

Letter from the Guest Editor



Geriatric Oncology is not a specialty, it's an attitude. There is nothing special in treating senior patients affected by cancer; we all do that in our everyday clinical practice. The problem rests when you want to deliver the best possible treatment to each individual older patient.

This needs some unique understanding of the complexity of aging: let's start saying that one in two older patients suffers from malnutrition, lack of mobility, incontinence and cognitive impairment. And let's also say that one in four suffers from major psychosocial issues. This is no normal individual. Are we sure that we entirely appreciate this complexity when deciding how best

to treat older patients with a malignant tumor?

The statistics show how bad we are in treating this patients' group; we can share responsibilities and therapeutic failures however. Since surgery is the main tool to defeat cancer, the poor cancer-related survival is predominantly a surgical failure.

And why is that? We do over-treat older patients, when we are incapable of entirely appreciating their vulnerability and modest life expectancy. And yes, we do under-treat these patients as well, predominantly when we are inappropriately concerned with their unproven frailty.

So the key issue is frailty assessment: checking for malnutrition, depression and functional inability is mandatory. Frailty assessment is not only possible, it is rather easy and very cheap. It should be implemented into our daily practice. Screening tools have been tested and are being more and more utilized. They are pivotal in deciding the optimal management of older cancer patients. Is this rocket science? No, it is not: similarly to the TNM classification which was first introduced in the 50's, now at its 7th edition, the tool is not perfect. But we use the TNM system regularly. We depend on it in our decision making process, when presenting our data to the scientific community or comparing results with colleagues. Several screening tools are available and should be widely spread and compared if we want to optimize the way we treat this patients' group.

The cover picture by Michael Howard, an impressive freelance illustrator based in London UK, summarizes the complexity of the issue: the intensity of the decision making process, the vulnerability of older patients, notes of depression as well as the unexpected resources presented by older patients. This delicate drawing elegantly portrays the complexity of the problem and forces us to do better when designing a treatment plan for senior cancer patients.

A handwritten signature in black ink, appearing to read 'R. Audisio', written in a cursive style.

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