

## 2<sup>nd</sup> International Conference on

## **Geriatrics & Gerontology**

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## The suppressive effect of organism senescence on cancers

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Most scientific literature reports that aging favors the development of cancers. Each type of cancer, however, initiates and evolves differently and their natural history can start much earlier in life before their clinical manifestations. The incidence of cancers is spread throughout human life span and is the result of pre and post natal aggressions, individual susceptibility, developmental changes that evolve continuously throughout an individual's life and time of exposure to carcinogens. Finally, during human senescence the incidence declines for all cancers. Frequently, the progression of cancers is also slower in aged individuals. There are several possible explanations for this decline at the tissue, cell and molecular levels which will be described. It is time to ask why some tumors are characteristic of either the young, the aged or during the time of a decline in the reproductive period and finally why the incidence of cancers declines late during senescence of human beings. These questions need to be addressed before the origin of cancers can be understood.

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## Challenges of caring for a frail hospitalized elderly

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An acute hospital admits a disproportionately large number of older patients; many of them frail. The cornerstone of an acute geriatric care involves stabilizing acute medical issues so that timely rehabilitation of the frail older person prevents further deterioration of the physical function. Functional decline has significant negative consequences for these patients. A proactive model selecting older patients with the potential to benefit from intensive inpatient geriatric assessment, rehabilitation, management and treatment services to restore function allows for focused use of limited resources. Creating an understanding of the challenges of aging, multiple hospital hazards and frailty impeding successful management will be identified. The principles underlying the organization for rehabilitation and a safe discharge together with careful attention to special needs present commonly in the elderly will affect expedient and full integration back into the community will be outlined.

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