CARE AT THE CROSSROADS OF CANCER AND AGE:

OLDER PEOPLE WITH CANCER – A CANCER NURSE'S 'NEED TO KNOW'

CANCER NURSES SOCIETY OF AUSTRALIA
22nd Annual Congress Pre-congress Symposium

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Background

By 2040, 58% of Australians with a personal history of cancer will be aged 70 years or older[1]. With 67 years being the average age of a cancer diagnoses most cancer nurses care for older people. The reason is that age is a major risk factor for cancer.

Older people with cancer are a large, diverse and growing group. The nationally endorsed Optimal Care Pathways describe the group as one of special needs. Their cancer treatment can be complex due to multiple considerations.

An interdisciplinary approach is recommended to improve care for older people with cancer[3]. However, nurses as key members of that team often spend more time with older people. Education is seen as one important way to prepare nurses for the increase in older people with cancer[3].

The Cancer Nurses Society of Australia (CNSA) State Group committee identified the need to prioritise awareness of the older person with cancer for cancer nurses. In conjunction with the Palliative Care Nurses Special Interest Group, an education evening was held on Thursday July 19 2018 in East Melbourne.

Elevation of the issue at a national level at the CNSA Annual Congress was identified. As a theme, 'The Complexity of Cancer Care' was appropriate. Funding from the Victorian Integrated Cancer Services (VICS), and a successful submission, provided the opportunity to present a pre-congress symposium.

Nearly 50 participants from every state and territory in Australia and representatives from New Zealand attended the symposium on Thursday June 20 2019 at the Melbourne Convention and Exhibition Centre.

The program design

To highlight this dynamic and emerging sub-specialty the symposium aimed to

- improve attendees' knowledge of the older person with cancer from the lived experience and the medical oncology, pharmacological and nursing perspectives.
- present local and international current practice examples
- identify geriatric assessment tools in current use
- encourage group discussion on potential identification of simple measures to improve nursing and supportive care for older people

The prescribed timeframe of the program divided the content into three parts: expert content, rapid-fire current practice examples and group discussion.

Presenters were from metropolitan and regional areas to reflect that knowledge and skill is available statewide.

Segment 1: expert content.

Taking an interdisciplinary approach to the program this segment highlighted issues from the lived experience, geriatric-oncology, pharmacology and nursing.

Sue Bartlett, as Chair of the CNSA Victorian State Group, introduced the day and keynote speakers. Sue has broad experience in direct patient treatment and care, and in project work. Her project on development of an immunotherapy alert card has been well received across the state of Victoria and implemented in several health services.

Marilyn Dolling, a well-known and respected consumer advocate, titled her presentation as 'Entering the patient space of the aging cancer patient & changing the atmosphere! A cancer nurses need to know'. Her theme of using the interaction between patient and nurse as an opportunity to learn from patient experience and see how it can make a difference. Its shifts the atmosphere. Marilyn also provided examples of co-design projects she has been involved with and presented personal stories of older people with cancer. Three quotes used resonated with the theme of the day: 'We can all choose to be atmosphere changers' from Joanna Gaines, 'To all oncology providers.." Most importantly though, I want you to know that you matter. That the work you are doing day in and day out is changing the lives of people, many who have a ticking clock over the heads on how long they have left of this earth"' and FINE. FINE that often used response to 'How are you?' is presented as an acronym: Yes, I'm FINE – FREAKED OUT, INSECURE, NERVOUS, EMOTIONAL (See page 7).

Mrs Sue Bartlett
CNSA State Group Chair

Mrs Marilyn Dolling
Lived Experience Chair Cancer Action Victoria

Dr Claire Maddison
Geriatric Oncologist

Dr Snezana Kusljic
Senior Lecturer

Ms Jude Bulten
Older Persons Nurse Practitioner

Dr Claire Maddison, a geriatric-oncologist from the University of Melbourne, provided an overview of the ageing population and its relation to cancer incidence due to increasing numbers. Issues also presented were that basing cancer treatment on age alone may expose older people to over- or under-treatment and that older people are under-represented in clinical trials.

Of note was that older people are should not be viewed as just older adults due to decreased physiological reserve, more multi-morbidity and polypharmacy, impaired function status, complex social issues and variable nutrition.

Research on several geriatric assessment (GA) studies was presented that demonstrated that it detected previously unknown problems in 51-70% of those screened. GA detected impaired functional status (20-88%), fatigue, comorbidities, cognitive problems (over 20%), depression, nutrition problems and presence of geriatric syndromes (20-64%).

Lessons from ortho-geriatrics on the application of comprehensive geriatric assessment (CGA) could be applied to oncology. It has an excellent rebate and improves access to the increasing number of geriatricians. Treating oncology toxicities is expensive and research has demonstrated that CGA can change treatment decisions either for more intensive or less intensive treatment.

Dr Maddison concluded with an overview of the COOPERATE study. **C**ancer **O**utcomes in **O**lder **P**eople – **E**ngaging in **R**esearch **A**nd **T**ranslating **E**vidence aims to accurately phenotype older patients with advanced lung cancer using pre-specified, validated screening and assessment tool and to prospectively and systematically assess the utility of CGA and associated interventions in older patients with advanced lung cancer.

Dr Snezana Kusljic, Senior Lecturer, Melbourne School of Health Sciences presented on 'Pharmacology and the older person'. Polypharmacy, pharmacokinetics and pharmacodynamics framed the information. One in five older Australians are receiving > 10 prescription and/or over-the-counter medications. Polypharmacy can be appropriate (benefits outweigh potential harms) or

inappropriate (harms outweigh benefits). Irrational polypharmacy includes medication duplication, lack of regular medication review, lack of review for the effectiveness of newly prescribed medication, and the prescribing cascade as a treatment of adverse effects. Rational polypharmacy includes combination therapy of ≥ 2 medication in low doses for better efficacy, using medications that target different pathophysiological aspect of a disease and using medications approved for multiple comorbid states. Recommendations include thinking about 'Is the drug necessary?' and 'Are there non-pharmacological options?'. Other considerations are the choice of drug and what dose to be used, examining pharmacokinetics and pharmacodynamics and considering the age, frailty and multi-morbidity of the person.

Jude Bulten, Older Persons Nurse Practitioner, discussed the physiology of aging, co-morbidities in aging, understanding the Geriatric Giants/Syndromes with a particular focus on frailty, comprehensive geriatric assessment, screening tools for older people and a case study.

Physiological changes and impacts of aging in the pulmonary, renal, gastro-intestinal and central venous systems were outlined. This linked to 'older people are not just adults who are older' in Dr Maddison's presentation.

Geriatric Giants/syndromes highlight major themes associated with aging. These include incontinence, immobility, instability (falls), impaired intellect/memory, frailty, sarcopenia, anorexia of aging, depression and delirium, cognitive impairment, osteosarcopenia, and abuse and neglect. Frailty is a complex syndrome of increased vulnerability and decreased functional reserve that is associated with the aging process, chronic conditions and modulated by life events, social and psychological issues.

Functional status is one of the strongest predictors of overall survival in the older cancer population. Therefore, geriatric screening tools such as the Geriatric 8, the Vulnerable Elders Survey and the Triage Risk Screening Tool can be used to identify if a patient may require a fuller comprehensive geriatric assessment (CGA).

Comprehensive geriatric assessment reveals age-related problems that are not typically identified in a routine history and physical examination in cancer care. It can predict the potential for adverse outcomes of cancer treatment for example, toxicity, functional or cognitive decline and post-operative complications. CGA is a multidimensional and interdisciplinary process and covers assessment of functional status, comorbid medical conditions, nutritional status, cognitive function, psychological state, social support and medications.

A case scenario demonstrated how proper assessment and working with the patient improved the patient's condition and utilised community resources so that the patient could move back home.

Working with the older patient and carers involves some key questions. 'What do you know about your health and what might happen to you in the future?' and 'What matters most to you – what are you worried about, what concerns you the most?' were some. 'I am glad you are feeling so much better and I hope you stay that way but I am worried you may become unwell again – can we discuss this further?' and ensuring that the older person has a support person are also important.

Jude's presentation was interspersed with delightful photos of older people in Europe in age-friendly communities.

Segment 2: rapid-fire current practice examples from Victoria and overseas

To start this segment, Dr Christopher Steer from Border Medical Oncology in Albury explained the value of supportive care in a video presentation recorded at the 2018 International Society of Geriatric Oncology Conference. His consistent theme of 'Adequate assessment yields Appropriate Management' describes that improved communication and provision of supportive care to better suits older people's needs are key elements of appropriate care.

Each participant completed a short professional challenge quiz based on quality aspects of care of the older person. The results were variable across domains. Reassuringly, the majority of respondents identified that a multidisciplinary approach is utilised in 86% of cases (52% 'yes' and 34% in part). Engagement of geriatric specialists (65% 'no'), use of aged care specific screening or assessment tools (51% 'no') and access to geriatric oncology training (76% 'no') responses indicate where some improvements can be made. Results are in Appendix 2.

Building on the themes from the keynote presenters, this segment demonstrated some examples of activity occurring in regional and metropolitan Victoria. They demonstrate potential models of care for application. Nurses have a vital role within the projects 2 to 5. Working with the patient and use of a screening tool was evident in all of these. Projects 2, 3 and 5 were all funded through the Victorian Cancer Survivorship Program.

Current practice example	Project location
1. The Older and Wiser project is using co-design to create an easy to navigate online resource for older people with cancer. It will use accessible language for use on any device.	The University of Melbourne Melbourne
2. 'The Yellow Form': a self-reported supportive care screening tool.	Wimmera Health Care Group Horsham
3. Addressing survivorship needs of an elderly population with cancer.	Peninsula Health Frankston
4. Monash Health Geriatric Oncology Clinic: improving care for older persons with cancer.	Monash Health Dandenong
5. Individualised cancer rehabilitation with pathways for optimising services for older people in a rural setting.	Castlemaine Health Castlemaine

Project 1 demonstrates the value of co-design to achieve resources of value to the patient, family and cancer system. The 'See me, Know me' video produced by Meaningful Aging started the presentation. Cath Devereux shared some patient experience data from Phase 1 of the project and shared some ideas of what the resource should do.

Tracey Daffy, in Project 2, described how using a specific patient-completed screening tool identifies both cancer and geriatric problems. She also stressed that clinical judgement sits alongside the results of the screening tool in order for the cancer care team to provide appropriate supportive care. As the tool is only available in hard copy, the current 2-week timeframe from posting to receiving is a barrier to presenting the cases at the 2nd weekly supportive care multidisciplinary meeting.

Project 3, with Sandra Maciver presenting, acknowledged that the complexity of post-treatment care increases as people get older. Collaboration between the Peninsula Health medical oncology and geriatric medicine departments, and community and primary care providers sought to improve communication between services. Learnings about what did and did not work, and how to improve were shared. These are useful for participants considering an implementation project.

Tracey Bucki provided an overview of the comprehensive geriatric assessment components used at the Dandenong campus of Monash Health. The medical oncologist and geriatrician discuss appropriate patients with a planned process. The project has been well received by patients, carers and providers. The proactive approach to identify vulnerability has been a key learning. Key messages are to begin using basic tools in routine practice, and if self-rated health is poor or fair look out for recent falls, lack of a carer, the ability to walk around the block, and anticipate hidden vulnerabilities and refer early.

Project 5 from regional Castlemaine Health demonstrated the model of care designed to offer comprehensive, coordinated and tailored interventions to address the range of problems faced by cancer survivors. Carer support needs are also assessed and responded to. Julie Symons described the pathway for review at the Older Persons Nurse Practitioner clinic. It is worth noting that the health service does not provide any form of cancer treatment. Data is still to be analysed.

The final presentation was from an international perspective. The Cancer and Aging Research Group (CARG) in the USA are in the fourth, and final, year of an R25 grant. The specific aims are to develop a comprehensive geriatric oncology curriculum for nurses, to implement this curriculum with national workshops for competitively selected nurses nationwide, to evaluate the effectiveness of the curriculum, to evaluate the impact by measuring the progress and outcomes of workshop activities and to disseminate the finding from these conferences.

Two nursing members of CARG provided short videos for participants to consider ‘why geriatric oncology?’ and how to design a SMART goal and implement the use of age-specific assessments.

Peggy Burhenn spoke of the need for cancer nurses to study gerontology. Gerontology provides new knowledge to improve outcomes for older adults with cancer. The R25 grant, as described by Peggy, has demonstrated that oncology nurses gain knowledge and can implement that knowledge back in their health service. The conference attendees identify three implementation goals to work towards in their own health service.

Carolina Uranga provided a SMART functional status example, ‘We will screen 20 lung cancer patients for functional status with the Lawton IADL/Katz ADL/nutrition scale by October 2019’. Practical advice on how to implement the activity and the structures and resources required was provided within Carolina’s presentation. Her recommendation is that once this is completed then share the knowledge. Each can be viewed in the links provided below.

Peggy Burhenn <click name link to listen> Carolina Uranga

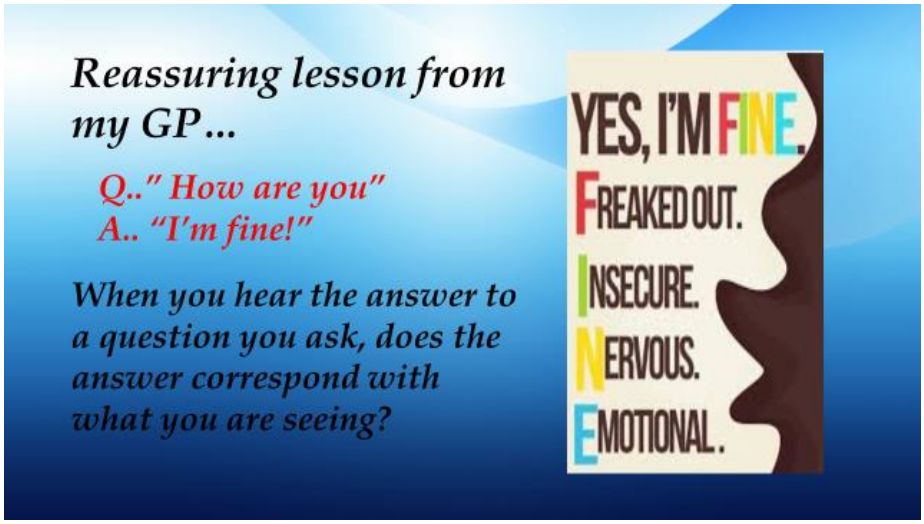
The Wimmera Health Care Group and Grampians Integrated Cancer Service project is reporting into the final year of the CARG project.

Finally, a short panel session discussed the use of information and communication technology by older people, the need for awareness of community services and discussions on how to activate nurses through working with and alongside them to improve care for older adults with cancer.

Segment 3: group activity

Participants provided input into the key messages of the day and posted on butchers paper. These were grouped into themes: assessment, patient-centred care, the older person, pharmacology, FINE and general comments. A summary of all sticky note feedback is provided in Appendix 1.

FINE, presented by Marilyn Dolling, hit a chord with participants. It was also referred to in a plenary session the next day at the conference. The FINE slide below is from Marilyn's presentation.



Continuing the CARG SMART goal theme a workshop to practice a SMART goal definition was the final segment. Background information to developing a SMART goal was shown for participants to

consider. Examples such as 1. understand the unit's current state (for example, how many people aged 70 and over are treated in your unit, what types of most care are most prevalent, does your unit currently have some aspects of geriatric assessment such as falls or malnutrition); 2. who in management should you discuss this with; and 3. discuss the benefits to patients and the health service were shared. This segment would have benefited from a longer session to make it more effective.

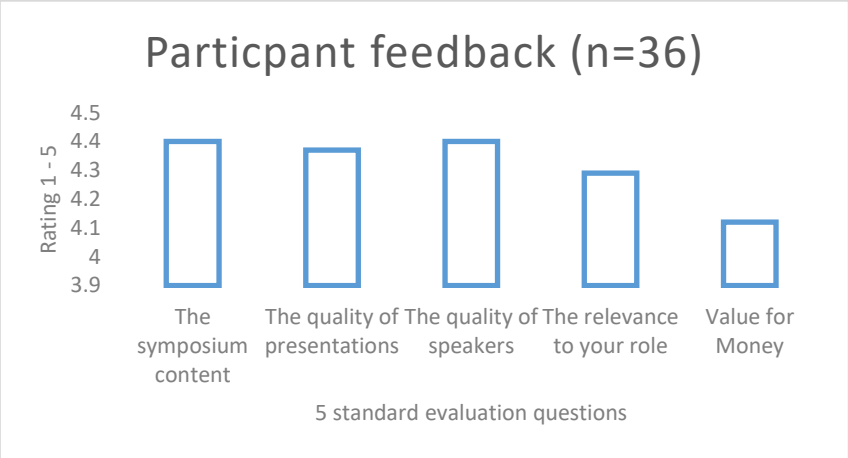
Resources provided to attendees

Prior to the symposium attendees received

- the Clinical Journal of Oncology Nursing December 2018 6 article supplement on Geriatric Oncology. Permission for use was requested from and granted by the Oncology Nursing Society.
- A resource list of readily-available material (Appendix 3)
- A list of sample implementation goals from CARG (Appendix 4)

Participant evaluation

Standard CNSA evaluation was used via the CNSA conference app. A likert scale is used as demonstrated below.



Written comments covered a full range of responses, mostly favourable, and indicate possible new directions for education development in the future.

Conclusion

Key themes such as working with older people to establish what matters most to them, using appropriate cancer and geriatric assessment/screening tools to identify needs, being aware of carer concerns and the value of an interdisciplinary team were all consistent throughout the day.

Nurses have the capacity to improve care of older people with cancer. The CARG project interim results indicate this. CARG are a collaborative multidisciplinary group whose members mentor and guide improvements in care of the older person with cancer field.

Informal discussion with some symposium attendees and CNSA office bearers indicated that further activity is required to progress improving care for older people with cancer.

Acknowledgements

Thank you to Joanne Gell, Grampians Integrated Cancer Service Strategic Director for collaborating with all other supporting Integrated Cancer Services to fund this symposium.

Thank you to all presenters for their enthusiastic involvement in the symposium. They all collaborated to great effect and made the organisation of the day as easy as possible.

Specifically, I would like to acknowledge Marilyn Dolling's contribution. Her presentation time was not sufficient for her important message to be heard. Marilyn joined us for the entire program.

Peggy Burhenn and Carolina Uranga from CARG willingly embraced the provision of their recorded segments to add great value to the program.

Kate Millar and Michelle Stewart at ChilliFox Events enabled the symposium to be professional and well resourced.

References

1. https://www.cancer.org.au/content/pdf/News/MediaReleases/2018/Prevalence%20in%202040_FINAL.PDF
2. Optimal Care Pathways
3. Leak-Bryant, A. *Interprofessional Approach In Gero-Oncology*. Clinical Journal of Oncology Nursing. Supplement December 2018 Vol 22, No. 6.
4. Katz Activities of Daily Living https://consultgeri.org/try-this/general-assessment/issue-23
5. Lawton Instrumental Activities of Daily Living https://consultgeri.org/try-this/general-assessment/issue-23

Appendix 1: Group activity feedback

What are some key messages from today – transferred from sticky notes.

Theme & response	Theme & response
Assessment	**Patient-centred care**
CGA (Comprehensive Geriatric Assessment) – multiple assessment tools	Make the older person at the centre
CGA!	Listen to the patient
Importance of age-specific assessment and implementation	See the whole person – not just the cancer
Benefits of good geriatric assessment to individualise care	Patient directed care paramount
Focussing on assessment and outcomes – supportive care	Look at the whole person
Assessments - What does the older person want? Multidisciplinary supports	**FINE (Freaked-out, Insecure, Nervous, Emotional)**
Geriatric assessment is important	FINE!
Incorporating assessments into practice is possible.	The FINE acronym from this morning
Start small with assessment	**Implementation**
Early dedicated assessment tool	Implement appropriate referrals
Use of already existing tools	Implementing what we've learned
Strong indicator they need geriatric assessment	Just start with something
Many tools available	Don't give up – share knowledge
CGA – will attempt to implement	Inspire colleagues through modelling
The importance of a comprehensive assessment	Take 2 things home from conference and practice
The importance of appropriate CGA	**Supportive care**
Geriatric Assessment tools vary	The importance of supportive care
Adopting general assessment tools to screen for cancer treatment outcomes	Holistic look at family as well
Assess pain management	**General comments**
Older adults	? adding geriatric assessment to OCPs
Older adults are not just adults who are older (eg paeds are not small adults)	Major cities don't know how lucky they are having so many resources
Chronological and physiological age may not be comparative	Are we ready for the tidal wave of older people with cancer?
Age does not determine if you are elderly	Overview of research
The need for this population to be included in clinical trials	Education for nursing staff and doctors' buy-in
Not to correlate chronological age with biological age	Judgement and contact
Pharmacology	Forms shouldn't do away with clinical
Pharmacology and the elderly	
Are we under/overdosing due to poor assessment	

Appendix 2: A professional challenge quiz

This quiz is sourced from the eviQ Education Geriatric Oncology Course

Questions	Yes	In part	No
Q1. Geriatric specialists are engaged as an active part of the cancer team	2%	33%	65%
Q2. A multidisciplinary approach is used for all patients	52%	34%	14%
Q3. Aged care specific tools for screening and assessment are used	21%	28%	51%
Q4. Optimal treatment strategies are based on individual comprehensive geriatric assessments and the values and priorities of the patient	16%	41%	43%
Q5. Services and clear referral pathway are used to address identified needs	48%	45%	7%
Q6. Effective communication strategies are used to facilitate coordinated and informed decision making	45%	50%	5%
Q7. Geriatric oncology training is available for staff	5%	19%	76%

Appendix 3: Resource list

Resources for care of the older person with cancer

Association of Community Cancer Centres

- https://www.accc-cancer.org/ offers a 6-part webinar series on 'Multidisciplinary Approaches to Caring for Geriatric Patients with Cancer. The resource page is also worth exploring.
- Go to LogIn and register
- Webinar series https://www.accc-cancer.org/projects/geriatric-patients-with-cancer/overview
- Resources https://www.accc-cancer.org/projects/geriatric-patients-with-cancer/resources

The Hartford Institute for Geriatric Nursing

- Consultgeri has a 'Try this' series https://consultgeri.org/try-this/general-assessment
  - Katz IADL https://consultgeri.org/try-this/general-assessment/issue-2
  - Lawton ADL https://consultgeri.org/try-this/general-assessment/issue-23
  - Frailty Index https://consultgeri.org/try-this/general-assessment/issue-34

Journal of Clinical Oncology

- Practical assessment and management of vulnerabilities in older patients receiving chemotherapy: ASCO guideline for geriatric oncology https://ascopubs.org/doi/pdf/10.1200/JCO.2018.78.8687

Cancer and Aging Research Group

- http://www.mycarg.org/

International Society of Geriatric Oncology

- http://siog.org/

COSA Geriatric Oncology group

- https://www.cosa.org.au/groups/geriatric-oncology/about/

eviQ Geriatric Oncology online education module

- https://education.eviq.org.au/courses/geriatric-oncology

Institute for Healthcare Improvement Age-Friendly Health Systems

- http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx

Prepared for 'Care at the crossroads of cancer and age. Older people with cancer – a cancer nurses 'need to know'.

Cancer Nurses Society of Australia, 22nd Annual Congress, Melbourne. Pre-congress symposium, June 20, 2019.
Prepared by: Lea Marshall, Grampians Integrated Cancer Service, lea.marshall@bhs.org.au

Appendix 4: Sample Implementation Goals

VICS
Victorian Integrated Cancer Services

Sample Implementation Goals: from Cancer and Aging Research Group

Goals may reflect the utilization of nursing sensitive indicators that the institution is already measuring. In all these examples a time frame for completion would also be included. Goals are scalable to the institution's needs and resources available.

1. *Add geriatric assessment parameters to admission assessment, such as measures of function, nutrition, cognition, social support, comorbidity, and psychological state.*
2. *Utilize a chemotherapy toxicity predictive model in new patients over 70 years of age who are anticipated to receive chemotherapy.*
3. *Develop an interdisciplinary team to review cases of oncology patients 75 years of age and older to determine geriatric needs or resources which could be offered (example: rehab, nutrition, pharmacy, supportive care, etc.).*
4. *Pilot the use of a short geriatric assessment for patients 70 years of age and older in a particular practice and determine further referrals that might be needed.*
5. *Perform a Timed-Up-and-Go (TUG) upon inpatient admission to assess functional status and fall risk.*
6. *Implement the use of a pain assessment scale (such as PAINAID) for patients with dementia at our institution.*
7. *Develop a polypharmacy review program in which inpatients over 70 years of age with more than 5 medications receives a pharmacist review of medications for interactions, duplication, and appropriateness for use in older adults (using the Beers Criteria).*
8. *Perform a preoperative assessment in patients 70 years of age and older to evaluate physical function and cognition prior to surgery to predict the risk for postoperative delirium, morbidity, and mortality by using a clock drawing test (mini-COG) and a TUG.*
9. *Hospitalized patients age 65 and older with a Body Mass Index (BMI) of 20 or below will have an Mini-Nutritional Assessment (MNA) performed and nutrition consult prior to discharge.*
10. *Develop a list of community-based geriatric resources for patients based on areas of need.*
11. *Disseminate knowledge of geriatric assessment in a series of educational presentations to staff nurses on a quarterly basis.*
12. *Track National Database of Nursing Quality Indicators data in patients age 65 and over to monitor rates of catheter-associated urinary tract infections and falls in the older population. Develop plans for impacting rates through education of staff and monitor rates pre- and post-education.*

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