

# Kolorektale Tumoren des hohen Lebensalters (80+)

## Onkologie und Geriatrie – eine Einführung

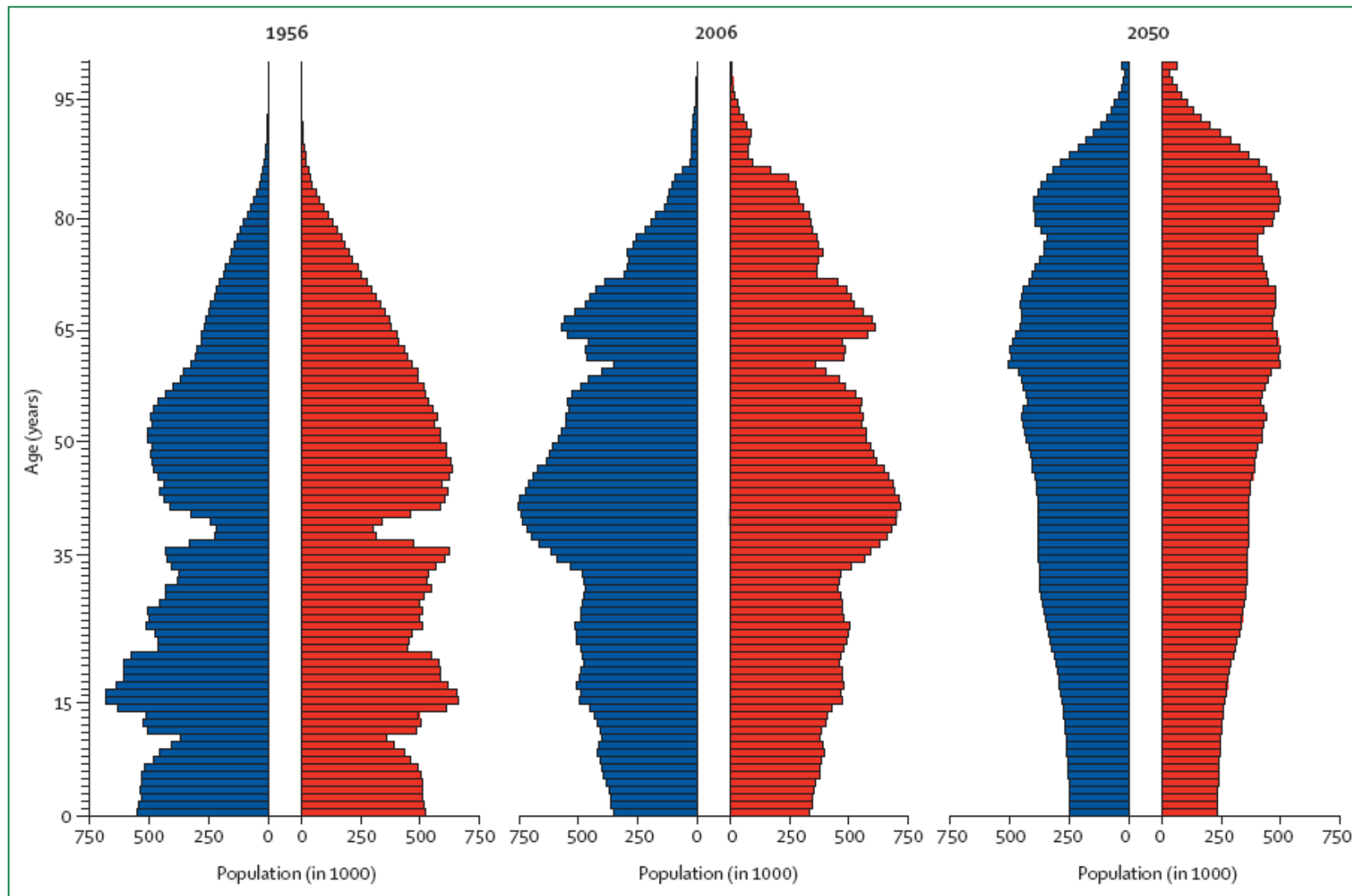
M. Gogol    Klinik für Geriatrie  
Coppnbrügge

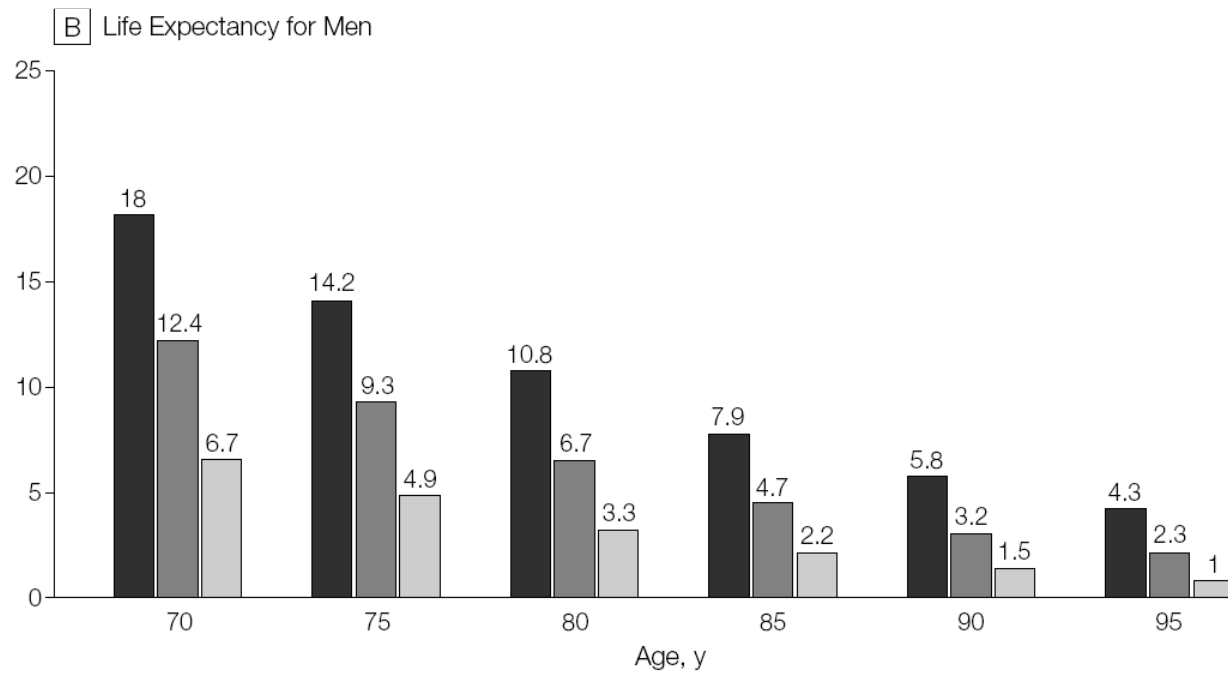
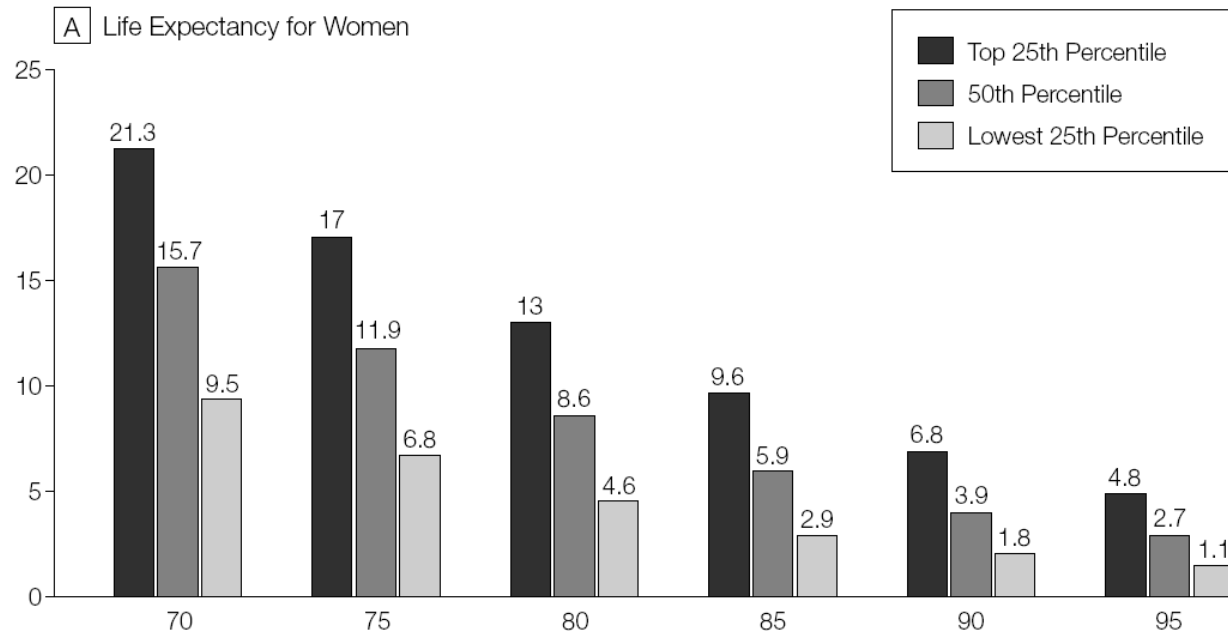
[www.krankenhaus-lindenbrunn.de](http://www.krankenhaus-lindenbrunn.de)

# Offenlegung potentieller Interessenkonflikte

1. Anstellungsverhältnis oder Führungsposition **Nein**
2. Beratungstätigkeit **Nein**
3. Aktienbesitz **Nein**
4. Honorare **Nein**
5. Finanzierung wissenschaftlicher Untersuchungen **Nein**
6. Gutachtertätigkeit **Nein**
7. Andere finanzielle Beziehungen **Nein**

# Population pyramid Germany 1956, 2006, 2050





# Mortalität

Altersgruppe	Frauen			Männer		
	Rang 1	Rang 2	Rang 3	Rang 1	Rang 2	Rang 3
60 – 64 Jahre	bösartige Neubildungen der Verdauungsorgane (13,3%)	bösartige Neubildungen der Brustdrüse (11,4%)	bösartige Neubildungen der Atmungsorgane (9,8%)	ischämische Herzkrankheiten (15,7%)	bösartige Neubildungen der Atmungsorgane (13,5%)	bösartige Neubildungen der Verdauungsorgane (13,4%)
65 – 69 Jahre	bösartige Neubildungen der Verdauungsorgane (13,0%)	ischämische Herzkrankheiten (11,0%)	bösartige Neubildungen der Brustdrüse (9,3%)	ischämische Herzkrankheiten (17,2%)	bösartige Neubildungen der Verdauungsorgane (13,4%)	bösartige Neubildungen der Atmungsorgane (12,0%)
70 – 74 Jahre	ischämische Herzkrankheiten (14,2%)	bösartige Neubildungen der Verdauungsorgane (11,8%)	sonstige Herzkrankheiten (7,4%)	ischämische Herzkrankheiten (18,8%)	bösartige Neubildungen der Verdauungsorgane (11,7%)	bösartige Neubildungen der Atmungsorgane (10,2%)
75 – 79 Jahre	ischämische Herzkrankheiten (16,6%)	sonstige Herzkrankheiten (9,9%)	bösartige Neubildungen der Verdauungsorgane (9,8%)	ischämische Herzkrankheiten (20,1%)	bösartige Neubildungen der Verdauungsorgane (9,5%)	sonstige Herzkrankheiten (8,0%)
80 – 84 Jahre	ischämische Herzkrankheiten (18,5%)	sonstige Herzkrankheiten (12,7%)	zerebrovaskuläre Krankheiten (10,9%)	ischämische Herzkrankheiten (21,1%)	sonstige Herzkrankheiten (10,0%)	zerebrovaskuläre Krankheiten (8,7%)
85 – 89 Jahre	ischämische Herzkrankheiten (21,0%)	sonstige Herzkrankheiten (14,9%)	zerebrovaskuläre Krankheiten (11,5%)	ischämische Herzkrankheiten (21,8%)	sonstige Herzkrankheiten (12,0%)	zerebrovaskuläre Krankheiten (8,9%)
90 Jahre und älter	ischämische Herzkrankheiten (20,8%)	sonstige Herzkrankheiten (19,2%)	zerebrovaskuläre Krankheiten (10,9%)	ischämische Herzkrankheiten (21,7%)	sonstige Herzkrankheiten (17,0%)	zerebrovaskuläre Krankheiten (9,0%)

# Morbiditätsprognose

	2007	2030	2050
<b>Neuerkrankungen / a</b>	<b>78.000</b>	<b>102.000</b> <i>+ 31 %</i>	<b>109.000</b> <i>+ 40 %</i>
<b>Neuerkrankungen / 100.000 Einwohner / a</b>	<b>95</b>	<b>133</b> <i>+ 40 %</i>	<b>158</b> <i>+ 67 %</i>

*Einfluss zukünftiger Screening- und Frühbehandlungserfolge ?*

# Decision making

Life Expectancy	Medical		Nonmedical	
	Priorities	Tools and Approaches	Priorities	Tools and Approaches
Long (>5 y)	Address the patient's concerns Evidence-based disease management Identify and manage geriatric conditions Preventive services as indicated Coordinate care across health care professionals and settings Advance directives (eg, designate DPOAHC)	Open-ended questions Guidelines Table 1  USPSTF interactive tool <sup>14</sup> Discharge summaries, e-mail, telephone Medical association and state forms (DPOAHC)	Lifestyle changes Engage in social and work activities Environment safety and access (eg, driving)	Health educator, CBOs <sup>a</sup> CBOs, <sup>a</sup> AAAs <sup>42</sup>  Occupational therapist, home modification companies, home health agencies
Mid (2-5 y)	Address the patient's concerns Evidence-based disease management (must expect benefit within patient's lifetime) Identify and manage geriatric conditions Preventive services as indicated (eg, influenza vaccination) Coordinate care across health care professionals and settings Advance directives	Open-ended questions Guidelines  Table 1 USPSTF interactive tool <sup>14</sup> Discharge summaries, e-mail, telephone  Medical association and state forms (DPOAHC, living will, POLST <sup>41</sup> )	Environment safety and need for ADL and IADL support Engage in social activities (eg, senior citizen centers) Identify and evaluate resources (eg, social support, financial)	Home health agencies, social workers, private care managers  CBOs, <sup>a</sup> AAAs <sup>42</sup>  Social workers, financial planners
Short (<1-<2 y)	Address the patient's concerns and identify patient goals Symptom management Coordinate care across health care professionals and settings Advance directives (eg, POLST form)	Open-ended questions  Palliative care guidelines Discharge summaries, e-mail, telephone Medical association and state forms (POLST, <sup>41</sup> DPOAHC)	Living situation Caregivers and their health, respite care Engage in social activities (eg, adult day care centers)	Social workers Open-ended questions, also see Table 1 Social workers, CBOs, <sup>a</sup> AAAs, <sup>42</sup> hospice (when life expectancy ≤6 mo)

Abbreviations: AAAs, Area Agencies on Aging; ADL, activities of daily living; CBOs, community-based organizations; DPOAHC, durable power of attorney for health care; IADL, instrumental activities of daily living; POLST, physician orders for life-sustaining treatment; USPSTF, US Preventive Services Task Force.

<sup>a</sup>Examples of community-based organizations include Alzheimer's Association chapters, the Braille Institute, and Lighthouse for the Blind. A list of relevant Web sites is available with the article at <http://www.jama.com>.



Reuben DB. Medical care for the final years of life.

“When you’re 83, it’s not going to be 20 years”. JAMA 2009;302:2686-2694.



## Medical

Life Expectancy	Priorities	Tools and Approaches
Long (>5 y)	<ul style="list-style-type: none"> <li>Address the patient's concerns</li> <li>Evidence-based disease management</li> <li>Identify and manage geriatric conditions</li> <li>Preventive services as indicated</li> <li>Coordinate care across health care professionals and settings</li> <li>Advance directives (eg, designate DPOAHC)</li> </ul>	<ul style="list-style-type: none"> <li>Open-ended questions</li> <li>Guidelines</li> <li>Table 1</li> <li>USPSTF interactive tool<sup>14</sup></li> <li>Discharge summaries, e-mail, telephone</li> <li>Medical association and state forms (DPOAHC)</li> </ul>
Mid (2-5 y)	<ul style="list-style-type: none"> <li>Address the patient's concerns</li> <li>Evidence-based disease management (must expect benefit within patient's lifetime)</li> <li>Identify and manage geriatric conditions</li> <li>Preventive services as indicated (eg, influenza vaccination)</li> <li>Coordinate care across health care professionals and settings</li> <li>Advance directives</li> </ul>	<ul style="list-style-type: none"> <li>Open-ended questions</li> <li>Guidelines</li> <li>Table 1</li> <li>USPSTF interactive tool<sup>14</sup></li> <li>Discharge summaries, e-mail, telephone</li> <li>Medical association and state forms (DPOAHC, living will, POLST<sup>41</sup>)</li> </ul>
Short (<1-<2 y)	<ul style="list-style-type: none"> <li>Address the patient's concerns and identify patient goals</li> <li>Symptom management</li> <li>Coordinate care across health care professionals and settings</li> <li>Advance directives (eg, POLST form)</li> </ul>	<ul style="list-style-type: none"> <li>Open-ended questions</li> <li>Palliative care guidelines</li> <li>Discharge summaries, e-mail, telephone</li> <li>Medical association and state forms (POLST,<sup>41</sup> DPOAHC)</li> </ul>

# Assessment

- Funktioneller Status (ADL, IADL, Mobilität)
  - Ko-Morbidität
  - Ernährungsstatus
  - Kognition
  - Emotion
  - Soziale Unterstützung
  - Medikamente
- Mutmaßliche Prognose ?
- Patientenwunsch (Angehörigenwunsch) ?

# Assessment

- Funktioneller Status (ADL, IADL, Mobilität) ↓
- Ko-Morbidität ↑
- Ernährungsstatus ↓
- Kognition ↓
- Emotion ↓
- Soziale Unterstützung ↓
- Medikamente ↑
- Mutmaßliche Prognose ↓
- [Patientenwunsch (Angehörigenwunsch) ?]