BORDER MEDICAL ONCOLOGY

Clinical Oncological Society of Australia

Australian Government
Cancer Australia

Royal Adelaide Hospital

Geriatric Oncology
an Australian Perspective

Dr Christopher Steer

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Border Medical Oncology, Wodonga

Chair COSA Geriatric Oncology Interest Group

Disclosure slide

- No direct conflict of interest with the material presented today.
- Travel to the meeting supported by Merck.
- Advisory Boards – Gilead, Teva, Janssen.
- Most of my income is derived from individual patient subsidies paid by the Commonwealth Government of Australia's Medicare Programme.


INDONESIA
Banda Sea
Dili
East Timor
Timor
Kupang
Denpasar
Timor Sea
Arafura Sea
INDONESIA
PAPUA NEW GUINEA
Merauke
Daru
Solomon Sea
Port Moresby
Kupiano
Torres Strait
Darwin
Ashmore and Cartier Islands (AUSTRALIA)
Katherine
Weipa
Gulf of Carpentaria
Great Barrier Reef
Coral Sea
Wyndham
Kununurra
INDIAN OCEAN
Derby
Broome
NORTHERN TERRITORY
Normanton
Cairns
Forsayth
Tennant Creek
Townsville
Charters Towers
Coral Sea Islands (AUSTRALIA)
Mount Isa
Port Hedland
Dampier
Yarrie
Karratha
WESTERN AUSTRALIA
Mackay
QUEENSLAND
Tropic of Capricorn
Newman
Alice Springs
Paraburdoo
Rockhampton
Yulara
Yaraka
Gascoyne
Bundaberg
Carnarvon
Meekatharra
Quilpie
Charleville
Maryborough
Lake Eyre
Cooper Creek
SOUTH AUSTRALIA
Brisbane
Coober Pedy
Cunnamulla
Leonora
Gold Coast
Geraldton
Leigh Creek
Lismore
Lake Torrens
Kalgoorlie
Lake Gairdner
Broken Hill
Darling
Coffs Harbour
Lake Frome
Ceduna
Port Augusta
Port Macquarie
Perth
Fremantle
Whyalla
Port Pirie
Orange
Murray
Mildura
Newcastle
Bunbury
Esperance
Port Lincoln
Adelaide
Sydney
Swan Hill
Wollongong
Albany
Canberra
Great Australian Bight
Bendigo
Albury
VICTORIA
Australian Capital Territory
Mount Gambier
Ballarat
Melbourne
Warrnambool
Geelong
Bairnsdale
Bass Strait
Tasman Sea
Devonport
Launceston
TASMANIA
Hobart
Tasmania
INDIAN OCEAN
Australia
International boundary
State-level boundary
National capital
State-level capital
Railroad
Expressway
Road
0
500 Kilometers
0
500 Miles


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International boundary
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National capital
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Road
0
500 Kilometers
0
500 Miles

Australian Health System: Perspective

- There are 476 medical oncology positions comprising 234 FTE MO's in Australia[1].
- Medical Oncologists ~1.1-1.4 per 100,000 population
- There are around 450 geriatricians in Australia (2012)[2]

- *Australian population – 22.7 million*

[1]Blinman P, MJA 2012: 196: 58-61,
[2]AIHW. (2011). Medical labour force 2009.

Australian Health System: Universal Healthcare (*in theory*)

- Federal Government subsidises
  - General practitioner visits
  - Aged care including community services
  - Specialist consultations
  - Pharmaceutical benefits scheme
- State governments fund
  - "Public" hospitals – no payment required for services
  - Some community services eg cancer care coordinators in this model.

Australian Health System:

How does this translate for the average cancer patient?

1. Outpatient services (including chemotherapy and radiation) at state-funded public hospitals are “free” from additional charges.
2. Visits to an office-based oncologist are partially subsidised by the federal government (Medicare).
3. Private health insurance pays for inpatient care and day oncology services only (ie not office outpatient visits, not drugs, not radiotherapy).
4. Oncology drugs are subsidised by the Pharmaceutical benefits scheme (PBS)
   – rationing based on cost-effectiveness

National Comprehensive Cancer Network®

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

Older Adult Oncology

Version 2.2015

NCCN.org

Continue

Does the patient have risk factors for advers
outcomes from cancer treatment?
- Comorbidities[e]
  - cardiovascular disease[f]
  - renal insufficiency[g]
  - neuropathy
  - anemia
  - osteoporosis
    - ◊ See NCCN Bone Health Task Force
  - liver disease
  - diabetes
  - lung disease
  - hearing or vision loss
  - prior cancer diagnosis and treatment
  - chronic infections
  - decubitus or pressure ulcers
- Geriatric syndromes[e]
  - functional dependency (ADL, IADL)
  - mobility problems
  - falls
  - dementia
  - delirium
  - depression
  - nutritional deficiency
  - polypharmacy
- Socioeconomic issues
  - poor living conditions
  - no caregiver or limited social support
  - low income
  - transportation barriers/access problems
  - under-insurance and/or high out-of-pock
    costs for medications

[e]See Comprehensive Geriatric Assessment (OAO-C
[f]Older age has been associated with increased risk
[g]The panel recommends calculation of creatinine cle

Note: All recommendations are category 2A unless otherv
Clinical Trials: NCCN believes that the best management c

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    costs for medications

NCCN Guidelines Index
Older Adult Oncology TOC
Discussion

nent guidelines
O-B), (OAO-3),
/ Site

ptom management/
portive care consult

NCCN Guidelines for
portive Care

treatment (OAO-3)

Available online at www.sciencedirect.com

ScienceDirect

Geriatric assessment of older patients with cancer in Australia—A multicentre audit

Roopa Lakhanpal[a], Jaclyn Yoong[b], Sachin Joshi[c], Desmond Yip[a,d], Linda Mileshkin[b], Gavin M. Marx[e], Tracey Dunlop[f], Elizabeth J. Hovey[f], Stephen A. Della Fiorentina[g], Lakshmi Venkateswaran[h], Martin H.N. Tattersall[i], Sem Liew[c], Kathryn Field[j], Nimit Singhal[k], Christopher B. Steer[c,*]

JOURNAL OF GERIATRIC ONCOLOGY 6 (2015) 185–193

National CGA Audit

<u>Rationale</u>

Geriatric assessment is recommended for all patients over the age of 70 years presenting for treatment to an oncology clinic, but…..

we don't know what assessment is being performed already.

<u>Aim:</u>

To study what geriatric assessment domains are performed in medical oncology practice in Australia in 2010.

JOURNAL OF GERIATRIC ONCOLOGY 6 (2015) 185–193

National CGA Audit

Methods

Eligibility - All patients over the age of 70 presenting for assessment to a medical oncology clinic or as cases discussed at a multidisciplinary meeting (MDM).

∴ An audit in 2 parts.

1. Retrospective audit of patient notes looking only at the first consultation with a medical oncologist.
2. Prospective audit of patients as they are discussed at an MDM.

JOURNAL OF GERIATRIC ONCOLOGY 6 (2015) 185–193

National CGA Audit

Methods

Files reviewed looking at first consult only with the medical oncologist

MDMs – prospective audit of domains as they are mentioned

Domains

- ADL's
- IADL's
- Geriatric syndromes eg cognitive assessment, vision/hearing, falls, spontaneous fractures, depression/anxiety
- Other – Performance status, Comorbidities, Social issues, polypharmacy, calculated creatinine clearance, nutritional assessment.

JOURNAL OF GERIATRIC ONCOLOGY 6 (2015) 185–193

National CGA Audit

Methods

Retrospective audit

Files reviewed looking at first consult only with the medical oncologist

Participating Hospitals

Border Medical Oncology, Albury Wodonga.

Peter MacCallum Cancer Centre, Melbourne

The Canberra Hospital, Canberra, ACT

Sydney Haematology Oncology Clinic, Hornsby, NSW

Macarthur Cancer Therapy Centre, Campbelltown, NSW

Prince of Wales Hospital, Sydney

St Vincents Hospital, Melbourne

JOURNAL OF GERIATRIC ONCOLOGY 6 (2015) 185–193

National CGA Audit

<u>Results</u>

304 patients

251 file reviews

108 MultiDisciplinary Team meetings (MDMs)

- data from both files and MDMS in 55 patients from PMCC
- MDMS at PMCC were genitourinary (n = 47) and gynae (n = 8)

Median age = 76 years (range 70-95 years)

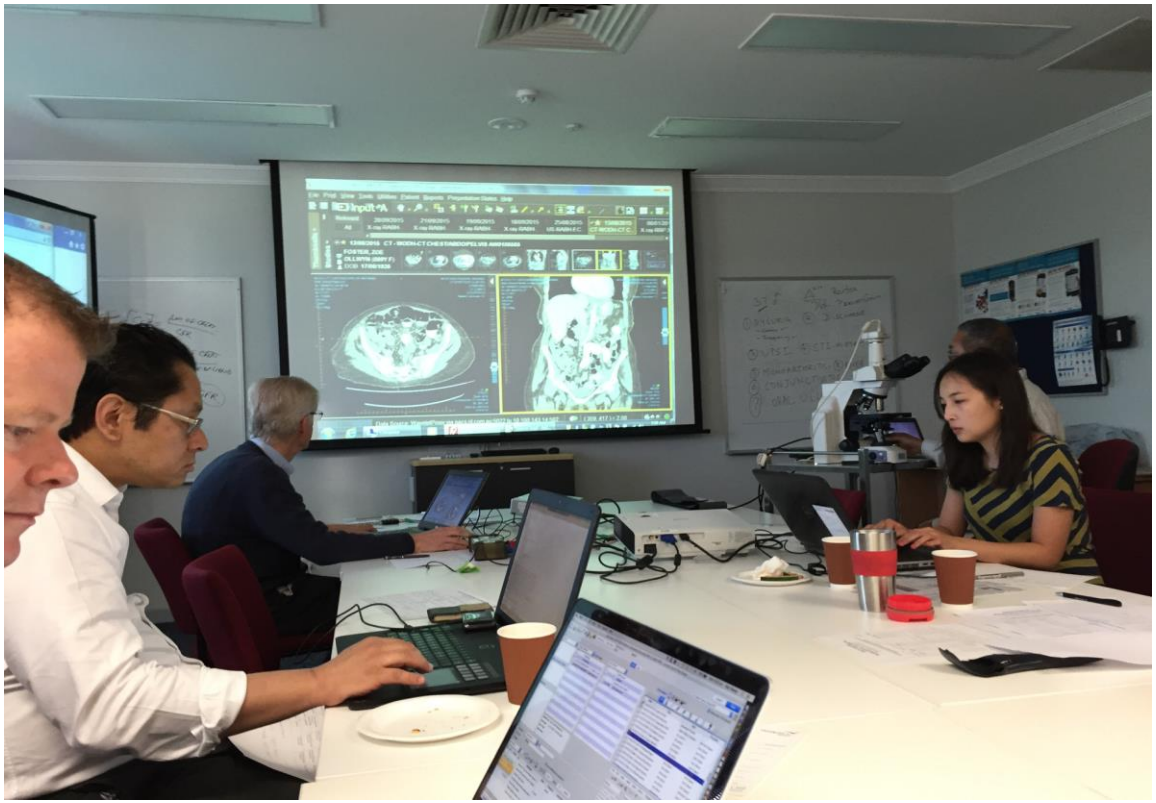
Treatment proposed in

- 72% of file reviews
- 80% of MDMs

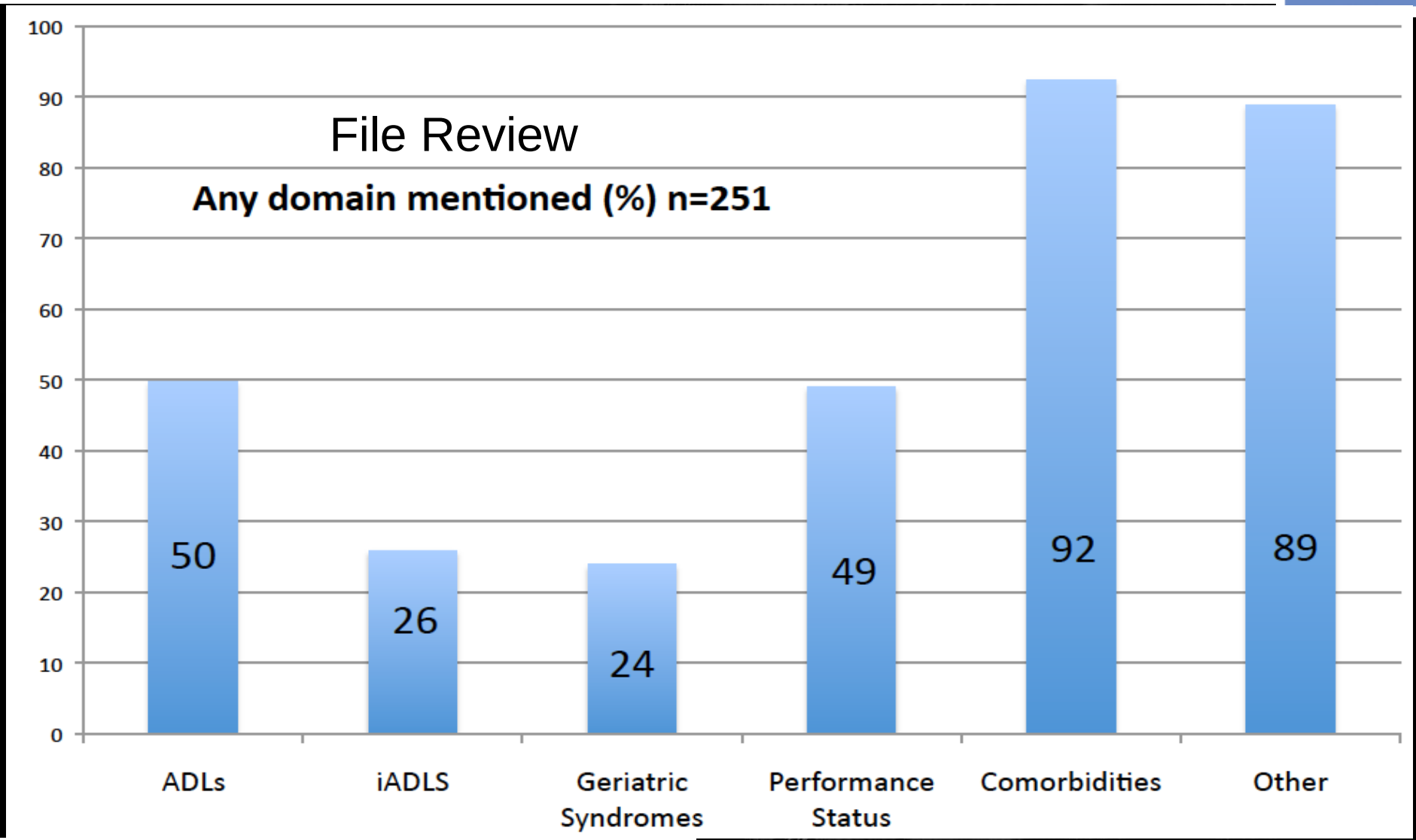
5 patients had treatment withheld on the basis of age alone

JOURNAL OF GERIATRIC ONCOLOGY 6 (2015) 185–193

Multidisciplinary meeting - 2015



Geriatric assessment of older patients with cancer in Australia—A multicentre audit



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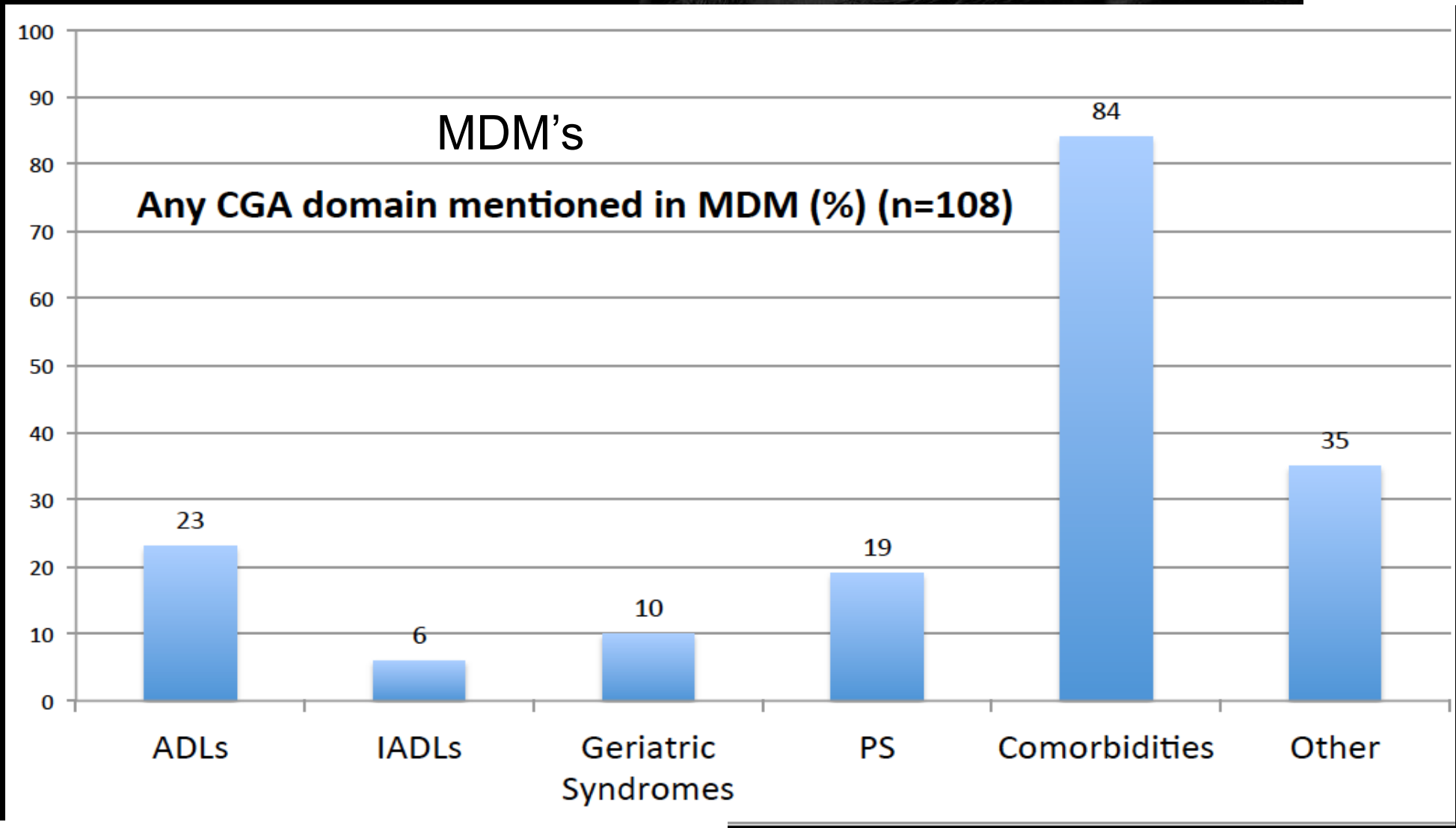

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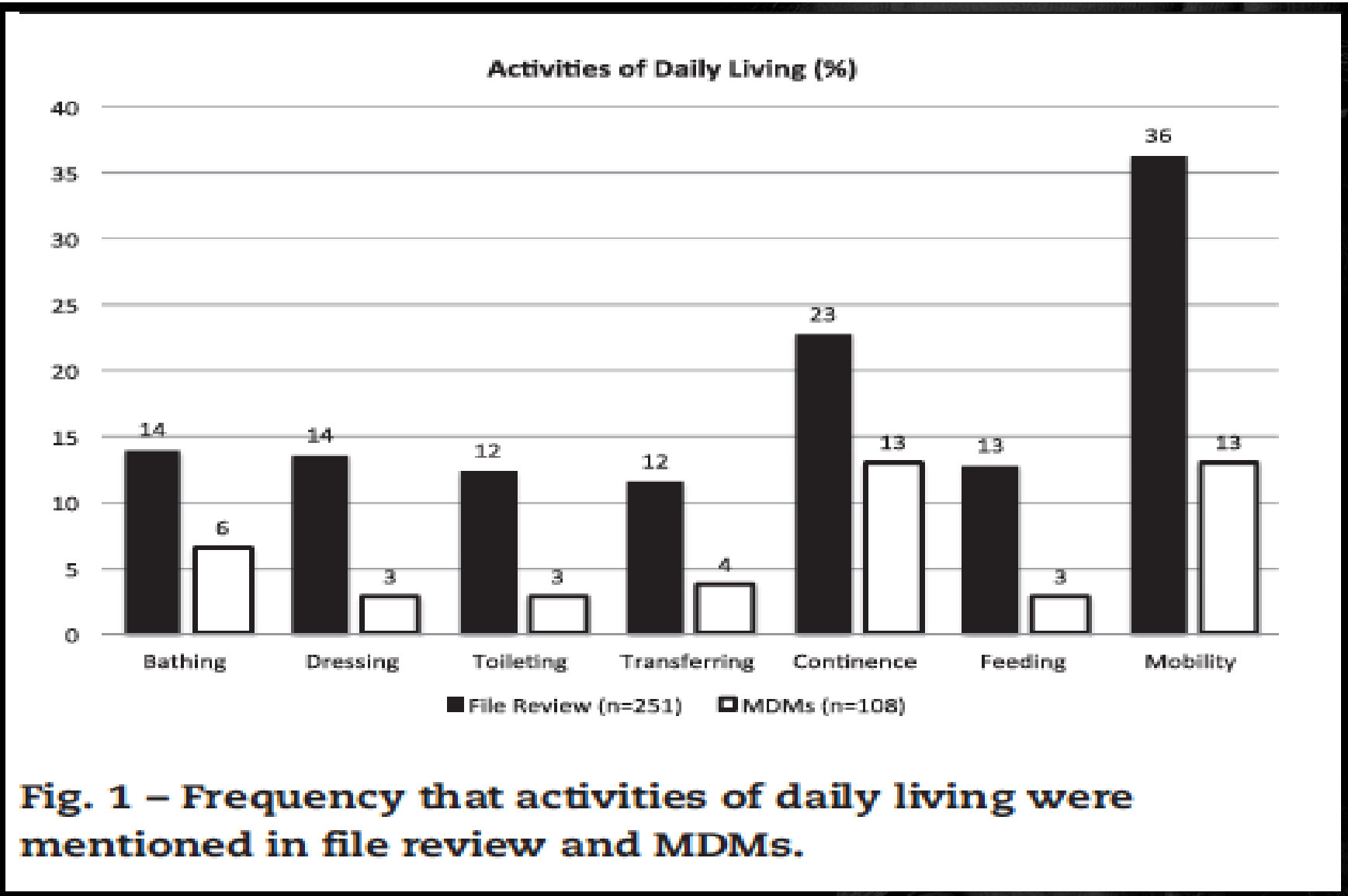


Fig. 1 – Frequency that activities of daily living were mentioned in file review and MDMs.

Geriatric assessment of older patients with cancer in Australia—A multicentre audit

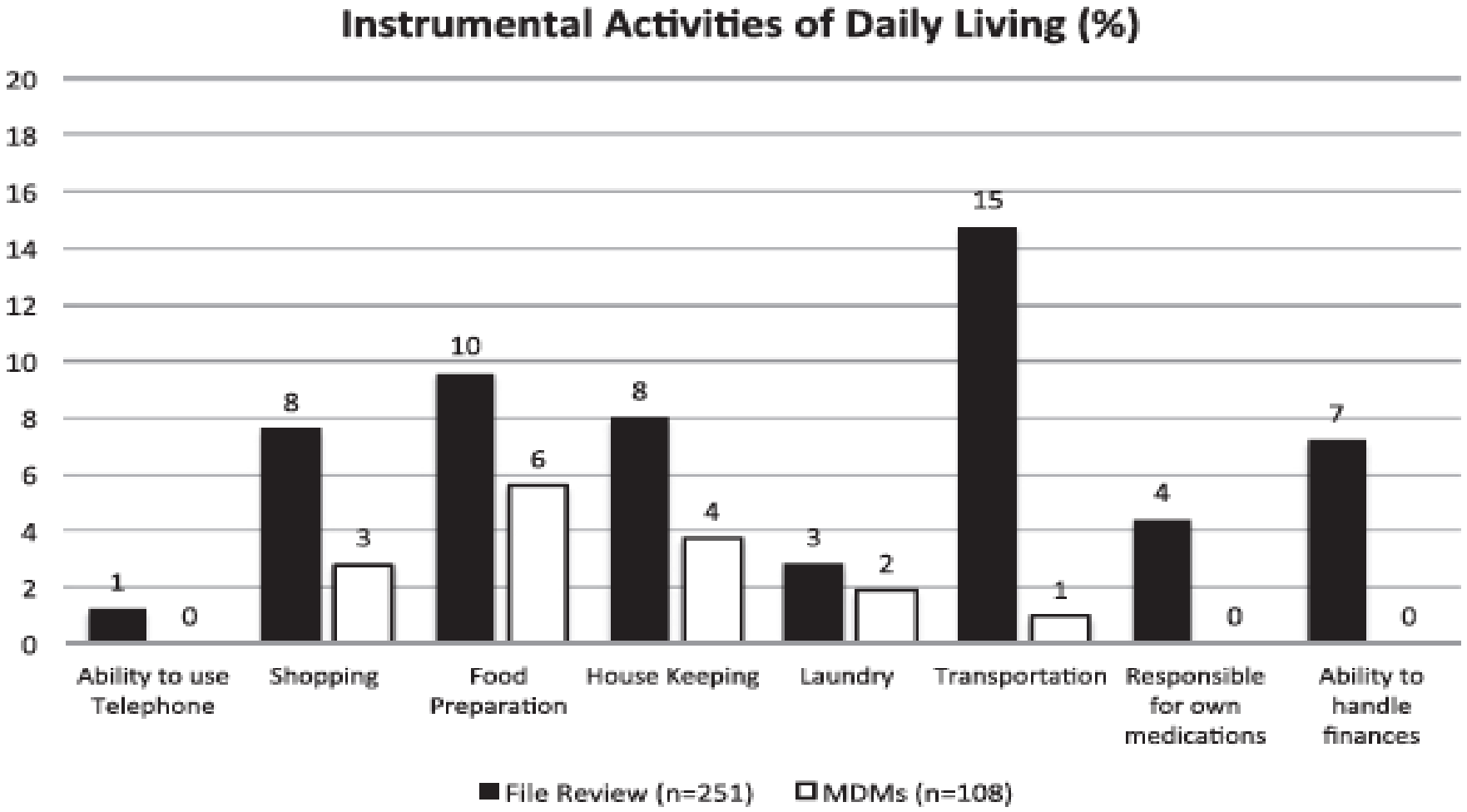


Fig. 2 – Frequency that instrumental activities of daily living were mentioned in file review and MDMs.

Geriatric assessment of older patients with cancer in Australia—A multicentre audit

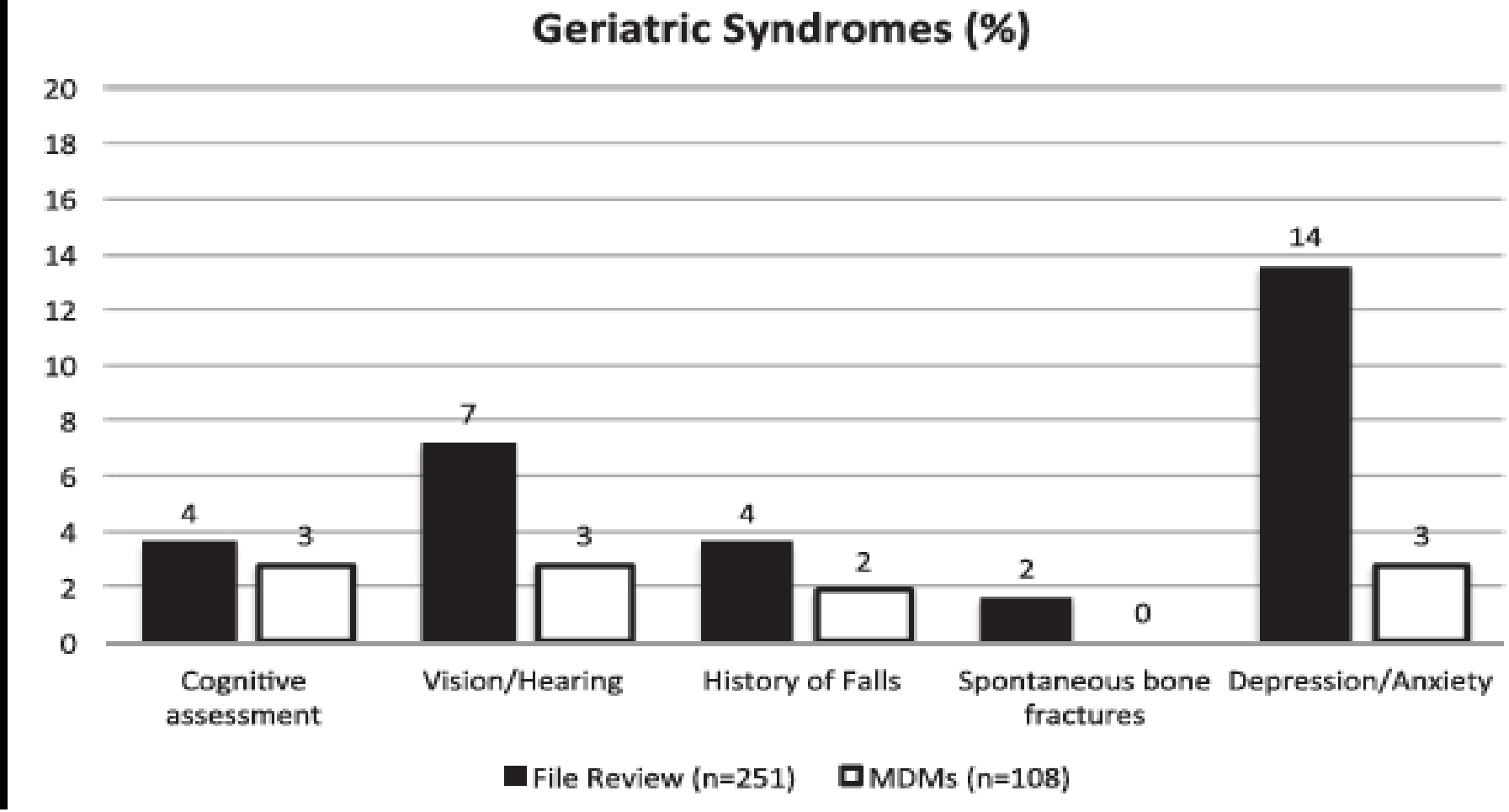
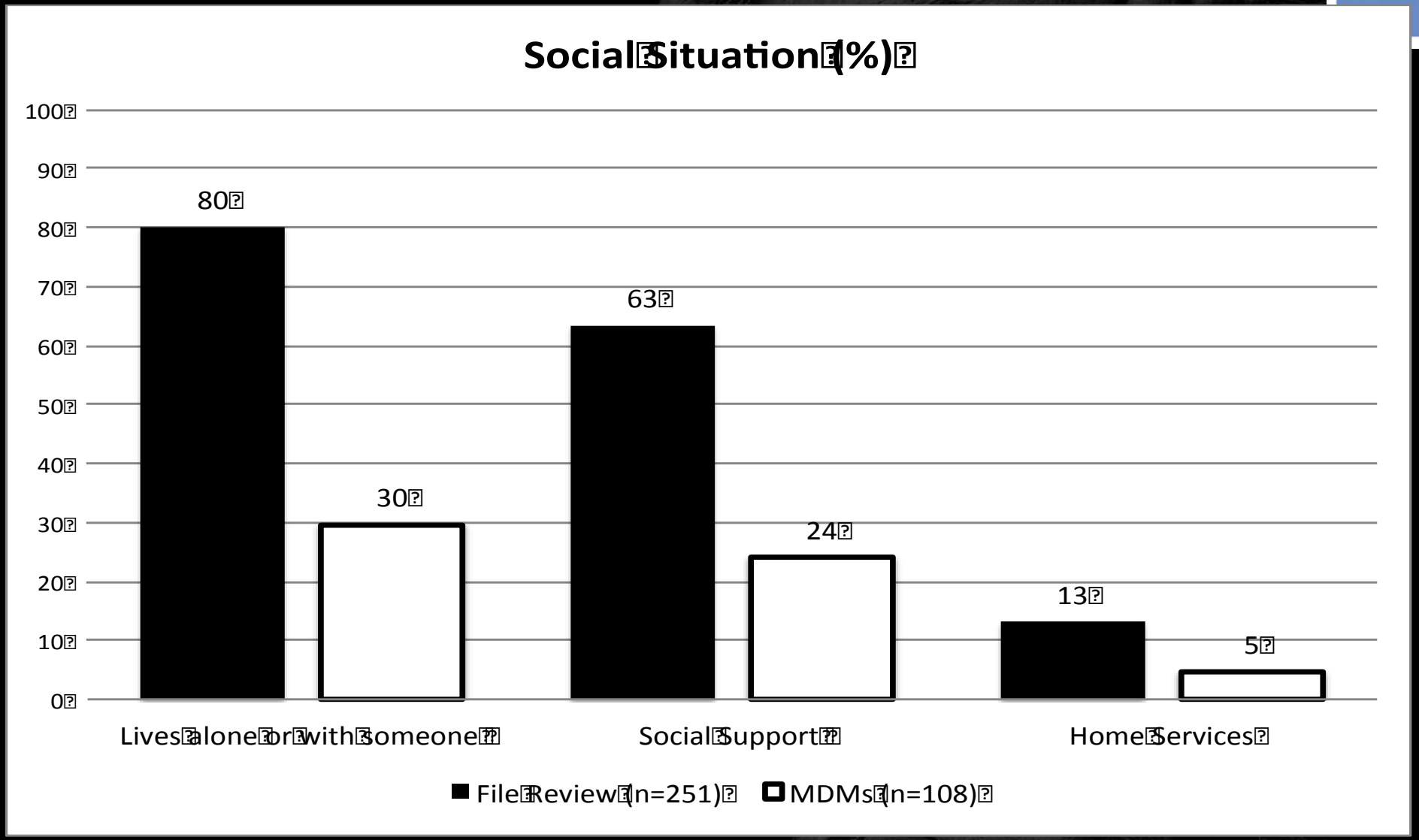


Fig. 3 – Frequency that individual geriatric syndromes were mentioned in file review and MDMs.

Geriatric assessment of older patients with cancer in Australia—A multicentre audit



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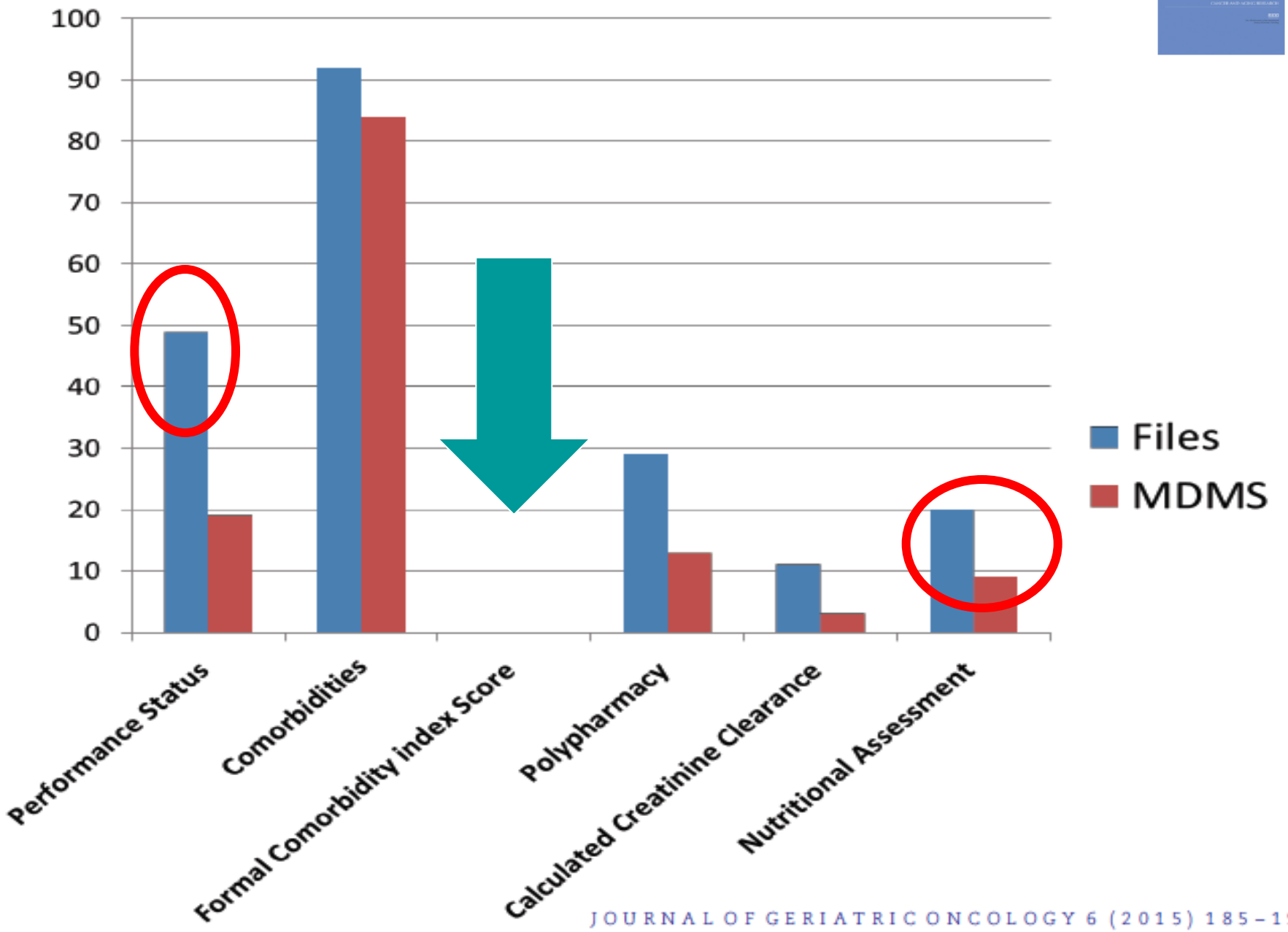
Q: Frequency of other domains? In(%)




Australia
International boundary
State-level boundary
National capital
State-level capital
Railroad
Expressway
Road
0
500 Kilometers
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500 Miles
Solomon Sea
Moresby
Coral Sea
Coral Sea Islands (AUSTRALIA)
Rockhampton
Bundaberg
Maryborough
Brisbane
Gold Coast
Lismore
Coffs Harbour
Port Macquarie
Newcastle
Sydney
Wollongong
Canberra
Australian Capital Territory
Tamworth
Armidale
Dubbo
Orange
Bourke
Walgett
Cobar
Broken Hill
NEW SOUTH WALES
VICTORIA
Albury
Wagga Wagga
Hillston
Mildura
Swan Hill
Bendigo
Ballarat
Melbourne
Bairnsdale
Mount Gambier
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Tasmania
Tasman Sea
INDIAN OCEAN

Infancy of an Australian geriatric oncology program—characteristics of the first 200 patients

T.H.M. To[a,b], M. Okera[a], J. Prouse[a], R.J. Prowse[c], N. Singhal[a,*]

Dept of Medical Oncology and Geriatrics, Royal Adelaide Hospital, Adelaide, SA, 5000

Multi disciplinary meeting attended by:-

- Geriatrician
- Medical Oncologist
- Geriatric Nurse
- Social Worker
- Clinical Psychologist
- Palliative Care Specialist
- Occupational Therapist
- Pharmacist
- Project Officer

JOURNAL OF GERIATRIC ONCOLOGY 1 (2010) 81–86

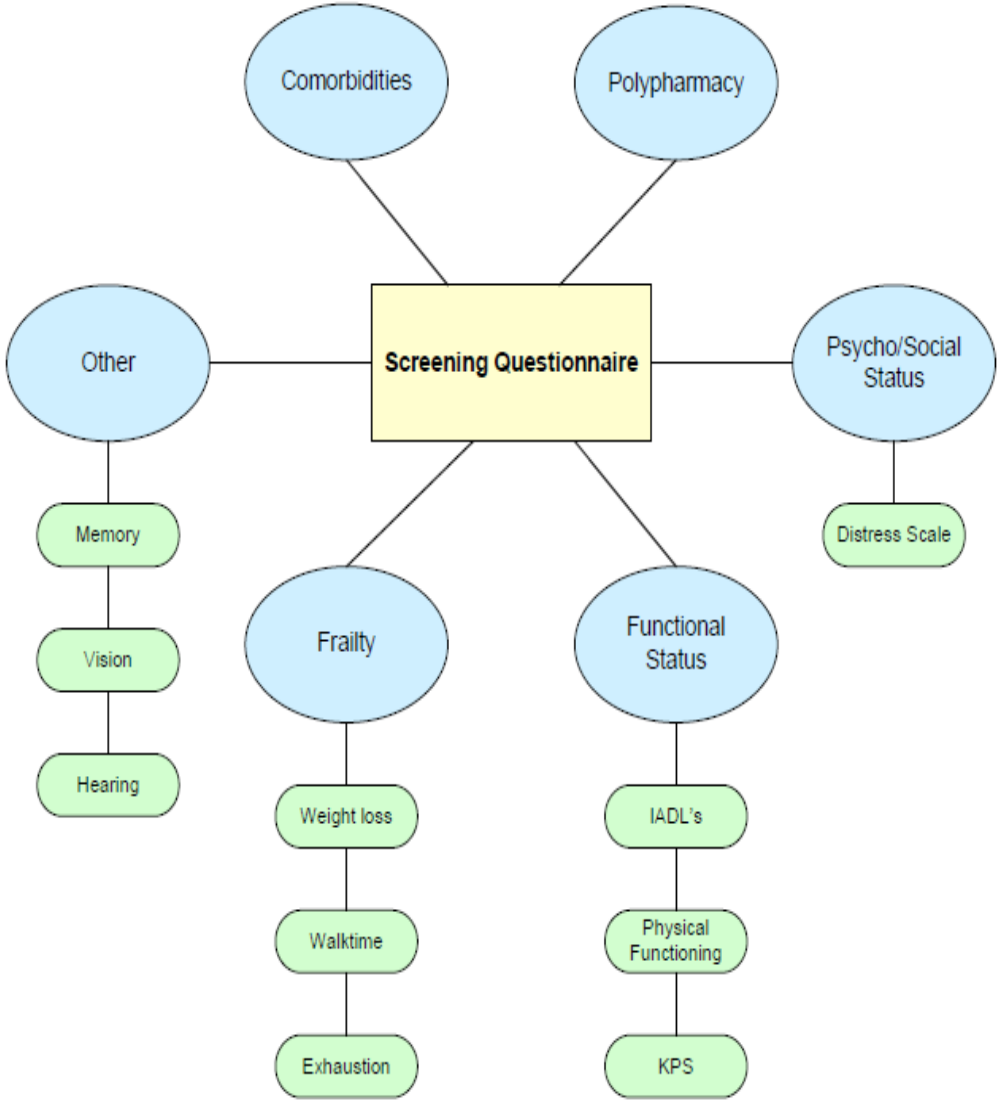
SCIENCE & SOCIETY

RAH Geriatric oncology services

- **Establish in 2008** with a pilot project at the largest tertiary hospital and cancer centre in South Australia
- **Aim:** To optimise the physical health, emotional wellbeing and social supports of older cancer patients and their carers by means of supportive interventions
- **How:**
  - Screening for all older cancer patients
  - Case review in a Multi-disciplinary meeting to develop an individualised plan of care which may include
    - recommendations for treating oncologist
    - tailored interventions
    - Referral to specialised medical & allied teams
  - Nurse led assessment and case management

"The Adelaide Tool"- Self completed survey tool

- perception of overall health
- presence of co-morbidities
- concerns regarding memory
- self-reported deficiencies in
  - hearing and vision and their impact
- falls history
- social support
- depressive symptoms
- distress and pain scores
- functional status and
- experiences of exhaustion



Adelaide tool

Screening questionnaire for assessment of older people with cancer

Please complete and return

By completing the following questionnaire you are giving your medical oncologist the best opportunity to gain relevant insight into your health, daily routine and social support. This will help ensure you receive the best possible care.

If you have health problems that may affect your treatment, your case will be discussed at a meeting with other health professionals, who will discuss treatment recommendations to ensure you receive treatment and support most appropriate for you.

Do you give permission for your case to be discussed at the team meeting if required?

☐ Yes ☐ No

Date _____

Signature _____

Name _____

Date of birth _____

Postcode _____

Office use only:

UR _____

Consultant _____

Age _____

General health

In general, would you say your health is: (please tick one)

☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

Compared to one year ago, how would you rate your health in general now?

☐ Much better now than one year ago

☐ Somewhat better now than one year ago

☐ About the same now as one year ago

☐ Somewhat worse now than one year ago

☐ Much worse now than one year ago

Other medical conditions

Do you have any other medical conditions *besides* the current diagnosis of cancer? Please list.

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

Medications and other natural medicines

If you take any prescribed medications, including over the counter medications (eg puffers, eye drops or sleeping tablets), please list below.

Drug name	Used for

If you take any other products such as vitamins, herbal medicines or health supplements that are not prescribed by a doctor, please list below.

Product name	Used for

Government of South Australia
SA Health

Memory

Do you or your family think that you have any memory problems?

☐ Yes ☐ No

If yes, would you like your memory to be checked?

☐ Yes ☐ No

Vision

How is your eyesight (with glasses or contacts)?

☐ Excellent
☐ Good
☐ Fair
☐ Poor
☐ Totally blind

How much does your sight trouble you?

☐ Not at all
☐ Somewhat
☐ A great deal

Hearing

How is your hearing (with a hearing aid if needed)?

☐ Excellent
☐ Good
☐ Fair
☐ Poor
☐ Totally deaf

How much does your hearing trouble you?

☐ Not at all
☐ Somewhat
☐ A great deal

Nutrition

What is your weight? _____

Have you lost weight *without trying* over the past six months?

☐ Yes ☐ No

If yes, how much? _____

Falls

How many times have you fallen in the last six months?

_____

If you have fallen, do you know why?

_____

Instrumental activities of daily living

These questions are about your daily activities, please tick the response that most pertains to you:

1. Can you use the telephone…

☐ without help, including looking up and dialling
☐ with some help (can answer phone or dial operator in an emergency, but need a special phone or help in getting the number or dialling) or
☐ are you completely unable to use the telephone?

2. Can you get to places out of walking distance…

☐ without help (drive your own car, or travel alone on buses, or taxis)
☐ with some help (need someone to help you or go with you when travelling) or
☐ are you unable to travel unless emergency arrangements are made for a specialised vehicle like an ambulance?

3. Can you go shopping for groceries or clothes…

☐ without help (taking care of all shopping needs yourself, assuming you had transportation)
☐ with some help (need someone to go with you) or
☐ are you completely unable to do any shopping?

4. Can you take your own medicines…

☐ without help (in the right doses at the right time)
☐ with some help (able to take medicine if someone prepares it for you and/or reminds you to take it) or
☐ are you completely unable to take your medicine?

5. Can you handle your own money…

☐ without help (write cheques, pay bills, etc)
☐ with some help (manage day-to-day buying but need help with your chequebook and paying your bills) or
☐ are you completely unable to handle your money?

6. Can you prepare your own meals…

☐ without help (plan and cook full meals yourself)
☐ with some help (can prepare some things but unable to cook full meals yourself) or
☐ are you completely unable to prepare any meals?

7. Can you do your housework…

☐ without help (can clean floors, etc)
☐ with some help (can do light housework but need help with heavy work) or
☐ are you completely unable to do any housework?

Physical functioning

The following items are activities you might do during a typical day. Please tick one that applies to you.

Bathing	☐ Able to wash self completely or needing help with only a single part of the body, such as the back or legs.	☐ Need help with washing more than one part of the body, getting in or out of the bath or shower.
Dressing	☐ Able to get out and put on clothes, including fastenings, zips and buttons. May have help tying shoes.	☐ Need help with dressing.
Toileting	☐ Able to go to the toilet, get on and off, arrange clothes and wipe myself without help.	☐ Need help getting on and off the toilet, wiping myself or using bedpan or commode.
Movement	☐ Can get in and out of bed or chair without help with or without the use of a walking frames or sticks.	☐ Need help getting from bed to chair or require complete assistance to move around (ie wheelchair only).
Continence	☐ Have complete control over bladder and bowel actions.	☐ Partial or total lack of control over bowel or bladder.
Feeding	☐ Able to eat meals without help. Preparation of food may be done by another person.	☐ Need partial or total help with feeding (cutting foods, spooning into mouth).

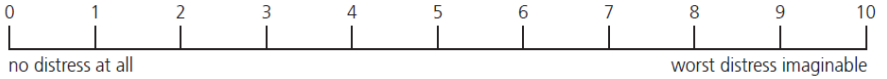
Social support

We would like to understand the support you have from the person you live with, family members and friends. For each type of support, please tick the answer that reflects your situation.

Do you have…	None of the time	Some of the time	Most of the time	All of the time
Someone to help if you were confined to bed?				
Someone to take you to the doctor if needed?				
Someone to prepare your meals if you were unable to yourself?				
Someone to help you with daily chores if you were sick?				
Someone to confide in or talk to if you have a problem?				

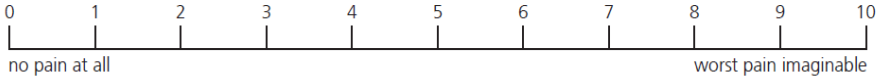
Distress scale

Please indicate on the scale below your overall feeling of distress over the last seven days:



Pain scale

Please indicate on the scale below your overall feeling of pain over the last seven days:



Performance status

Please check *only one response* that is most accurate for you *at this time*.

- ☐ Normal, no complaints, no symptoms of disease
- ☐ Able to carry on normal activity, minor symptoms of disease
- ☐ Normal activity with effort, some symptoms of disease
- ☐ Care for self, but unable to carry on normal activity or do active work
- ☐ Require occasional assistance but able to care for most of personal needs
- ☐ Require considerable assistance for personal care
- ☐ Disabled, require special care and assistance
- ☐ Severely disabled, require continuous nursing care

Emotional wellbeing

During the past month, have you often been bothered by feeling down, depressed or hopeless?

☐ Yes ☐ No

During the past month, have you often had little interest or pleasure in doing things?

☐ Yes ☐ No

Exhaustion

How often in the last week did you feel that 'everything you did was an effort'?

- ☐ Some or none of the time (less than one day)
- ☐ Some or little of the time (one to two days)
- ☐ Moderate amount of time (three to four days)
- ☐ Most of the time

How often in the last week did you feel that 'you could not get going'?

- ☐ Some or none of the time (less than one day)
- ☐ Some or little of the time (one to two days)
- ☐ Moderate amount of time (three to four days)
- ☐ Most of the time

Demographics

Who do you live with? Please tick *all that apply*

- ☐ Spouse/partner
- ☐ Children
- ☐ Live alone
- ☐ Other, please specify _____

Do you currently receive any of the following services? Please tick *all that apply*

- ☐ RDNS Nurse
- ☐ Palliative Care Nurse
- ☐ Personal Care Assistance
- ☐ Cleaning/home maintenance
- ☐ Equipment provision
- ☐ Food services (eg Meals on Wheels, Adelaide Food Service, Italian/Greek food service)
- ☐ Social worker
- ☐ Mental health worker
- ☐ Church support services group
- ☐ Other, please specify _____

Did you complete this questionnaire on your own?

☐ Yes ☐ No

If no, who provided you with assistance, and do they have any concerns to express?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

For more information

Royal Adelaide Hospital Cancer Centre
North Terrace
Adelaide, SA 5000
Telephone: (08) 8222 4000 or 0402 829 193 (Geriatric Oncology Nurse)

Government of South Australia
SA Health

Royal Adelaide Hospital
Cancer Centre

Geriatric Oncology Service

For more information

Central Northern Adelaide Health Service
Royal Adelaide Hospital Cancer Centre
North Terrace
Adelaide, SA 5000
Telephone: (08) 8222 4000
or 0402 829 193
(Geriatric Oncology Nurse)

Non-English speaking: for information in languages other than English, call the Interpreting and Translating Centre on (08) 8226 1990 and ask them to call the Central Northern Adelaide Health Service. This service is free.

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Patient information

This information is intended as a general guide only. Please ask your nurse or doctor if you have any questions in relation to this information.

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What is the Geriatric Oncology Service?

The Geriatric Oncology Service is a joint initiative between the Royal Adelaide Hospital (RAH) Cancer Centre and the Geriatric and Rehabilitation Medicine Department, aimed at improving the lives and support networks of older adults living with cancer.

If you are aged 70 years or older and have been diagnosed with cancer, you may benefit from a specialised assessment, carried out by the Geriatric Oncology Service.

How do they assess me?

The assessment is in the form of a mailed questionnaire. It is designed for you to show your concerns not only related to cancer, but also about your health and wellbeing, which is particularly important for older adults living with cancer.

How can it help me?

The goal is to improve your ability to cope with day to day life and offer support to you and your family during this time. The completed questionnaire is discussed at a weekly meeting and depending on your needs, we may offer to put you in contact with health professionals who can provide emotional and practical support.

These health care professionals include a:

- > social worker
- > palliative care nurse
- > dietitian
- > clinical psychologist
- > pharmacist
- > occupational therapist
- > geriatric oncology nurse
- > geriatrician (a doctor who specialises in the management of older adults).

Your medical oncologist will be kept up to date in regards to any additional help you require.

Do I have to see a geriatrician or any of the other professionals?

No you do not. This is an optional service and there is no pressure to attend if you do not want to.

Why offer this service?

We understand that the diagnosis of cancer and related treatments often puts additional strain on your life. As part of our care plan for RAH Cancer Centre patients, we think it is important to offer you ongoing support when you are at home.

“The Adelaide Tool”- Frailty Score

- Criteria based on
  - ADL dependence
  - IADL dependence
  - KPS < 70%
  - Exhaustion
  - Weight loss >5%

- Classification
  - **Fit** - No criteria met
  - **Vulnerable** - 1-3 criteria
  - **Frail** - 4-5 criteria

Case Management- Geriatric Oncology Nursing Staff (RN & EN)

- Referrals to address issues before Rx
- Sitting in clinics during consultations with oncologists
- Post-clinic reviews
  - At chemo chair
  - Via phone
- Diversions
- Co-ordinate share care arrangements with GP, Palliative Care, community services

Infancy of an Australian geriatric oncology program—characteristics of the first 200 patients

Table 2 – Characteristics of patients referred to a geriatric oncology program.

		n=200	Fit n=55 (28%)	Vulnerable n=120 (60%)	Frail n=25 (13%)	
Age	Mean (SD, range)	76.7 (SD 4.9, 70–92)	75.8 (SD 4.0, 70–84)	76.6 (SD 5.1, 70–90)	78.8 (SD 5.2, 70–92)	
	70–74	79 (40%)	20 (25%)	54 (68%)	5 (6%)	
	75–79	70 (35%)	23 (33%)	34 (49%)	13 (19%)	
	≥80	51 (25%)	12 (24%)	32 (63%)	7 (14%)	p=0.09
Sex	Male	107 (54%)	32 (30%)	61 (57%)	14 (13%)	
	Female	93 (47%)	23 (25%)	59 (63%)	11 (12%)	p=0.64
Living status	Lives alone	60 (30%)	17 (28%)	36 (60%)	7 (12%)	
	Lives with others	136 (68%)	38 (28%)	83 (61%)	15 (11%)	
	Institutionalised	4 (2%)	0 (0%)	1 (25%)	3 (75%)	
Malignancy	Gastrointestinal	64 (32%)	14 (22%)	41 (64%)	9 (14%)	
	Lung	48 (24%)	13 (27%)	27 (56%)	8 (17%)	
	Genitourinary	26 (13%)	11 (42%)	14 (54%)	1 (4%)	
	Breast	26 (13%)	9 (35%)	15 (58%)	2 (8%)	
	Other	36 (18%)	8 (21%)	23 (64%)	5 (14%)	p=0.53
Stage*	1–2	30 (15%)	10 (33%)	16 (53%)	4 (13%)	
	3	44 (22%)	14 (32%)	28 (64%)	2 (5%)	
	4	124 (63%)	31 (25%)	75 (60%)	18 (15%)	p=0.41
Treatment intent	Curative	57 (29%)	21 (37%)	32 (56%)	4 (7%)	
	Palliative	143 (72%)	34 (24%)	88 (62%)	21 (15%)	p=0.18

(Percentages arranged in rows, e.g. 25% of people aged 70–74 years were classified fit.)

*n=198 as two patients did not have confirmed malignancies and were for ongoing monitoring.

Infancy of an Australian geriatric oncology program—characteristics of the first 200 patients

T.H.M. To[a,b], M. Okera[a], J. Prouse[a], R.J. Prowse[c], N. Singhal[a,*]

Table 3 – Geriatric assessment characteristics of patients referred to a geriatric oncology program.

			Fit	Vulnerable	Frail	
			n=55 (28%)	n=120 (60%)	n=25 (13%)	
Comorbidities (n=198)	0–4	161 (81%)	49 (89%)	97 (82%)	15 (63%)	
	>4	37 (19%)	6 (11%)	22 (19%)	9 (38%)	p=0.02
Charlson (n=198)	0–2	165 (83%)	50 (91%)	99 (83%)	16 (67%)	
	>2	[illegible]	5 (9%)	20 (17%)	8 (33%)	p=0.03
Medications (n=199)	Mean (range)	5.1 (0–18)	3.9 (0–9)	5.2 (0–18)	4.7 (0–18)	
	0–5	[illegible]	42 (76%)	73 (61%)	8 (33%)	
	>5	[illegible]	13 (24%)	47 (39%)	16 (67%)	p<0.01
Memory concerns (n=199)		45 (23%)	1 (2%)	31 (26%)	13 (54%)	p<0.01
Falls≥1 (6 months) (n=199)		43 (22%)	7 (13%)	27 (23%)	9 (38%)	p=0.05
Weight loss>5% (n=187)		[illegible]	3 (6%)	47 (42%)	17 (77%)	p<0.01
IADL impairment (n=196)		81 (41%)	1 (2%)	57 (48%)	23 (100%)	p<0.01
ADL impairment (n=182)		90 (45%)	2 (4%)	65 (58%)	23 (96%)	p<0.01
KPS (n=196)	Mean (range)	77 (30–100)	91 (60–100)	74 (40–100)	58 (30–80)	
	<70	68 (35%)	3 (6%)	48 (40%)	17 (77%)	p<0.01
Exhaustion (n=200)		71 (36%)	2 (4%)	48 (40%)	21 (84%)	p<0.01

(Percentages arranged in columns, e.g. 89% of people classified fit had 0–4 comorbidities.)

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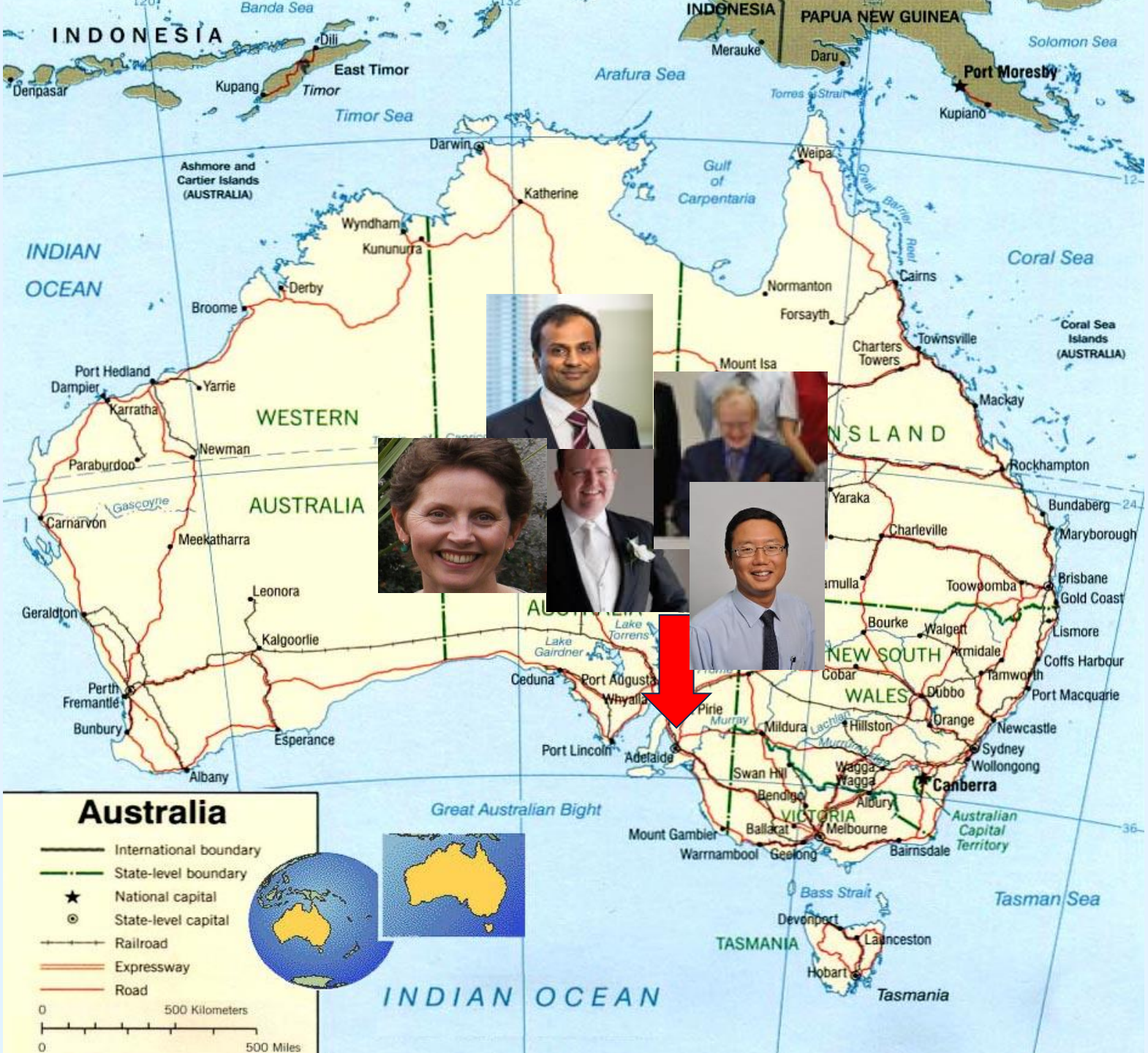
JOURNAL OF GERIATRIC ONCOLOGY 1 (2010) 81–86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Kupiano
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Lake Torrens
Bourke
Walgett
Lismore
Lake Gairdner
Armidale
NEW SOUTH
Coffs Harbour
Kalgoorlie
Ceduna
Port Augusta
Cobar
Tamworth
Perth
Fremantle
Whyalla
WALES
Dubbo
Port Macquarie
Pirie
Murray
Orange
Bunbury
Mildura
Hillston
Newcastle
Esperance
Port Lincoln
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Wollongong
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Canberra
Great Australian Bight
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Melbourne
Warrnambool
Geelong
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Bass Strait
Tasman Sea
Devonport
TASMANIA
Launceston
Hobart
Tasmania
INDIAN OCEAN
Australia
International boundary
State-level boundary
National capital
State-level capital
Railroad
Expressway
Road
0
500 Kilometers
0
500 Miles

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Geriatric Oncology In Queensland

Prof Alexandra (Sandie) McCarthy

- Prof of cancer Nursing at PAH
- Studying if CGA and cancer nurse-led intervention influences outcomes.

Collaborating with Ruth Hubbard

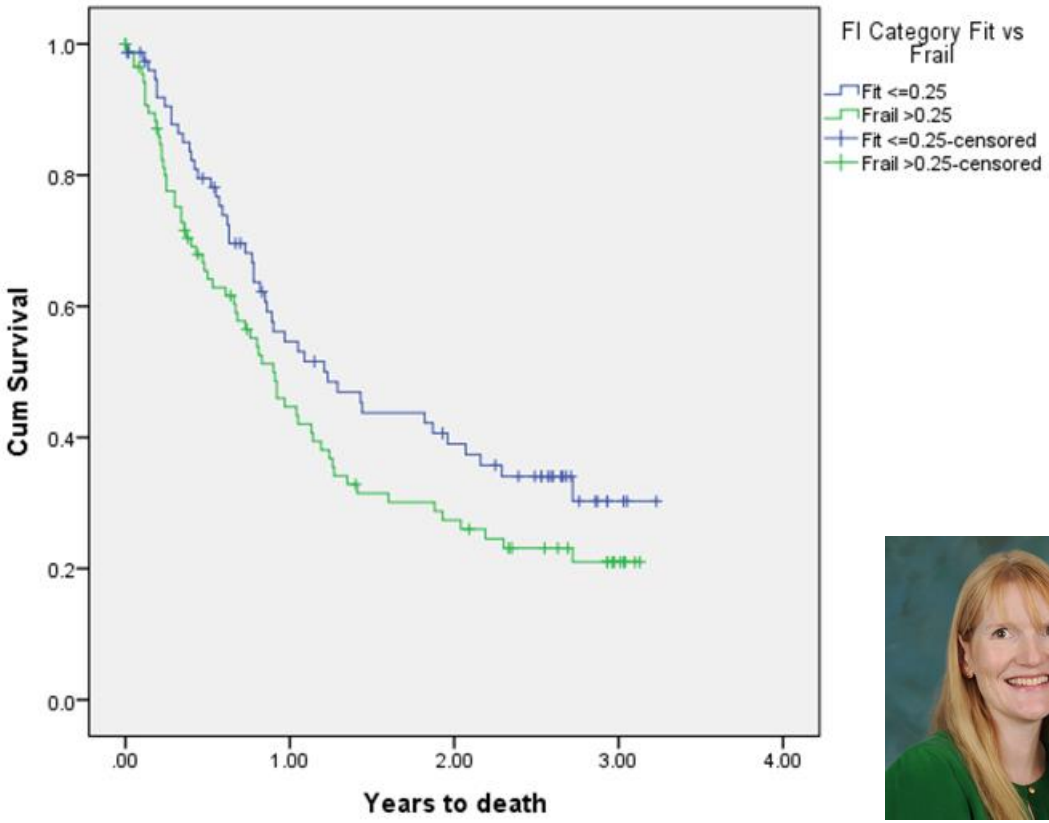
- From Prof Len Gray's group at UQ
  - InterRAI collaborative network
- Working to develop a frailty index based on the CGA in older adults with cancer.

Geriatric Oncology In Queensland

Collaborating with Ruth Hubbard

- Working to develop a frailty index based on the CGA in older adults with cancer.

- n = 175
- Frailty Index based on 42 data points from CGA.
- Higher FI significantly related to vulnerability (VES-13; p<0.001)
- Predictive of termination/no plan vs completion of treatment plan.
- Fit vs frail patients (FI≤0.25) shows a trend to better survival (p=0.053) in the fittest group.

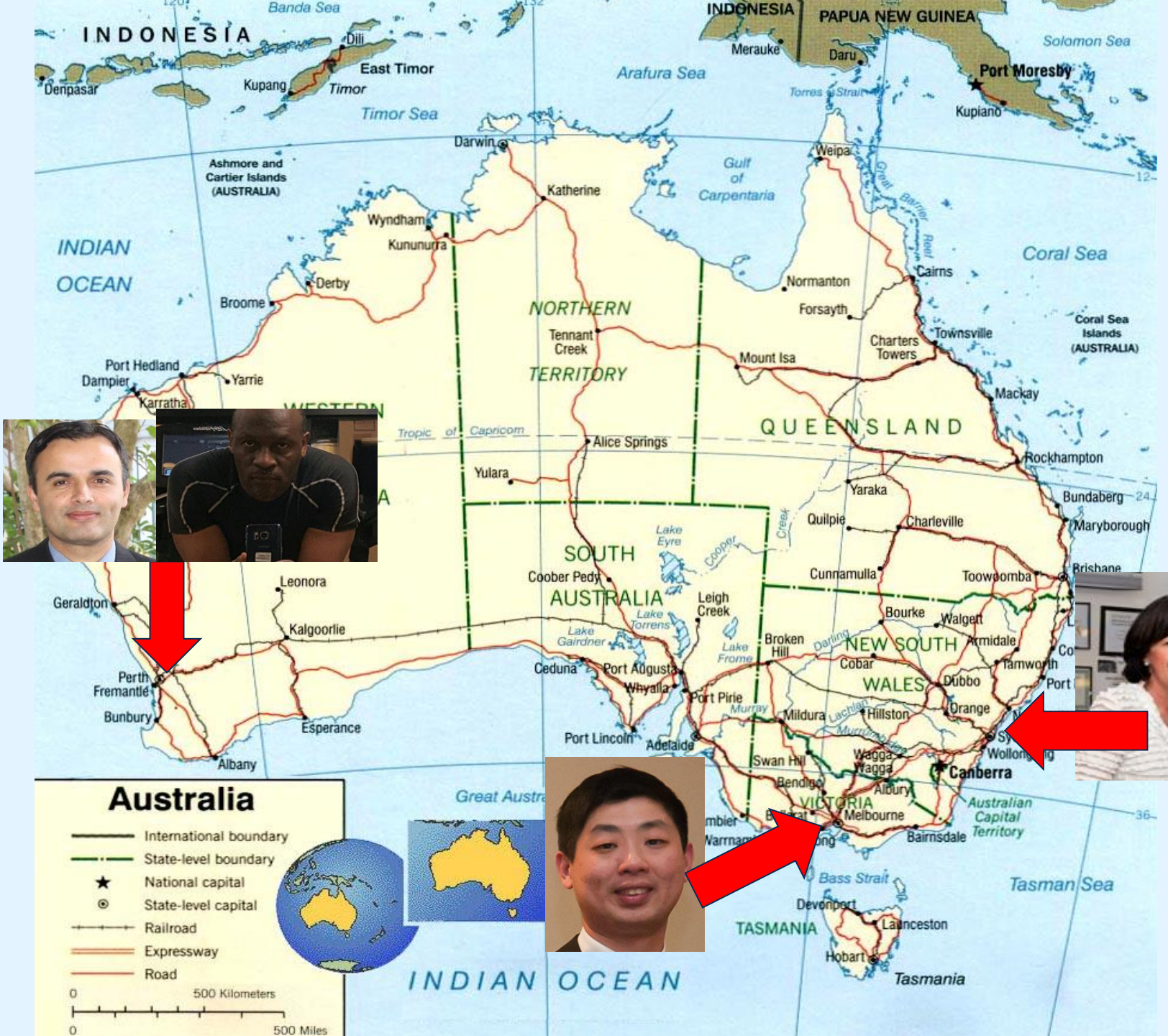


Geriatric Oncology In Queensland

Gold Coast Hospital "Over 80's clinic"

Dr Jasotha Sanmugarajah

- 2nd weekly multidisciplinary clinic for patients over 80
- Nurse perfoms screening test day prior.
- Patient sees nurse, oncology registrar and pharmacist +/- dietician
- MDT discussion - team includes- Clinical Nurse Consultant, Geriatrician, 2 oncologists, Pharmacist and Oncology registrar.
- Oncologist then discusses MDT results treatments /outcome/plan discussed with patients
- Patient is then followed up at their usual clinic.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Bourke
Walgett
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Lake Gairdner
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Devonport
Launceston
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Tasmania
INDIAN OCEAN
Australia
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Railroad
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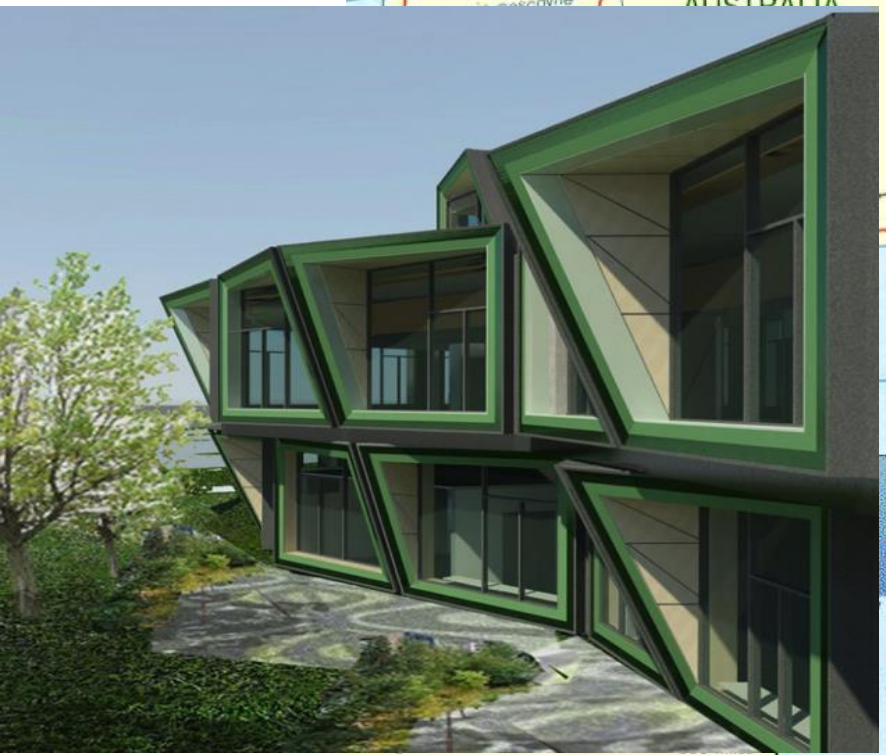
Albury Wodonga Regional Cancer Centre



Geriatric oncology – existing service framework

- Border Medical Oncology in Albury-Wodonga.
  - Regional centre with no access to state-funded oncology outpatient services.
  - Most patients access care in oncology private rooms and pay copayments at the oncologists' discretion.

Wide range of community aged care services exist – mostly funded by federal government.

Limited need for inpatient geriatric services for oncology patients.

Utilising existing community-based supportive care and aged care resources for older patients with cancer.

Updated results of the Care Coordination in the Older Adult with Cancer (CCOAC) project.

C.B. Steer[1], PL Chia[1] J. O'Connor[2], C. Underhill[1], J. Donnelly[1], R. Myers[2], R. Eek[1], K. Clarke[1], C. Packer[2]

[1]Border Medical Oncology, [2]Hume Regional Integrated Cancer Service, Wodonga, Australia

SIOG 2012: J Geriatric Oncology Volume 3, S1 , Page S98, October 2012

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Conquering the Silo Mentality

Organised a meeting between aged care and oncology services

- Established lines of communication.

Supportive Care

"Monte Silo / Gigaplex Architects" 29 Oct 2008. ArchDaily. Accessed 19 Apr 2014. <http://www.archdaily.com/?p=8075>

Albury Wodonga CCOAC project

- Multidimensional CCOAC screening tool
  - based on tool developed by team at the Royal Adelaide Hospital.
- Steering committee formed comprising oncology and aged care providers, community health organisations and consumers.
- Development of a model tailored to local conditions and available resources.
- Employment of a geriatric oncology cancer care coordinator to perform screening and referrals

Methods #1: Screening vs Assessment

Screening is a brief process for *identifying the risk of* requiring supportive care services.

Assessment is a more in-depth process that *confirms the presence of supportive care needs.*

Methods #2a – The CCOAC Tool

The CCOAC tool is a composite of validated screening tools. It is self-administered and printed on yellow paper.

- Domains include:
  - IADL's*
  - medications
  - social supports
  - cognition
  - psychological state,
  - vision and hearing,
  - falls
  - weight loss
  - comorbidities
  - the distress thermometer
  - a pain scale
  - performance status
  - caregiver concerns

*Action research project - We removed basic ADL's after the initial stage as most patients were ambulatory

SIOG 2012: J Geriatric Oncology Volume 3, S1 , Page S98, October 2012

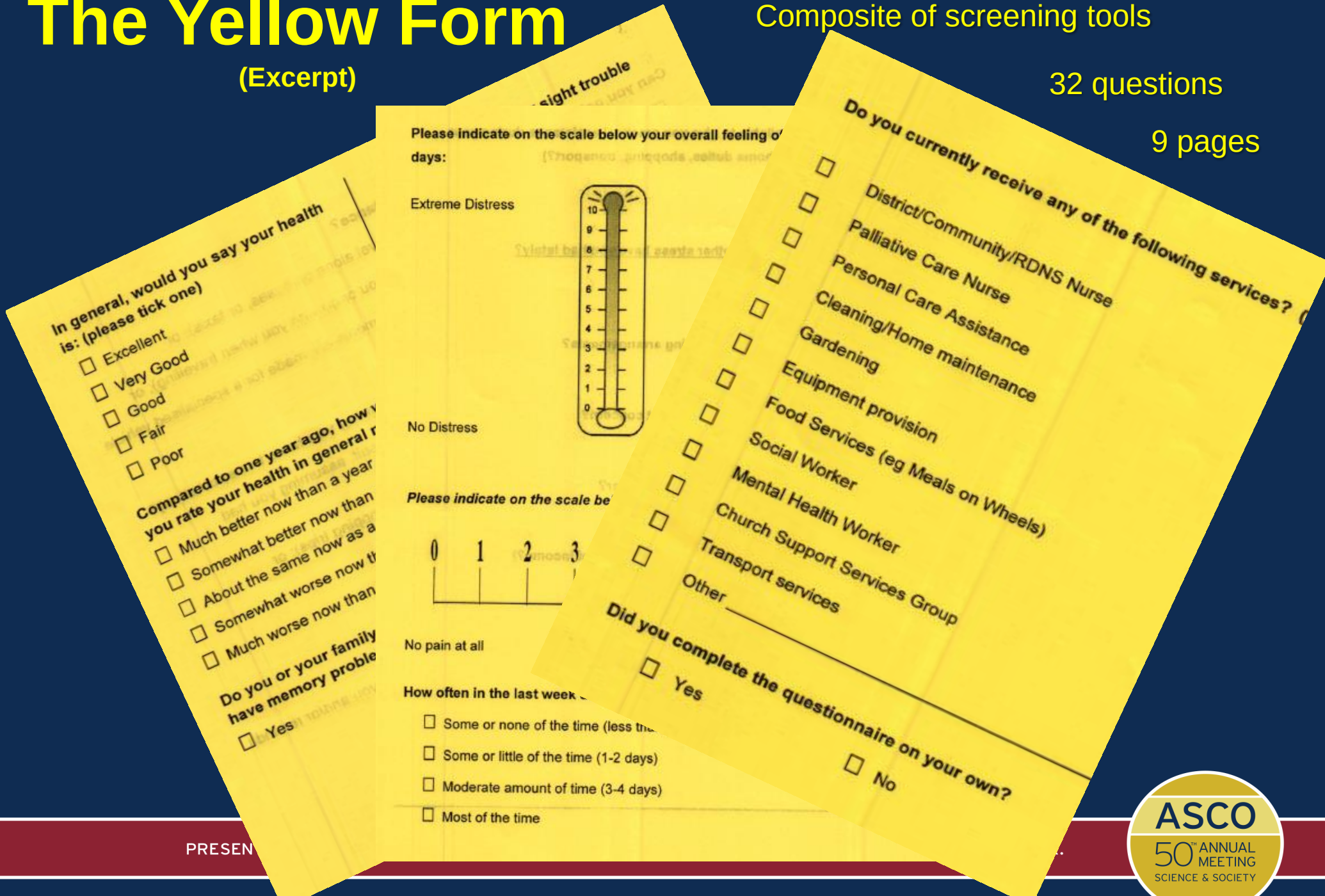
The Yellow Form

(Excerpt)

Composite of screening tools

32 questions

9 pages



Methods #2b – The CCOAC Tool

- The CCOAC tool was sent to all new patients over the age of 70 prior to their first appointment with an oncologist.

- The patient sent the tool in or brought it to the initial consultation with the oncologist.

- The care coordinator then phoned every patient to clarify supportive care needs and risks. The carer was also interviewed.


Cancer Care Coordinator
Yellow Form

Methods #3 – Model

- Referrals made to community-based services for further assessment and intervention.
- Referral services included
  - community aged care
  - community allied health
  - cancer care coordinators
  - palliative care
  - carer support agencies

VILLA MARIA

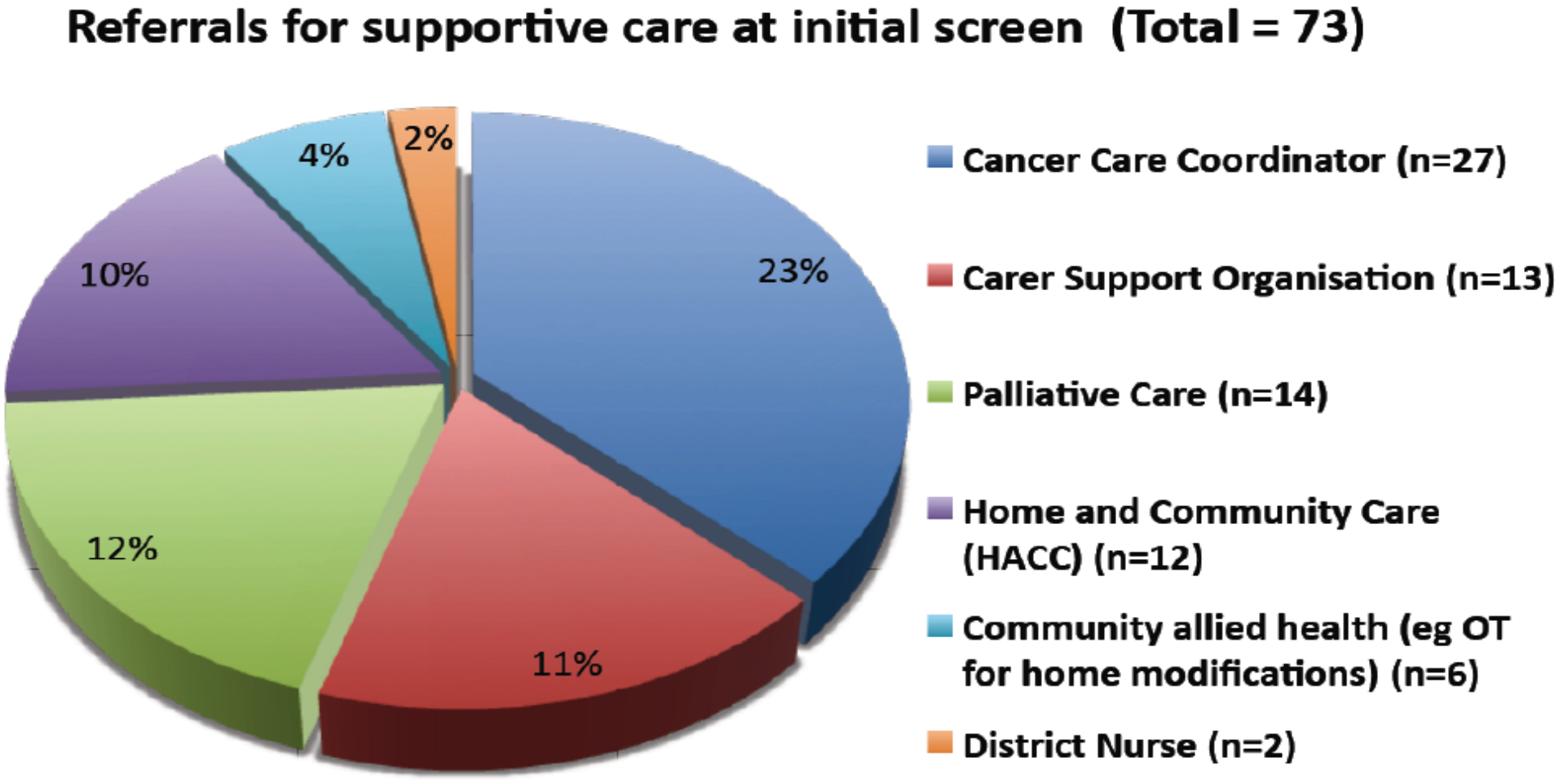
hacc
home and community care

- Where possible streamlined “eReferrals” were made using existing referral infrastructure.
- Some simple interventions were provided on the phone by the care coordinator e.g. practical information and reassurance.

PRESENTED AT:

ASCO 50TH ANNUAL MEETING SCIENCE & SOCIETY

Interventions – streamlined referrals to EXISTING services



Cost analysis

- Formal cost analysis was performed including all aspects of the process…
  - preparation, delivery, collection, analysis and interpretation of the supportive care screening tool by cancer care coordinator (assuming time taken = 20mins per patient)

- At $42.40 per patient, the process is relatively cheap.

Conclusions #2

- We found issues with health literacy
  - 49% patients unable to write down their diagnosis – a potential area for further study.

- Aspects of this pilot programme have been adopted into standard of care
  - all patients at our centre undergo supportive care screening and referrals are now made to existing services including aged care.
- "Older Adult" Cancer Care Coordinator is a key to success of the process.

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The SIOG 10 Priorities Initiative

Yunnan, China - © Image by S. Beck

Education and training

Main priorities for the development of geriatric oncology: A worldwide expert perspective

Martine Extermann, Matti Aapro, Riccardo Audisio, Lodovico Balducci, Jean-Pierre Droz, Christopher Steer, Hans Wildiers, Gilbert Zulian*

On behalf of the International Society of Geriatric Oncology (SIOG)

J Geriatric Oncology Vol 2 (4), 2011, 270-273

Main priorities for the development of geriatric oncology: A worldwide expert perspective

10 Priorities Initiative

Table 1 – Worldwide priorities to address cancer in the elderly.

SIOG 10 priorities initiative: general priorities

Education

1. Increase public awareness of the worldwide cancer in the elderly epidemic and the need for a specific approach to address the problem
   - Political institutions (Health ministries, international organizations)
   - Medical societies
   - Advocacy networks, media to develop a more positive image of older cancer patients
2. Integrate geriatric oncology in the curricula for medical and nursing education, both during studies and post-graduate education
3. Address the shortage of specialist oncologist/geriatricians and allied health staff in geriatric oncology.
   - Develop/support specific training programs
   - Increase/develop funding to foster academically oriented specialists able to address the populations not targeted by traditional oncology studies

Clinical practice

4. Develop interdisciplinary geriatric oncology clinics, especially in academic institutions and comprehensive cancer centers
5. Integrate geriatric evaluation (including comorbidities) into oncology decision-making and guidelines
6. Address issues of access to care, including the needs of the caregiver

Research

7. Develop, test, and disseminate easy screening tools to enable proper referrals to multidisciplinary cli
   approaches between oncologist and geriatricians
8. Create a clear and operational definition of vulnerability/frailty applicable to oncology
9. Increase the relevance of clinical trials for older patients:
   - Require large phase III trials to oversample older cancer patients in order reach a meaningful percen
     their analysis to provide results specific and pertinent to this population
   - Extend phase II and III trials to patients with high levels of comorbidity or functional impairment wi
     cohorts
   - Design specific trials for older cancer patients
10. Promote multidisciplinary, basic/translational research on the interface of aging and cancer.

- Education
- Clinical Practice
- Research

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