

Project title

Functional assessment and symptom control in palliative treatment of elderly cancer patients

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Host institute name and address

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**Universitätsklinikum
Regensburg**

Project topic

Introduction

Cancer is primarily a disease of old age. The elderly are 10 times more likely to get cancer and 15 times more likely to die from cancer than people under the age of 65 years.

The elderly population is heterogeneous, ranging from healthy seniors with no disability and little comorbidity to frail seniors who are disabled and have multiple comorbidities. This makes the assessment and management of this population challenging, especially when deciding on cancer treatment modalities. Vulnerable and frail senior adults are the majority and are at death risk.

There has recently been increased recognition of the need to complement cancer treatments with an assessment of health related quality of life experienced as a result of the disease and its treatment, especially for older adults undergoing palliative treatment. Quality of Life (QoL) should be an important aim of cancer care of older patient undergoing treatment with non-curative approach.

Goals or aims

The aim of my fellowship study was to evaluate which factors influence changes in QoL during cancer treatment in older adults as well as improving our skills in relevant symptom control in palliative treatment of elderly cancer patients.

Description of the time spent at host institute

I had the great honour to receive the ESMO Palliative Care Fellowship and I spent 4 weeks at the Uniklinik Regensburg with Dr. Jochen Pfirstinger as chief. During my stay in hospital I was able to observe patients undergoing chemotherapy and to attend several meetings. I became familiar with the in and out hospital palliative care department - ABRIGO. In the Uniklinik Regensburg I observed health status evaluation, comprehensive geriatric assessment, assessment of frailty in the senior patients, recognizing end of life prognostication in elderly patients, modern therapies to treat cancer pain, modern standard of nutritional support in palliative medicine.

During my stage I was involved in scientific research developed in the hospital.

Conclusion

This fellowship will support me in upgrading the quality level in palliative care at my home institute and improve the knowledge in clinical research activities, as well we will obtain additional possibilities to disseminate the newly acquired skills in the general medical community.

We plan to organized in the near future additional independent courses for students, specific training for local oncologist or family doctors and long-term stage for resident for teaching basic aspects and specific knowledge of palliative medicine.

