



2018

28-30 JUNE
VIENNA, AUSTRIA

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ANNUAL MEETING ON SUPPORTIVE CARE IN CANCER



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Falls in older patients with cancer: Impact on treatment, fall assessment and reporting



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Faculty Disclosure

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|-------------------------------------|-------------------------|
| <input checked="" type="checkbox"/> | No, nothing to disclose |
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Background

- Falls are a major issue among older adults
- Falls in older patients with cancer are of added concern due to cancer and its treatments
- With aging of population and increasing of older patients, oncology teams will be increasingly confronted with issues related to falls
- A recent systematic review found major gaps in knowledge regarding impact of falls on cancer treatment in older patients with cancer

Sattar et al., (2016); Klepin (2015); CDC (2014)



Methods

- A cross-sectional, mixed-methods study using convergent parallel design
- Data collection included:
 - Patient self-reported survey with embedded open-ended interview
 - Chart review
 - Oncologist interview
- Sample Size: 100
- Community-dwelling; age ≥ 65 ; experienced at least one fall in the past 12 months; no significant cognitive impairment



Results: Impact of falls on cancer treatment



- Five patients (5%) experienced impact on cancer treatment
 - Interruption of treatment n=3 (3%)
 - Stopping of treatment n=1 (1%)
 - Dose reduction n=1 (1%)
- Discrepancy noted between chart review and patient survey
- The 5 cases of impacted treatment involved 4 oncologists
 - Only 2 oncologists participated in interviews
- Patients' falls led to interruptions in treatments; however, the subsequent impact/effect on the patients' disease trajectory and prognosis was judged to be minimal



Results: Reporting falls to oncologists

Patient survey: 72 out of 168 falls (43%) were not reported to oncologists.

Results from qualitative interview shows **Perception of Falls** is a common theme

- Minor incidents; no need to 'make a big deal about'
- Not the cancer specialist's job to hear about falls

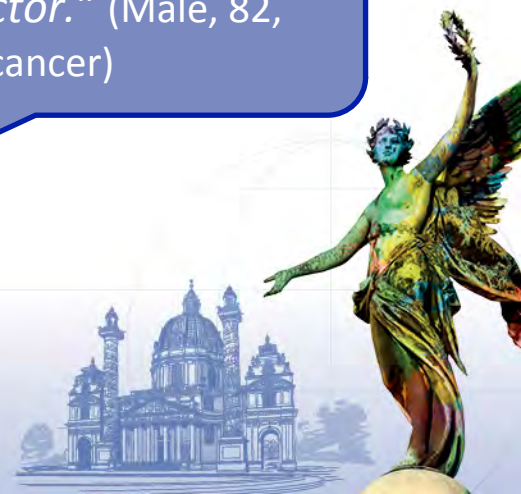
"He's a cancer doctor, not a fall doctor." (Male, 82, prostate cancer)



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Results: How falls are assessed and managed



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- 13/14 (93%) oncologists don't routinely ask about falls
- Corroborated by chart review:
 - Only 11% of participants' charts had documentation of assessment of falls
 - Out of the 72 falls reported to oncologists by patients, only 46 (64%) were documented on their chart
- Key themes: Necessity and feasibility; patients not forthcoming in reporting and downplaying falls
- However, when a falls is reported:
 - 37 (56%) asking circumstances of falls.
 - 10 (15%) performing physical examination
 - 9 (14%) making referrals

"The issue is having the time to ask about so many different possible symptoms." (Oncologist X)

"They often minimize it." (Oncologist Y)

"They wouldn't report it unless we ask." (Oncologist X)





Conclusion

- Falls.....
 - were not commonly reported by older cancer patients to their oncologists
 - were rarely assessed by oncologists
 - could potentially impact older patients' cancer treatment regimens
- Many reported falls were not documented
- Older patients often did not see their family physicians regularly or had not visited their family physician since their cancer diagnoses



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Implications for clinical practice

- Ask about falls at each appointment
- Consider OT, PT referrals as appropriate
- Health teachings
 - Encourage patients to report falls
 - Exercise promotion
- Be mindful of language when approaching patients about falls
- Simple tests can be administered in waiting rooms that help identify people at higher risk of falls

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