



# A PRESENTATION TO ONCOLOGY FACULTY AND STAFF

AT UNIVERSITY HOSPITAL IN UMEÅ, SWEDEN  
on MAY 17, 2019, 8.15-8.45 AM

in association with  
Professor Ulf Karlsson's  
M.D., Ph.D Promotion to  
50 year Jubilee Medicine Doctor  
on MAY 18, 2019 4-6 PM  
in the Umeå Universitets Aula



# DISCRIMINATION IN CANCER CARE



# TOPICS TO COVER

IGRG update

**DISCRIMINATION IN  
CANCER CARE**



# IGRG MISSION

WORK FOR EQUALITY  
ADVANCE RADIOOTHERAPY  
INITIATE COLLABORATION  
ORGANIZE PROTOCOLS  
ESTABLISH EVIDENCE  
PUBLISH  
COLLABORATIVELY



# IGRG HISTORY

BIRTH  
RECRUITMENT  
PUBLICATIONS



# IGRG BIRTH 2010

**PRESIDENT:** NAM PHONG NGUYEN MD

**CHAIR:** ULF KARLSSON MD PhD

**RESEARCH DIR.:** VINCENT VINH-HUNG MD

**MANAGER(SPAIN):** MERITXELL ARENAS MD

**GROWTH 2012-2019**  
**GROUPS/COUNTRIES(WHO 183)**  
**2012: 15/3**  
**2017: 568/99**  
**2018: >600/100**  
**2019: >740+/107+**



# DISCRIMINATION VICTIMS

ELDERLY  
WOMEN  
NON-WHITES  
MINORITIES





# IGRG 2013

**TWO NEW**

**DISCRIMINATION GROUPS**

**POPULATIONS: MINORITIES AND  
WOMEN Kwiatkowski et al: (Cancer  
2013;119:2956-63); TRIAL**

**UNDER-REPRESENTATION,  
REVIEW OF 304 ARTICLES**



International Geriatric  
Radiotherapy Group

UK Umeå 5/17/19:

# DISCRIMINATORS

- **AGE**
- **INEQUALITY**
- **SCREENING**
- RACE
- INSURANCE
- PHYSICIANS
- PHARMACEUTIC ORGANIZATIONS
- GRANT INSTITUTIONS
- GOVERNMENTS (ED/POV/VOT/LAW/PAY)+



## LIFE SPAN AROUND EARTH (WHO 2015)

COUNTRY	RANK	AGE	COMMENT
MONACO	0	90	(NOT A COUNTRY?)
JAPAN	1	84	
<u>ICELAND</u>	6	83	(UP 1q 4 years 1830)
UK	20	81	
<u>VIETNAM</u>	56	76	
<u>CAMBODIA</u>	123	68	(KMER ROUGE)
INDIA	125	68	
<u>CAR</u>	182	52	(NO ELDERS?)



# SEER (US) # 1975-2014

AGE RANGE ORDER RATE

>75 ~ 2350 <12 4X

65-74 ~ 1850 >9 3X

50-64 ~ 750 >3 1

20-49 ~ 200 1 ELDERLY UNDER-

REPRESENTED IN TRIALS, all #s in 1000s/100 000 ind.



## INEQUALITY (SOURCE NCIN 2014 UK, DECADES LONG STUDY)

ONE DEPRIVED COMMUNITY'S SOCIAL CONDITION  
(POVERTY, LESS EDUCATION, WORSE ENVIRONMENT,  
CHRONIC DISEASES, LESS HEALTH CARE)

COMPARED TO A LIKE-SIZED, COMMUNITY (W/O SAME DEPRIVATION)

WITH HIGHER LIVING STANDARD AND EDUCATION, AS WELL AS  
BETTER ENVIRONMENT, HEALTH CARE AND INSURANCE

RESULT: MORE CHRONIC DISEASES, MORE AND DIFFERENT CANCERS AND  
SHORTER LIFESPAN IN THE DEPRIVED COMMUNITY:

IGRG SUGGESTED SOLUTION: INEQUALITY OF LIVING CONDITION IS  
ASSOCIATED WITH SOCIAL DEPRIVATION AND NEEDS TO BE  
COUNTERACTED BY THE ENTIRE SOCIETY.



# SCREENING FOR CANCER

ONE QUARTER OF

THE ELDERLY US POPULATION UNSCREENED

MOVING CRITICAL TARGET: AGE RESTRICTION

WHAT CANCER? BREAST, LUNG, GI (COLORECTAL),  
ESOPHAGUS, LIVER, PANCREAS, GYN (CERV.,  
ENDOMET., VAG., VULV., OVAR.) PROSTATE.

SCREEN HOW? XR DX, CT, PET, BX, FNA, PSA, SURG,  
ENZYM., GENETICS, BIOMARKERS, FAM. HX, RACE,  
AGGRESSIVE RESEARCH



# DISCRIMINATORS IN RADIOTHERAPY

## FRAILTY

## HEART FAILURE



# FRAILTY DISCRIMINATION IS COMMON

WHO IS DISCRIMINATING: PHYSICIANS

WHY: NO STANDARD!

TREATMENT EFFECT: SURG/CTX/XRT/IMTX?

REASON?: MULTIPLE SYMPTOMS

CRITERIA: MULTIPLE SIGNS

PREVALENCE: ELDERLY? 1/6? WHO?

CONSENSUS: GERIATRIC EVALUATION

FACT: ~60% NEGATIVE PREDICTIVE VALUE

MORE RESEARCH IS IMPERATIVE



# HEART FAILURE

**SURGEONS AND MEDICAL ONCOLOGISTS  
SEEMS TO/OR MAY HAVE CONSENSUS ON  
WHEN TO NOT TREAT**

**IMMUNOTHERAPISTS “TOO NEW TO KNOW?”**

**RADIATION ONCOLOGISTS “NOT SO FAST”  
LOCO-REGIONAL THERAPY IS DIFFERENT:  
LITERATURE SUPPORT BY ABSENCE**



- Thanks
- for
- your attention