. Table 2 lists their categories and specialities.

Table 2. Distribution of health professionals who had university training in oncogeriatrics in 2013, according to their category and speciality

People trained (DU, DIU)		
	Number	%
Oncologists	66	8%
Organ specialists	36	4%
Geriatricians	399	48%
Surgeons	26	3%
General physicians	92	11%
Pharmacists	85	10%
Radiotherapists	16	2%
Nurses excluding private	65	8%
Private nurses	8	1%
Other staff	37	4%
	830	100%

Thus 399 (48%) geriatricians and 66 (8%) oncologists have had this training. It should be noted that 92 (11%) of general physicians and 85 pharmacists have also had this university training in oncogeriatrics.

❖ **Oncogeriatrics training as part of CPD**

There are 1,900 health professionals who had oncogeriatrics training in 2013 as part of CPD. Table 3 indicates the distribution of these professionals by category and speciality.

Table 3. Distribution of health professionals who had university training in oncogeriatrics in 2013, according to their category and speciality

People trained (CPD)		
	Number	%
Oncologists	223	12%
Organ specialists	117	6%
Geriatricians	543	29%
Surgeons	62	3%
General physicians	274	14%
Pharmacists	37	2%
Radiotherapists	37	2%
Nurses excluding private	330	17%
Private nurses	45	2%
Other staff	233	12%
	1,901	100%

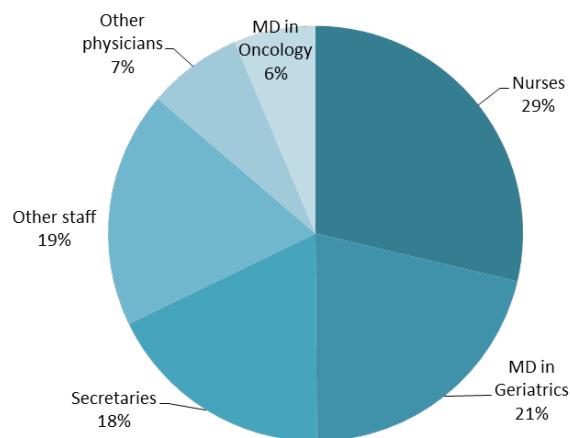
There are 543 (29%) geriatricians, 223 (12%) oncologists, and 274 (14%) general physicians and 330 (17%) nurses (excluding private).

4.5 Use of health insurance credits

Funding of the UCOG and AOG is provided through health insurance credits, transferred in 2011 and 2012. The total amount transferred is €5.20 million, broken down as follows: €250,000 for 3 UCOG with national and international status, €160,000–200,000 for the other UCOG, €90,000 for the AOG, and an additional €52,154 for each of the interregional UCOG (UCOGIR) to provide for their interregional missions.

In 2013, these credits made it possible to fund 62 full-time equivalents (FTE), which, as shown in Figure 6, can be broken down as follows: 4 hospital practitioners (MD) in oncology, 13 MD in geriatrics, 17 IDE, 11 secretaries, 5 other physicians, 11 other staff (including 4 clinical research assistants [ARC], 3 project leaders and 2 healthcare managers).

Figure 6. Distribution of staff funded by UCOG and AOG in 2013



4.6 Achievements and difficulties for UCOG/AOG

4.6.1 Noteworthy achievements in 2013

❖ Implementation of the G8 tool

The G8 tool (Oncodage) is aimed at improving referral for a comprehensive geriatric assessment. Ten UCOG mention the G8 geriatric prescreening tool as an achievement (Auvergne, Aquitaine, Centre, Champagne-Ardenne, Languedoc-Roussillon, Lorraine, Martinique, Midi-Pyrénées, Paris South and Picardy). In two UCOG, G8 records are computerised (UCOG Aquitaine and UCOG Languedoc-Roussillon).

❖ Effective cooperation between oncologists and geriatricians

In several public and private facilities, the geriatrician participates in organ- or oncology-related RCP, making it possible, via the simultaneous presentation of oncological and geriatric assessments, to share proposals for care (UCOG PACA East, AOG Auvergne). Oncologist-geriatrician pairs are identified in facilities authorised for cancer treatment in many UCOG/AOG.

❖ Involvement in clinical research in oncogeriatrics

This is described in page 21 of this report.

❖ Development of comprehensive geriatric assessment clinics for people with cancer

Many facilities have opened these clinics. For example, UCOG Pays de la Loire states that the proportion of health facilities conducting geriatric assessments for people with cancer has gone from 21% to 58% in 18 months.

❖ Diversified training

Several UCOG have taken steps to sensitise and train professionals in accommodation facilities for dependent older people (EHPAD), namely UCOGIR Poitiers, UCOG Paris North and UCOG Alsace.

❖ Building a tailored care sector and organisation

UCOG Martinique emphasises that building an appropriate care sector for patients over 75 years of age with cancer allows better information flow among local practitioners, comprehensive psychological, medical and social care, and anticipation of weak points in the care pathway.

Steering committees, which exist for the majority of the UCOG, enable coordination of care activities, and sometimes oncogeriatrics research (UCOGIR Poitou-Charentes).

Private oncologists are increasingly moving into the oncogeriatrics field (as emphasised by UCOG Alsace).

❖ New tools

Most of the UCOG have compiled a directory for cancer specialists of teams that perform geriatric assessments for older patients with cancer.

A standard file for standardised geriatric assessments in oncogeriatrics is used in UCOG Pays de la Loire.

4.6.2 Difficulties identified by the UCOG and AOG

❖ The lack of funding for comprehensive geriatric assessment

This problem is highlighted by almost all UCOG and AOG. Indeed, this consultation is not covered by any specific official pricing. Geriatric assessment activity for this population is thus poorly valued, and is impeding the development of these assessments in regional hospitals, despite the motivation of the physicians. At the moment, funding for standardised geriatric assessment for people with cancer is heterogeneous, varying from a specialised consultation to an outpatient visit to a medical day ward. In future it may be important to explore the possibilities for standardisation of this funding, and plan for intermediate pricing.

❖ Extensive regional coverage

The regional aspect of the UCOG missions constituted a clear problem, particularly in the very large territories (UCOGIR Aquitaine, UCOG 93) or territories with a very high density of facilities (UCOG Paris South).

❖ Occasionally inadequate human resources

This insufficiency is particularly emphasised by UCOGIR Poitou-Charentes and UCOGIR Burgundy.

5. CLINICAL RESEARCH IN ONCOGERIATRICS

One of the actions in the 2009-2013 Cancer Control Plan was to increase enrolment of patients in cancer clinical trials, and set the objective of reaching an enrolment rate of 5% by 2013 for subjects aged ≥ 75 years.

Two sources of data were used: on the one hand, a survey of facilities in receipt of health insurance credits for research staff, and on the other hand, analysis of the French Registry of Clinical Trials in Oncology. These are therefore complementary sources of information, since the two databases are not superimposable.

5.1 Results of the survey of clinical research activity conducted in 2013

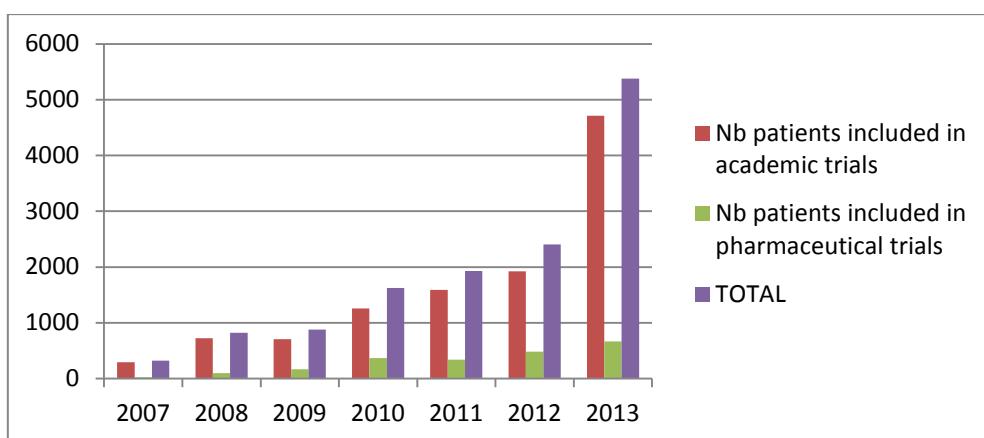
In 2006, INCa launched a call for proposals to establish integrated mobile clinical research teams (EMRC) in care facilities that did not have prior financial support for clinical research during the 2003-2007 Cancer Control Plan. INCa provides monitoring for this action via **annual surveys** of facilities that have received this funding. The self-administered questionnaire mainly provides information on the number of patients enrolled in clinical trials, the number of clinical trials opened, the number of trials sponsored by the facility, and the number of staff assigned to clinical research.

All facilities (171) in receipt of credits for cancer research staff have responded to the survey annually since 2007. Of these 171 facilities, 150 (88%) supply figures on enrolment in clinical trials in oncogeriatrics.

Of the 721 clinical trials sponsored by hospital facilities (CH, CHU, CLCC) and open for enrolment in 2013, 72 (10%) involve older people. It is not possible to distinguish among this total the number of clinical trials devoted to older people and the number of clinical trials without an upper age limit, and therefore also open to older people. On average, in each facility, 3.5 academically sponsored trials and 1.7 industry-sponsored trials are open to older people, representing 8% of open clinical trials.

The number of older patients enrolled in a clinical trial has made strong progress in the last few years, as illustrated by Figure 7.

Figure 7. Chart showing the trend in the number of patients aged ≥ 75 years enrolled in a clinical trial from 2007 to 2013



In 2013, a total of 5,380 older patients were enrolled in a clinical trial, 4,710 in an institutional trial and 670 in an industry-sponsored trial.

The rate of patient enrolment in clinical trials for the age bracket of interest is more difficult to define. In order to estimate this rate, it was decided to estimate the number of patients likely to be enrolled in a clinical trial based on incidence, as well as prevalence, with the rate of recurrence, since these two elements approximate the majority of clinical trial designs (aimed at patients who had not had previous treatment or patients with a recurrence), but maintaining an upper age limit of 85 years.

If it is assumed that clinical trials involve only new patients, the rate, defined as the ratio of the number of patients enrolled to the incidence, is 4.6% (5,380/115,310), close to the target rate of 5% of older patients with cancer enrolled in a clinical trial in the 2009-2013 Cancer Control Plan (Action 4.2). On the other hand, if it is assumed that clinical trials may also involve patients with a recurrence, this rate would be lower, since the number of patients enrolled would have to be expressed as a proportion of prevalence; however, chemotherapy trials in older patients practically never involve second- or third-line treatments.

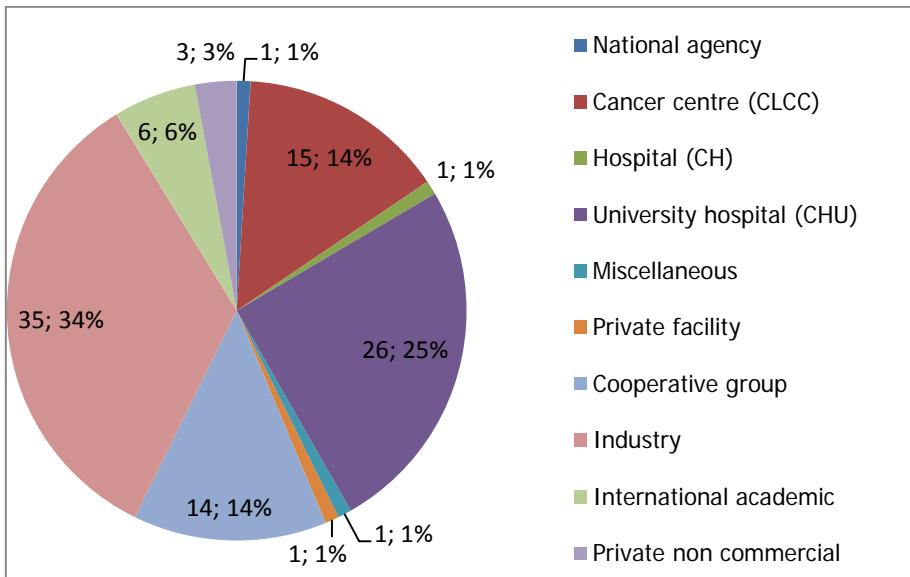
5.2 Analysis of the French Registry of Clinical Trials in Oncology

The type of clinical trials and mode of funding of these trials may be analysed using data from the **French Registry of Clinical Trials in Oncology**. This registry was created by INCa in 2005, and opened to the public in 2007. Initially listing academic trials, since 2008 it has also listed industry-sponsored trials. Using a multi-criteria search engine (coding of trials is done by INCa), it is possible to select the “senior” age group (over 65 years) and the “geriatrics” area of interest as an additional criterion.

Analysis of the registry for 2013 reveals, on the one hand, 122 clinical trials open to patients over 18 years, without an upper age limit, and no possibility of specifying the number of patients aged over 65 years enrolled in these trials, and only 14 trials devoted exclusively to oncogeriatrics, i.e. open only to patients over 65 years. This situation analysis confirms that there are not enough clinical trials in this population, for which it would, however, be crucial to have data given its particular nature (comorbidities, polypharmacy, different metabolism, etc.).

Institutional sponsorship for these trials is mainly provided by the CHU, CLCC and cooperative groups (Figure 8).

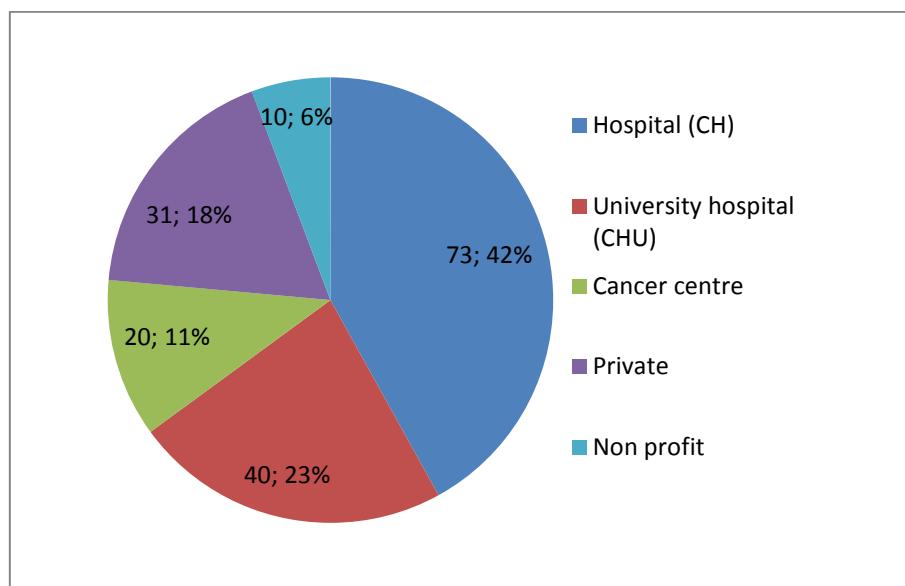
Figure 8. Distribution of types of sponsorship for the 122 clinical trials without an upper age limit opened in 2013



Of the 14 clinical trials in oncogeriatrics open for enrolment listed on the website and devoted to older people, one evaluates a surgical treatment, two evaluate radiotherapy, three evaluate chemotherapy, two evaluate targeted therapies, one evaluates hormone therapy, three involve geriatric interventions and two involve supportive care. There are 2 Phase II or I-II, 3 Phase II, and 4 Phase III trials. These trials involve breast cancer (4 trials) colorectal cancer (2), lung cancer (3), gynaecological cancers other than breast cancer (2), head and neck cancers (1), solid malignant tumours, all types combined (1), and acute leukaemias (1). This distribution by organ is far from the respective incidence of these neoplasias in the older subject. Of these 14 trials devoted to older people with cancer in 2013, 4 are funded under a National Programme of Clinical Research (PHRC), and 1 is funded by the French National Cancer League.

With respect to the offering of clinical trials in oncogeriatrics, 174 facilities are listed with open trials on this theme in 2013. Figure 9 depicts the offering of clinical trials by type of facility.

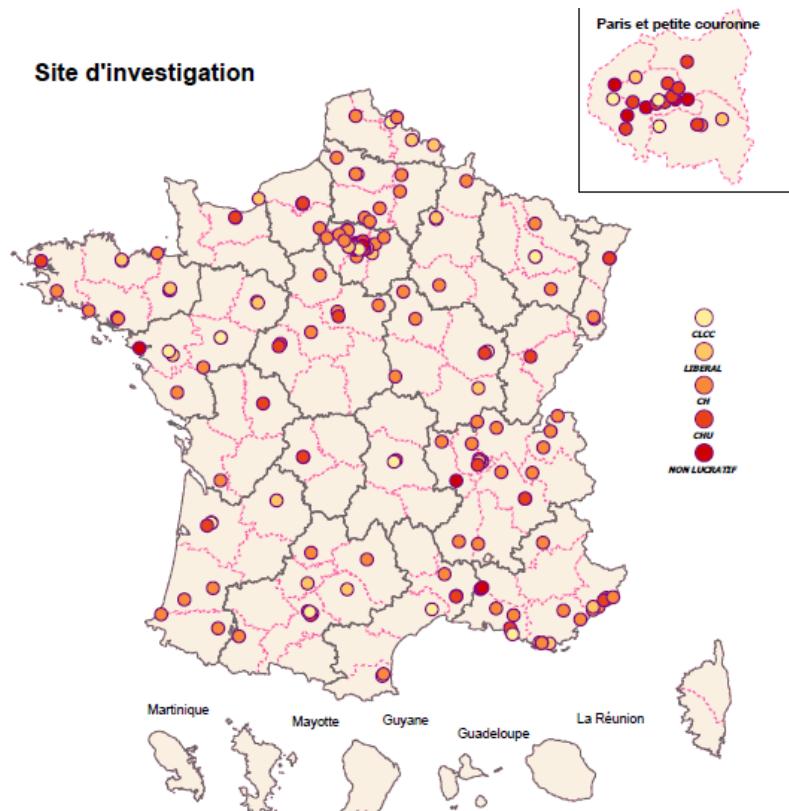
Figure 9. Distribution of the offering of clinical trials in oncogeriatrics by type of facility in 2013



Thus, the offering is mainly in hospitals (42%), a statistic in line with the fact that this population is predominantly admitted to this type of facility (PMSI data).

Figure 10 illustrates the distribution of this offering of clinical trials in oncogeriatrics in France. It shows good regional coverage.

Figure 10. Map of facilities in France with open clinical trials in oncogeriatrics



A survey was conducted in 2009 on the use of the website of the French Registry of Clinical Trials in Oncology by patients or those close to them. Of the 319 responses to the survey, 79 (25%) came from subjects of 60-74 years of age, and 7 (2%) from subjects of ≥ 75 years, which is quite encouraging.

6. OUTLOOK FOR THE 2014-2019 CANCER CONTROL PLAN

This is based on the actions devoted to oncogeriatrics in the 2014-2019 Cancer Control Plan.

6.1 Evaluate, and if necessary adjust the UCOG scheme (Action 2.16)

The coexistence on the national territory of the UCOG, UCOGIR and oncogeriatric units constitutes a stage, but does not represent a coherent long-term scheme. Although the support of the UCOGIR was justified to provide backing for teams with little experience or showing signs of problems, it seems essential to harmonise this specific organisation. There is a plan to conduct a detailed analysis of the 2013 survey monitoring the AOG, to carry out on-site visits, and to seek the opinion of the relevant regional health agencies before proposing the territorial harmonisation of the oncogeriatrics scheme.

In order to enable every older patient with cancer to benefit from oncogeriatric care, the UCOG and AOG are responsible for disseminating recommendations for good practice and establishing training for health professionals in all facilities authorised for cancer treatment within their region (oncologists, organ cancer specialists, surgeons, pharmacists, etc.). They are also responsible for disseminating information to hospital and community health professionals and to patients, their families and the general public. Since the UCOG were established, the RRC have provided some of these missions and are in many regions a genuine force for oncogeriatrics. The distribution of tasks and credits among the UCOG and RRC needs to be clarified.

6.2 Effectively modify the care practices for older people with cancer and respond to the specific aspects of their treatment (Action 2.16).

As part of the Shared Oncology File and the extension of its use throughout the territory, the RCP form has been updated to record comorbidities for all patients, and the date of the G8 geriatric prescreening test for patients over 75 years of age, and the score obtained. Computerisation of this RCP record should facilitate monitoring of the implementation of this test.

Action 2.7 of the 2014-2019 Cancer Control Plan provides for the establishment of a national scheme managed by INCa, enabling formalisation of standard care measures in the form of unique national guidelines, coordinated by the regional oncology networks, in association with the learned societies, in order to limit duplication of production efforts and the risk of heterogeneity of practices. In this regard, national guidelines could be prepared and disseminated in the oncogeriatrics field, in association with the French Geriatric Oncology Society.

The communication tools established by UCOG could be shared or pooled or made available on a shared website.

6.3 Structure clinical research in oncogeriatrics based on this organisational scheme (Action 2.16): support for clinical research and drug development in oncogeriatrics

A better organisation of clinical research in oncogeriatrics should enable a strong mobilisation of all the relevant players to develop dedicated clinical trials for this population, with appropriate objectives and judgement criteria, particularly in regard to treatment tolerance, quality of life, the maintenance of a proper functional state, and patient expectations.

Oncogeriatrics has been a priority theme for the Hospital Clinical Research Programme (PHRC) in oncology since 2006.

A national Cooperative Intergroup known as DIALOG (Intergroup Dialogue for the PersonAlisation of care in OncoGeriatrics) with support from GERICO (French Geriatric Oncology Group), the combined UCOG and AOG and SoFOG, was created in 2014, and designated and funded by INCa for an amount of €86,000 for two years. Its objectives include the identification of priority research questions, facilitation of access to clinical research and innovation throughout the national territory, collaboration with other cooperative groups in clinical research, establishment of a national database, and building international collaborations. Clinical research should include not only drug trials, but organisational trials as well (to evaluate the place of geriatric care plans), and studies in human and social sciences.

At international level, analysis of the literature identifies many publications and guidelines (EMA, FDA) related to geriatrics. The development of more specific guidelines for oncogeriatrics might provide better guidance on the types of trials to conduct on this population.

It would be possible to provide phase I drugs to older people in the INCa-designated centres for early phase clinical trials (CLIP²) (<http://www.e-cancer.fr/recherche/recherche-clinique/structuration-de-la-recherche-clinique/les-centres-labellises-de-phase-precoce-clips>).

The rate of enrolment of older patients into clinical trials is estimated by INCa each year, based on a survey of the health facilities. The proportion of patients aged ≥ 75 years with cancer enrolled in a clinical trial devoted to this population was retained as one of the indicators of the 2014-2019 Cancer Control Plan.

6.4 Include geriatrics training in the DES in oncology and in oncology training (Action 2.17) / Improve the training of cancer specialists (Action 4.4)

Actions 2.17 and 4.4 of the 2014-2019 Cancer Control Plan, which provide for the inclusion of theoretical and practical training in geriatrics in the DES in oncology and in oncology training, are being managed by the French Directorate-General for Higher Education and Professional Integration (DGESIP), with involvement from INCa and DGOS. This action is part of a broad restructuring of post-graduate medical studies, which is currently underway.

At the same time, the French National College of Teachers in Geriatrics (CNEG) made recommendations for harmonising oncogeriatrics teaching within the framework of geriatrics courses, and for defining the teaching content of a one-day “turnkey” session that the UCOG could offer teachers of oncology and haematology.

7. CONCLUSION

The care of older people with cancer in France has been and still is a constant matter of concern for the various Cancer Control Plans.

With the support of DGOS, a specific organisation of oncogeriatrics was established during the 2009-2013 Cancer Control Plan, based on coordination units relying on an oncologist/geriatrician pairing responsible for the coordination of training and information actions in all facilities caring for these people. This organisation mainly relies on the remarkable motivation and involvement of the coordinators.

Deployment in the regions has been done via strong mobilisation of the regional health agencies and, in the field, the regional oncology networks.

This patient-centred scheme is aimed at providing equitable care throughout the national territory, including the overseas territories. Procedures for treating cancer are discussed at an RCP following the geriatric prescreening test and, if necessary, comprehensive geriatric assessment or appropriate consultation, and an integrated geriatric care plan.

Access to clinical trials and innovative treatments has made definite progress since 2008, but still remains inadequate. Clinical research in oncogeriatrics is being restructured, and should enable a strong mobilisation of all the relevant players to develop dedicated clinical trials for this population, with appropriate objectives and judgement criteria.

The review for 2013 testifies to the involvement of all in this area. Let us pledge that the 2019 review will again show many achievements in providing an optimal response to this new challenge.

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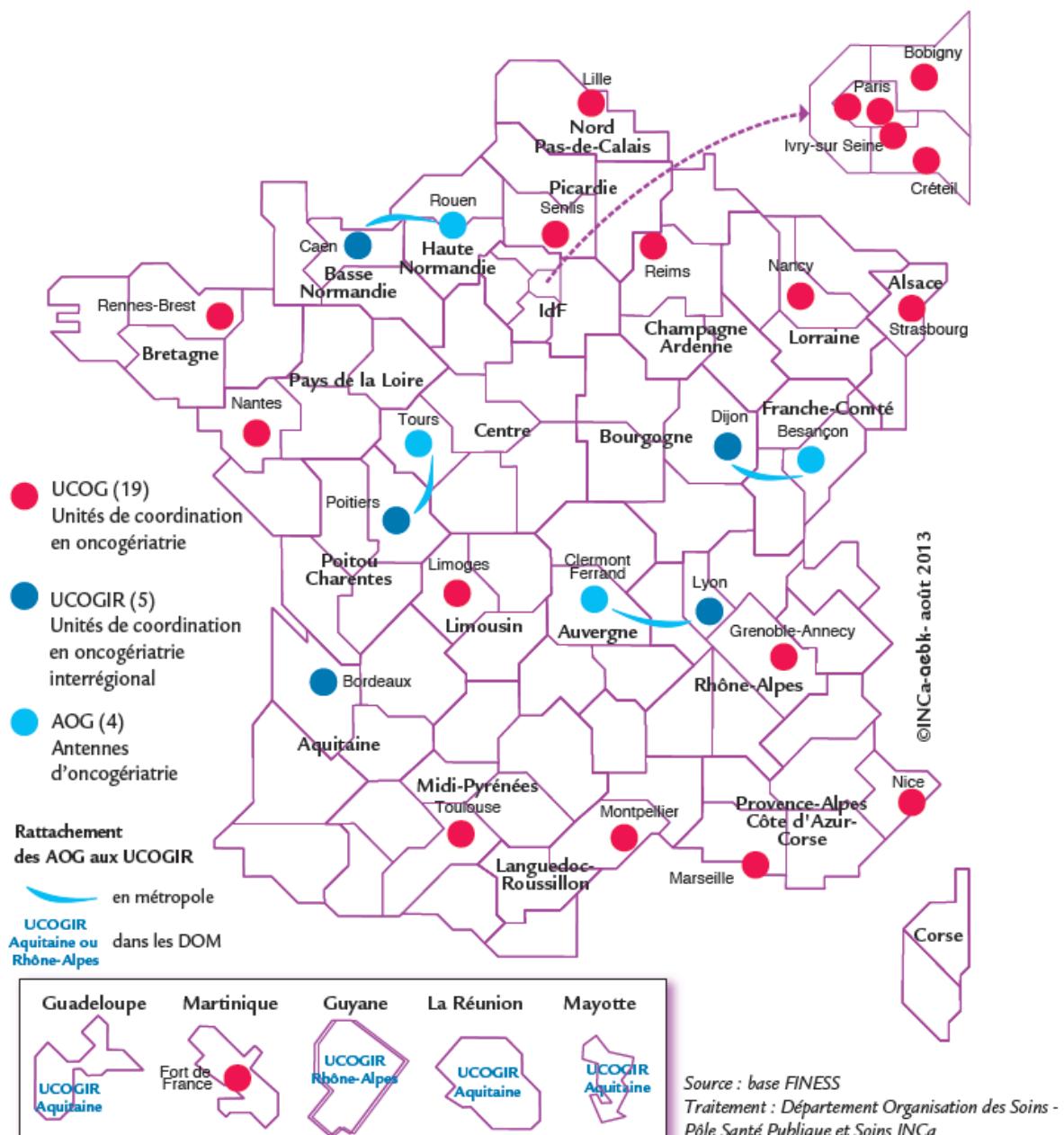
9. APPENDICES

Appendix 1: List of UCOG and AOG and their coordinators

Region	City	Oncology coordinator(s)	Geriatrics coordinator(s)
UCOG Alsace	Strasbourg	Prof. Jean-Emmanuel Kurtz Strasbourg University Hospitals	Dr Damien Heitz Strasbourg University Hospitals
UCOGIR Aquitaine	Bordeaux	Prof. Pierre Soubeyran Bergonié Institute	Prof. Muriel Rainfray CHU de Bordeaux
AOG Auvergne	Clermont-Ferrand	Dr Xavier Durando Centre Jean Perrin	Dr Marie-Odile Hager CHU de Clermont-Ferrand
UCOGIR Lower Normandy	Caen	Dr Emmanuel Sevin Centre François Baclesse	Dr Bérengère Beauplet CHU de Caen
UCOGIR Burgundy	Dijon	Dr Aurélie Lagrange Centre Georges-François Leclerc	Dr Valérie Quipourt CHRU (Regional University Hospital) Dijon
UCOG Brittany	Rennes Brest	Dr Daniel Gedouin CRLC (Regional Cancer Centre) Eugène Maquis	Prof. Armelle Gentric CHRU de Brest
AOG Centre	Tours	Prof. Étienne Dorval CHRU de Tours	Dr Véronique Dardaine-Giraud CHRU de Tours
UCOG Champagne-Ardenne	Reims	Prof. Hervé Curé Jean Godinot Institute	Dr Rachid Mahmoudi CHU de Reims
AOG Franche-Comté	Besançon	Dr Laurent Cals CHRU de Besançon	Dr Florent Monnier CHRU de Besançon
AOG Upper Normandy	Rouen	Dr Olivier Rigal Centre Henri Becquerel Prof. Pierre Michel CHU de Rouen	Dr Fatiha Idrissi CHU de Rouen
UCOG Île-de-France	Paris West	Dr Étienne Brain René Huguenin Hospital - Curie Institute	Prof. Olivier Saint-Jean Georges Pompidou European Hospital (HEGP; AP-HP)
UCOG Île-de-France	Paris South (Créteil)	Prof. Jean-Léon Lagrange Groupe Hospitalier Henri Mondor - Albert Chenevier (AP-HP)	Prof. Elena Paillaud Groupe Hospitalier Henri Mondor - Albert Chenevier (AP-HP)
UCOG Île-de-France	Paris Denis-Saint-Denis (Bobigny)	Dr Gaëtan Des Guetz Avicenne Hospital (AP-HP)	Dr Georges Sebbane René Muret Hospital (AP-HP)
UCOG Île-de-France	Paris East (Ivry-sur-Seine)	Dr Danièle Avenin Tenon Hospital (AP-HP)	Dr Pascal Chaïbi Charles Foix Hospital (AP-HP)
UCOG Île-de-France	Paris North	Prof. Stéphane Culine GH (Hospital Group) Saint-Louis-Lariboisière-Fernand Widal	Dr Virginie Fossey-Diaz GHU (University Hospital Group) Nord-Val-de-Seine (AP-HP)
UCOG Languedoc-Roussillon	Montpellier	Prof. David Azria Centre Val d'Aurelle - Paul Lamarque	Prof. Claude Jeandel CHRU de Montpellier

UCOG Limousin	Limoges	Awaiting new coordination	
UCOG Lorraine	Nancy	Prof. Ivan Krakowski CLCC Alexis Vautrin	Prof. Christine Perret- Guillaume/ Dr Jean-Yves Niemer CHRU de Nancy
UCOG Martinique	Fort-de-France	Dr Patrick Escarmant CHU de Fort-de-France	Dr Patrick Escarmant CHU de Fort-de-France
UCOG Midi-Pyrénées	Toulouse	Dr Loïc Mourey Claudius Regaud Institute	Dr Laurent Balaridy CHU Toulouse
UCOG Nord-Pas-de- Calais	Lille	Dr Véronique Servent Centre Oscar Lambret	Dr Cédric Gaxatte CHRU de Lille
UCOG Pays de la Loire	Angers - Nantes	Dr Sophie Abadie-Lacourtoisie Institute of Cancer Research in Western France (ICO) - Angers site (Paul Papin) Dr Emmanuelle Bourbouloux Institute of Cancer Research in Western France - Nantes site (René Gauduchea)	Dr Laure de Decker CHU de Nantes
UCOG Picardy	Creil-Senlis	Dr Elisabeth Carola GH Public du Sud de l'Oise (South Oise Public Hospital Group)	Dr Florence Woerth GH Public du Sud de l'Oise
UCOGIR Poitou- Charentes	Poitiers	Prof. Jean-Marc Tourani CHU de Poitiers	Dr Simon Valero CHU de Poitiers
UCOG Provence-Alpes- Côte d'Azur/Corsica	PACA West (Marseille)	Dr Frédérique Rousseau Paoli Calmettes Institute	Dr Elodie Cretel La Timone Hospital (AP-HM)
Provence-Alpes- Côte d'Azur/Corsica	PACA East (Nice)	Dr Eric François Centre Antoine Lacassagne	Prof. Olivier Guerin CHU de Nice
Rhône-Alpes	UCOGAlp (Annecy- Grenoble)	Dr Laetitia Stefani CHR (Regional Hospital) d'Annecy	Prof. Gaëtan Gavazzi CHU de Grenoble
Rhône-Alpes	UCOGIR rhodannienne (Lyon)	Dr Catherine Terret Centre Léon Bérard	Dr Gilles Albrand Lyon Civil Hospitals

Appendix 2: Map of UCOG, UCOGIR and AOG



Appendix 3. G8 Geriatric Prescreening Test

	Items	Possible responses (score)	
A	Does the patient show a loss of appetite? Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing, or swallowing difficulties?	0: severe decrease in food intake	
		1: moderate decrease in food intake	
		2: no decrease in food intake	
B	Recent weight loss (< 3 months)	0: weight loss >3 kg	
		1: does not know	
		2: weight loss between 1 and 3 kg	
C	Mobility	3: no weight loss	
		0: bed or chair bound	
		1: able to get out of bed/chair but does not go out	
E	Neuropsychological problems	2: goes out	
		0: severe dementia or depression	
		1: mild dementia	
F	Body mass index	2: no psychological problems	
		0: BMI < 19	
		1: BMI = 19 to <21	
H	Takes more than 3 drugs	2 : BMI = 21 to <23	
		3: BMI ≥23	
		0: yes	
P	Does the patient feel in better or worse health than most people of his/her age	1: no	
		0: not as good	
		0.5: does not know	
	Age	1: as good	
		2: better	
		0: >85	
		1: 80-85.	
		2: <80	
TOTAL SCORE	0 – 17		

**MONITORING OF THE SCHEME FOR CARE AND CLINICAL
RESEARCH IN ONCOGERIATRICS / JANUARY 2015**



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