Cancer Survivorship Across the Life Cycle:

#GeriOnc

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MASCC/ISOO

Annual Meeting on Suppportive Care in Cancer

www.mascc.org/meeting

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MASCC
Multinational Association of Supportive Care in Cancer

ISOO
INTERNATIONAL SOCIETY of ORAL ONCOLOGY

#MASCC19

Conflict of Interest Disclosure

<First Name> <Last Name>, <Degree>

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Has no real or apparent conflicts of interest to report.

Survivorship for Older Adults: Marrying Supportive Care and Geriatrics

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Magnitude of the Demographic Challenge

- By 2030: 20% of US population will be 65+
- By 2050: 19 million people in US will be 85+
- By 2030: 2/3's of US cancer survivors will be 65+

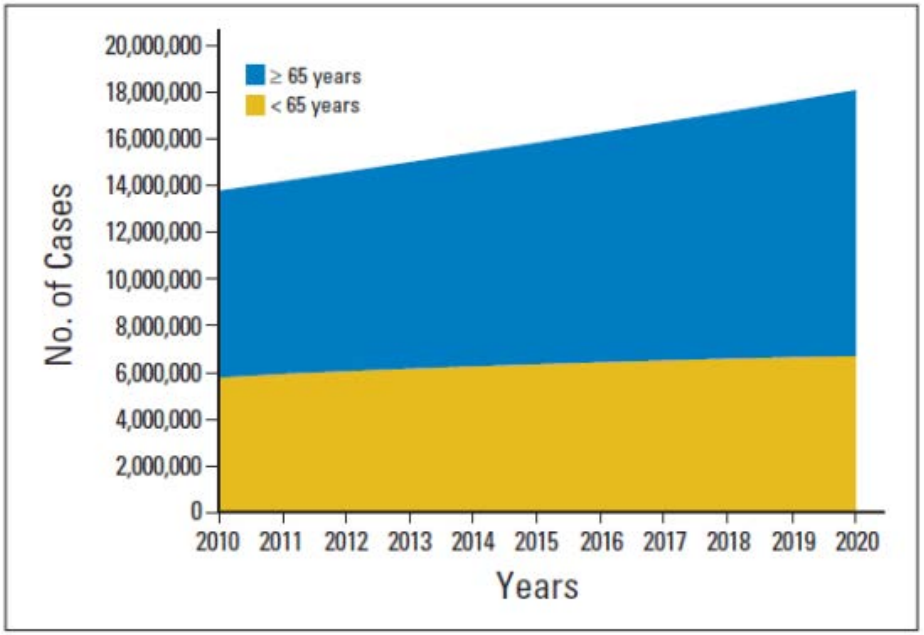

Fig 1. Estimated number of persons with history of cancer from 1971 to 2008, by age group, projected through the year 2030. Data adapted.[1]

Rowland & Belizzi, JCO, 2014

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Survivorship Treatment Summaries & Care Plans

Table 1. Treatment Summary Elements

Element
Diagnostic tests performed and results
Tumor characteristics (eg, site, stage and grade, hormone receptor status, marker information)
Dates of treatment initiation and completion
Surgery, chemotherapy, radiotherapy, transplantation, hormonal therapy, genetic therapy, or other therapies provided, including agents used, treatment regimens, total dosage, identifying No. and title of clinical trials (if any), indicators of treatment response, and toxicities experienced during treatment
Psychosocial, nutritional, and other supportive services provided
Full contact information for treating institutions and key individual providers

NOTE. Data adapted.[24]

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Considerations for Older Adults

Table 1 – Geriatric-specific recommendations for survivorship care plan.

Components of a survivorship care plan	Geriatric-specific recommendations
Overall plan document	• Font size throughout care plan should be at least 14, use dark lettering against a light background
General information • Patient demographics • Provider information	• Multiple modes of delivery (paper, electronic, e-mail) • Deliver to patient and all members of the inter-professional team
Treatment summary • Diagnosis: pathology, date diagnosed, stage • Treatment completed, includingsurgery, radiation, and chemotherapy • Ongoing cancer treatment (i.e., hormonal therapy for breast cancer)	• This information should be listed in a simplistic manor • Include any residual toxicities from treatment • Discussion of possible side effects from ongoing cancer treatment
Medical comorbidities	• List medical comorbidities and address who is responsible for managing each comorbidity during survivorship.
Medications	• Polypharmacy assessment
Geriatric syndromes assessment	• Physical function, falls, nutrition, cognition, mental health, social support
Follow-up care plan • Possible late and long-term effects • Symptoms to report to provider • Schedule of clinical visits (including test to be done, provider to coordinate, when and how often)	• Build inter-professional team around assessment of patient's needs • Set goals for team • Track progress • Identify when needs change • Include caregiver or other relevant family, friends in plan as applicable to the patient
Lifestyle and behaviors to consider	• Emphasis on physical activity and its relationship to preventing cognitive and functional decline
Resources	• Specific geriatric resources: area agency on aging, senior center, etc.

Geriatric Assessment Guidelines

Box 2: Summary of a Minimum Data Set for Practical Assessment of Vulnerabilities in Older Patients With Cancer

See Table 1 for more details and rationale.

1. Predict chemotherapy toxicity (if clinically applicable): Cancer and Aging Research Group or Chemotherapy Risk Assessment Scale for High-Age Patients tools
2. Estimate (noncancer) life expectancy (if clinically applicable): ePrognosis
3. Functional assessment: instrumental activities of daily living
4. Comorbidity assessment: medical record review or validated tool
5. Screening for falls, one question: how many falls or falls with an injury have you had in the previous 6 months (or since your last visit)?
6. Screening for depression: Geriatric Depression Scale or other validated tool
7. Screening for cognitive impairment: Mini-Cog or Blessed Orientation-Memory-Concentration test
8. Screening for malnutrition: weight loss/body mass index

Mohile, Dale…Hurria, JCO, 2018

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SupportScreen REAL-TIME OUTPUTS

BASED ON RESPONSES

Tailored Education and Information Materials

Automated Referrals

Consultants

Community Resources Coordinator, Nutrition, Pain Management, Patient Navigators, Pharmacy, Psychology, Psychiatry, Rehabilitation, Spiritual Care

Summary Report

M.D. / R.N. / M.S.W.

Individual Patient Responses Recorded

Research and Program Development

All of the content and outputs can be modified to fit the individual setting.

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Supporitve Care Assessment: Older vs. Younger Patients

Over 65

Fatigue	34%
Sleeping	34%
Side effects of treatments	31%
Pain	29%
Walking, climbing stairs	29%
Bowel movement constipation	23%
Joint Limitations	20%
Transportation	20%
Solving problems	19%
Questions about end of life	18%

Under 65

Finances	39%
Sleeping	38%
Side effects of treatment	33%
Fatigue	35%
Pain	31%
Feeling anxious or fearful	29%
Managing work, school, home	24%
Fear of Medical Procedures	23%
Managing my emotions	23%
How my family will cope	22%

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Not Just a Plan, But A Patient-Centered, Evidence-based Process

- Assessment
- Care Plan Creation
- Interdisciplinary Team
- Alliance with Patient/Family
- Tracking of Process
- Identify Changes

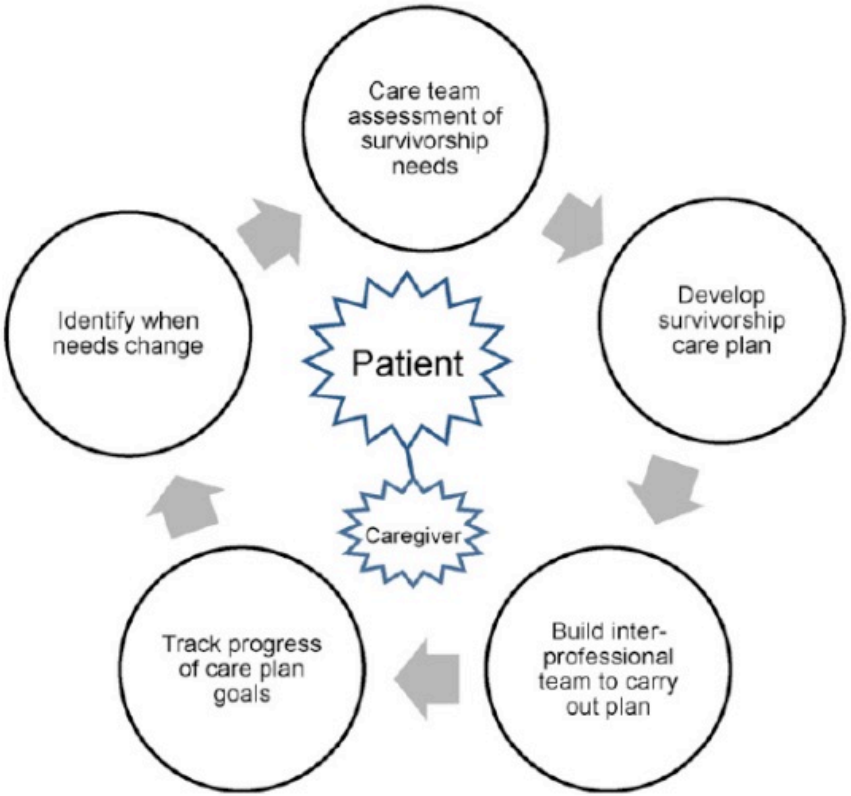

Fig. 1 – Survivorship care process for older adults.

Guerard et al, J Geri Onc, 2016

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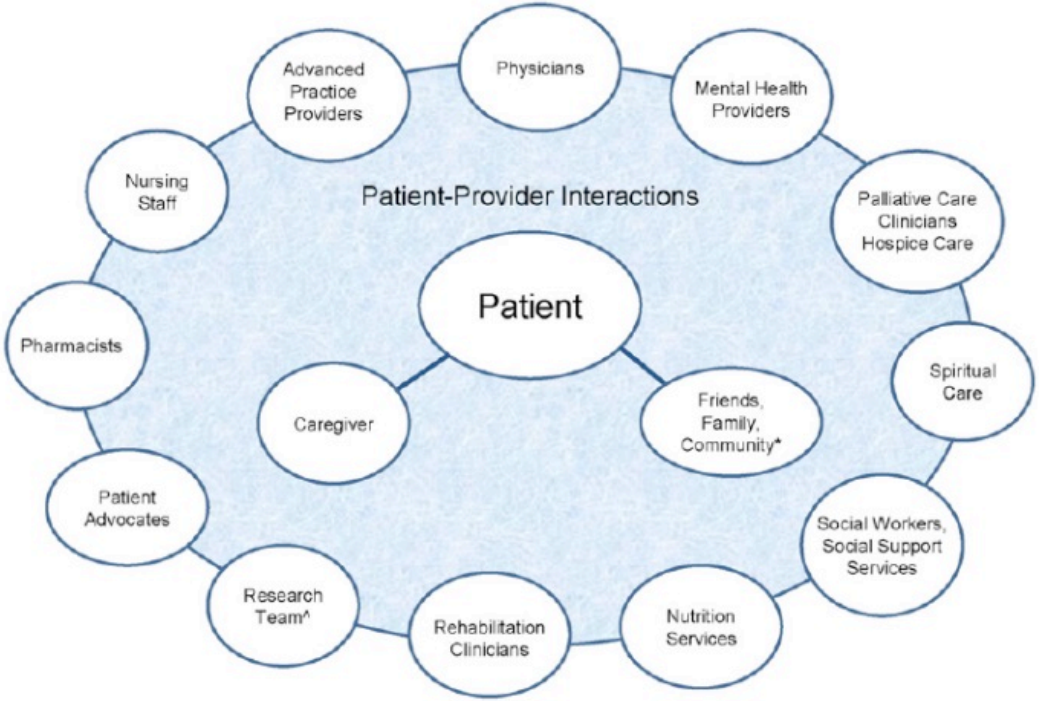
A Multi-Disciplinary Team



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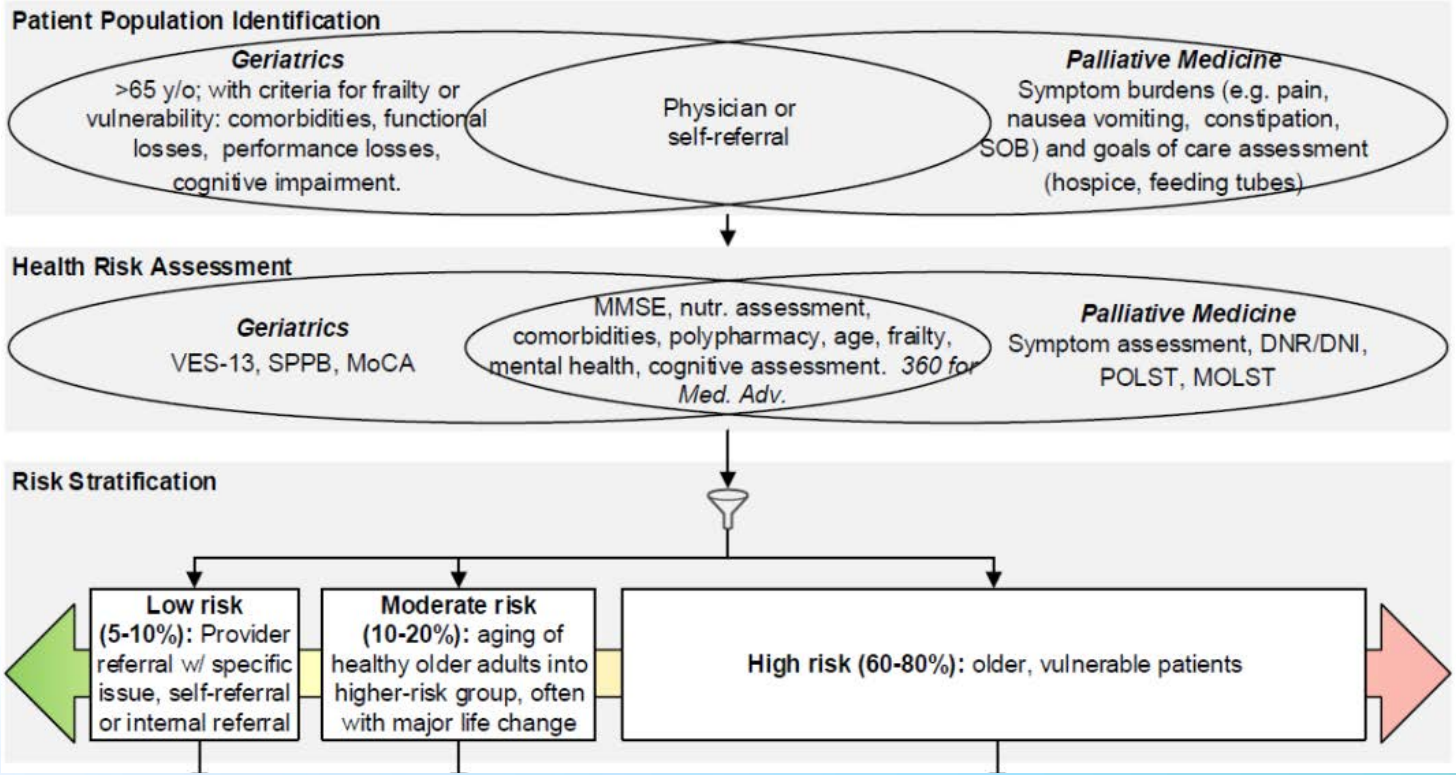
Care Model: Risk Stratification



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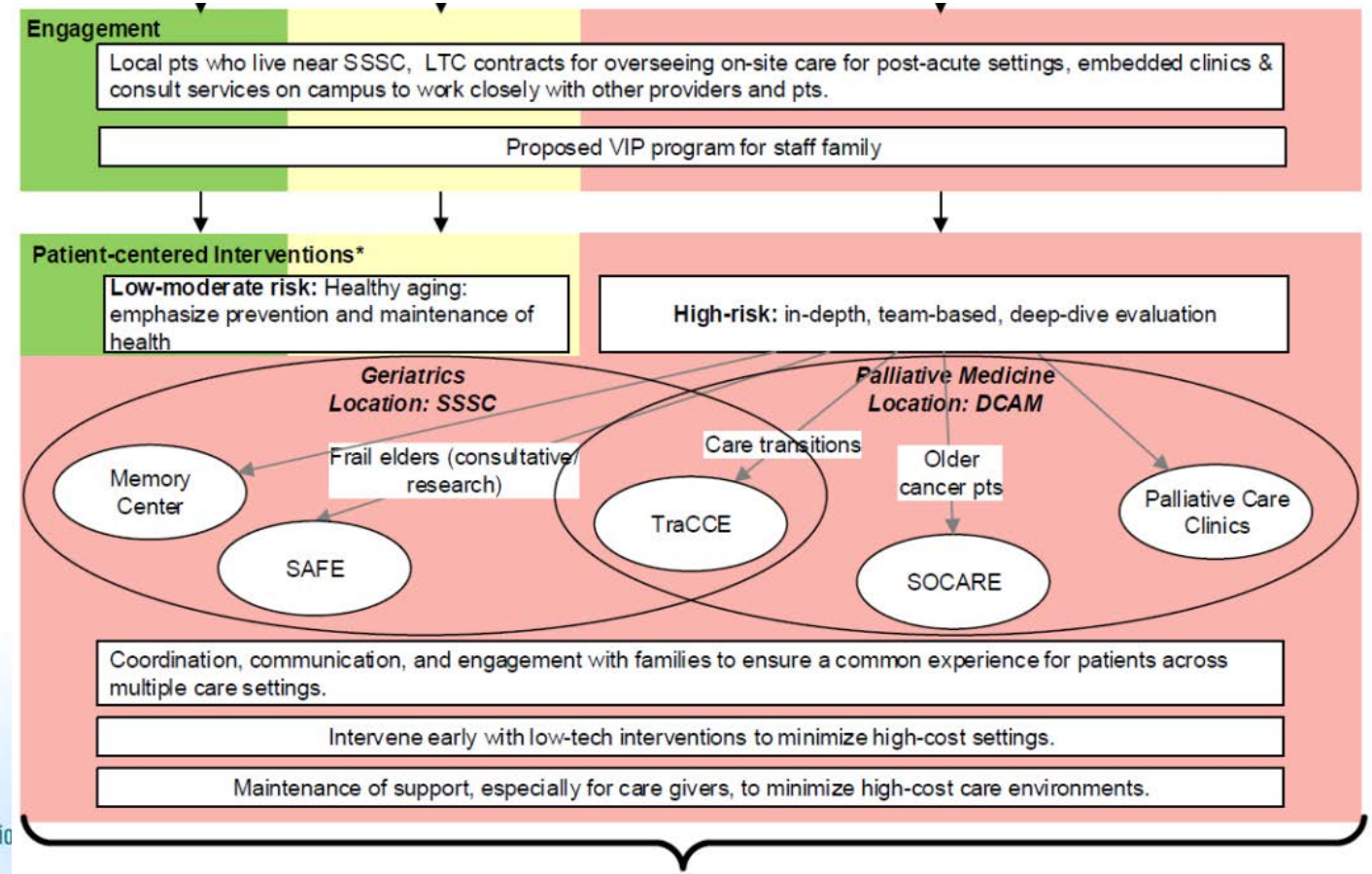
Care Model: Patient Flow



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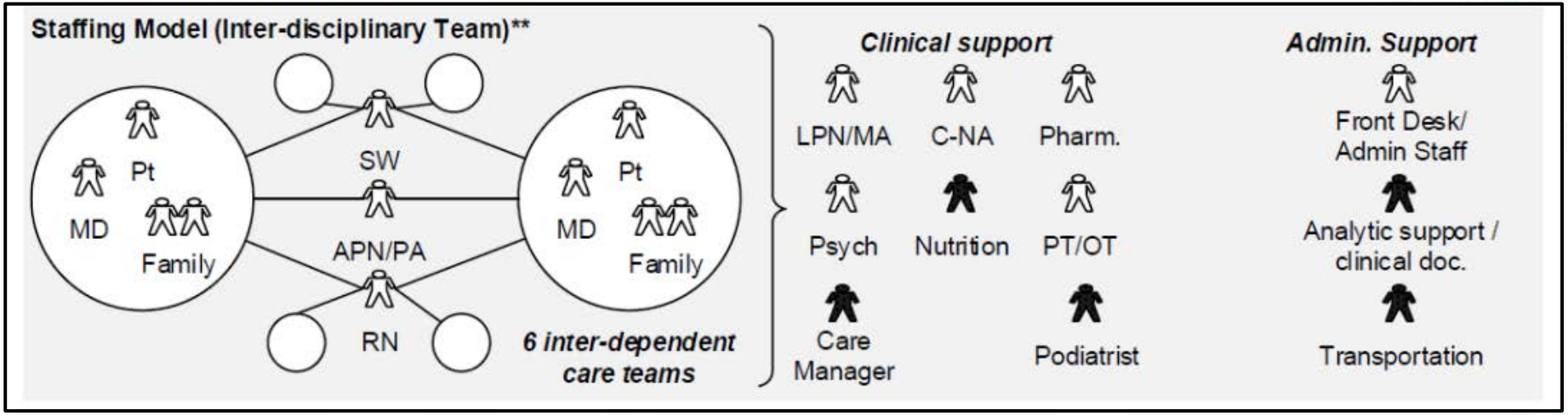
Staffing and Support



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Staff Leadership Model

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June is

Cancer Survivor

Awareness month

Thank you!!

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