Every Cancer Survivor Must Have a Written Care Plan: PRO – Older Adults SHOULD have a Written Care Plan

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MASCC Multinational Association of Supportive Care in Cancer
ISOO International Society of Oral Oncology

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Conflict of Interest Disclosure

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

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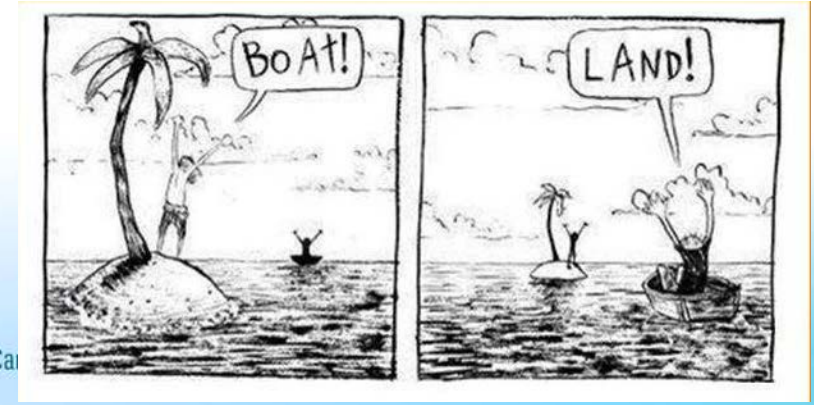
Has no real or apparent conflicts of interest to report.

My Perspective

- **Training:** Geriatrics – Palliative Medicine
- **Clinical:** Integration with Oncology
- **Research:** Health Policy & Med Dec Making
- **Administration:** Chair, Supportive Care Medicine



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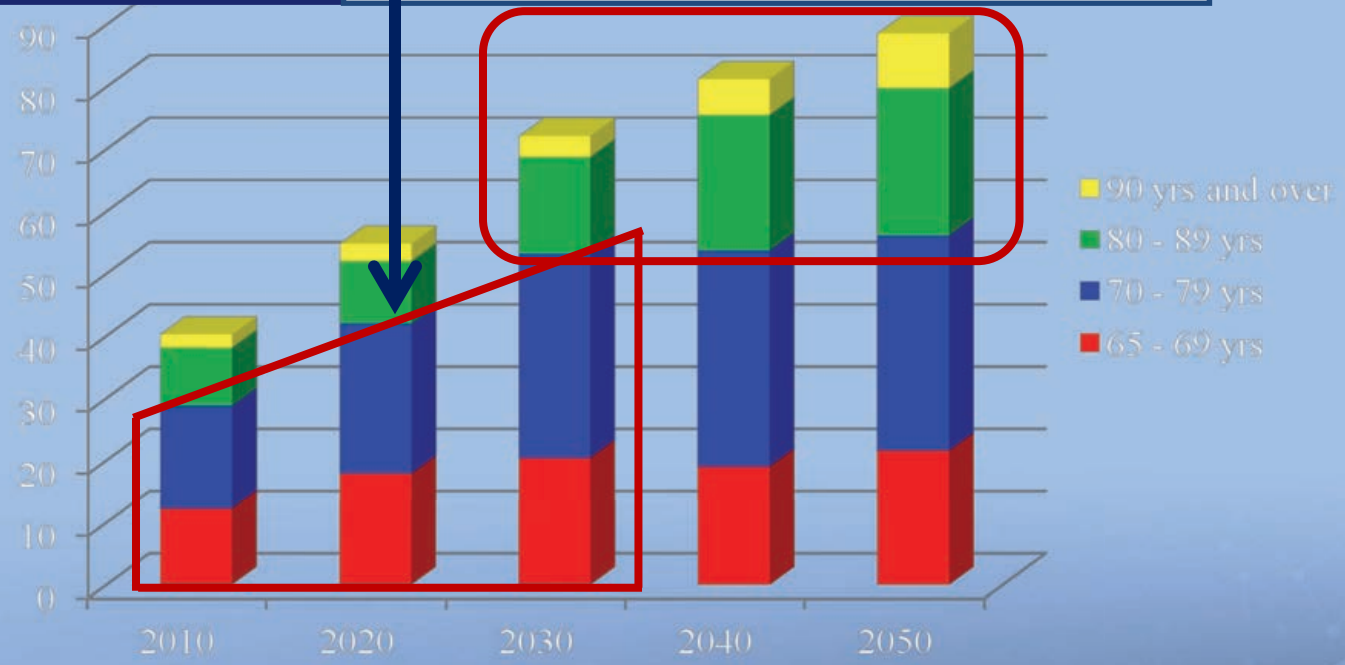
US Population Age ≥ 65 (millions)

201
Largest growth in

Shift in 2030:
Largest growth in the 80+ age groups



U.S Census Bureau 2010

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+

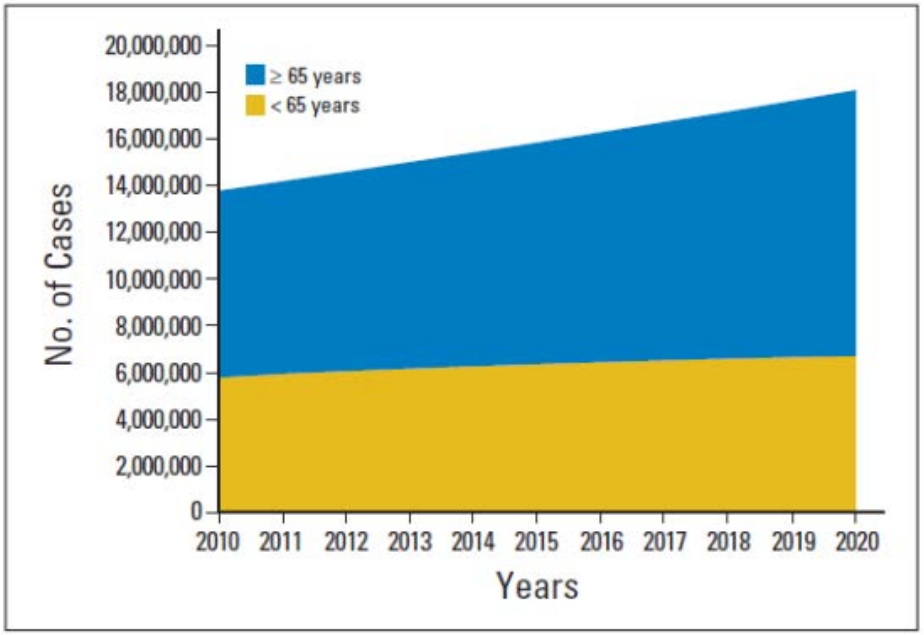


Fig 1. Estimated number of persons with history of cancer from 1971 to 2008, by age group, projected through the year 2030. Data adapted.[1]

Rowland & Belizzi, JCO, 2014

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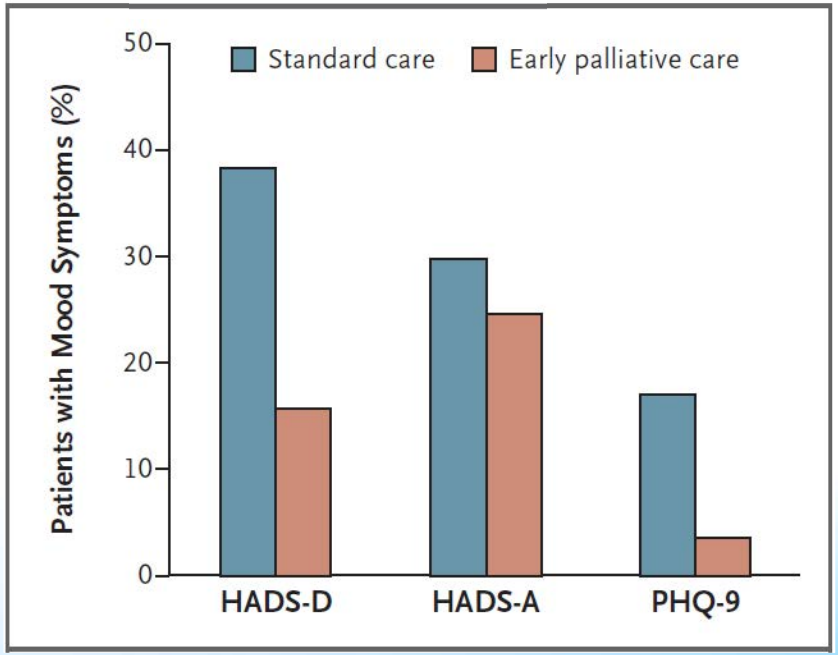
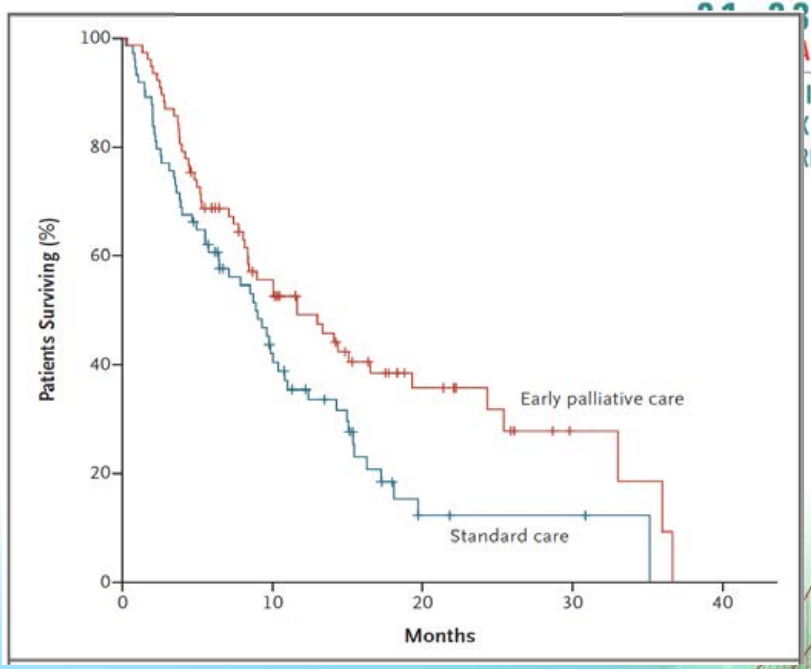
Early Palliative Care is Crucial

Live Better



Live Longer



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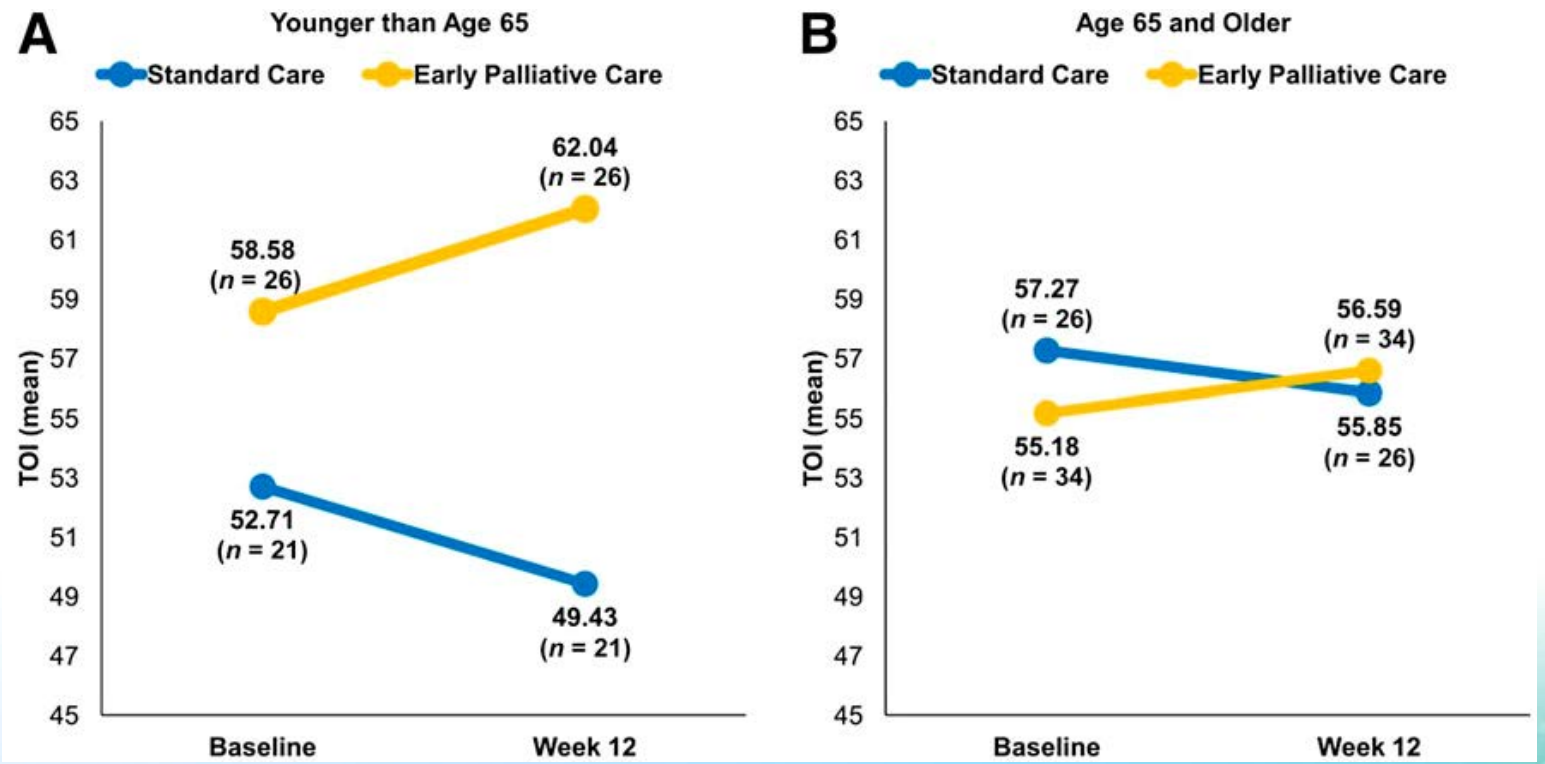
So Why Don't Older Adults Benefit?



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Nipp R…Temel J, Oncologist, 2016.

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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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]

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

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	• Multiple modes of delivery (paper, electronic, e-mail)
• Patient demographics	• Deliver to patient and all members of the inter-professional team
• Provider information	• This information should be listed in a simplistic manor
Treatment summary	• Include any residual toxicities from treatment
• Diagnosis: pathology, date diagnosed, stage	• Discussion of possible side effects from ongoing cancer treatment
• Treatment completed, includingsurgery, radiation, and chemotherapy	
• Ongoing cancer treatment (i.e., hormonal therapy for breast cancer)	
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	• Build inter-professional team around assessment of patient's needs
• 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)	• Set goals for team • Track progress • Identify when needs change
Lifestyle and behaviors to consider	• Include caregiver or other relevant family, friends in plan as applicable to the patient • Emphasis on physical activity and its relationship to preventing cognitive and functional decline
Resources	• Specific geriatric resources: area agency on aging, senior center, etc.

Multiple Delivery Modes

Larger Font

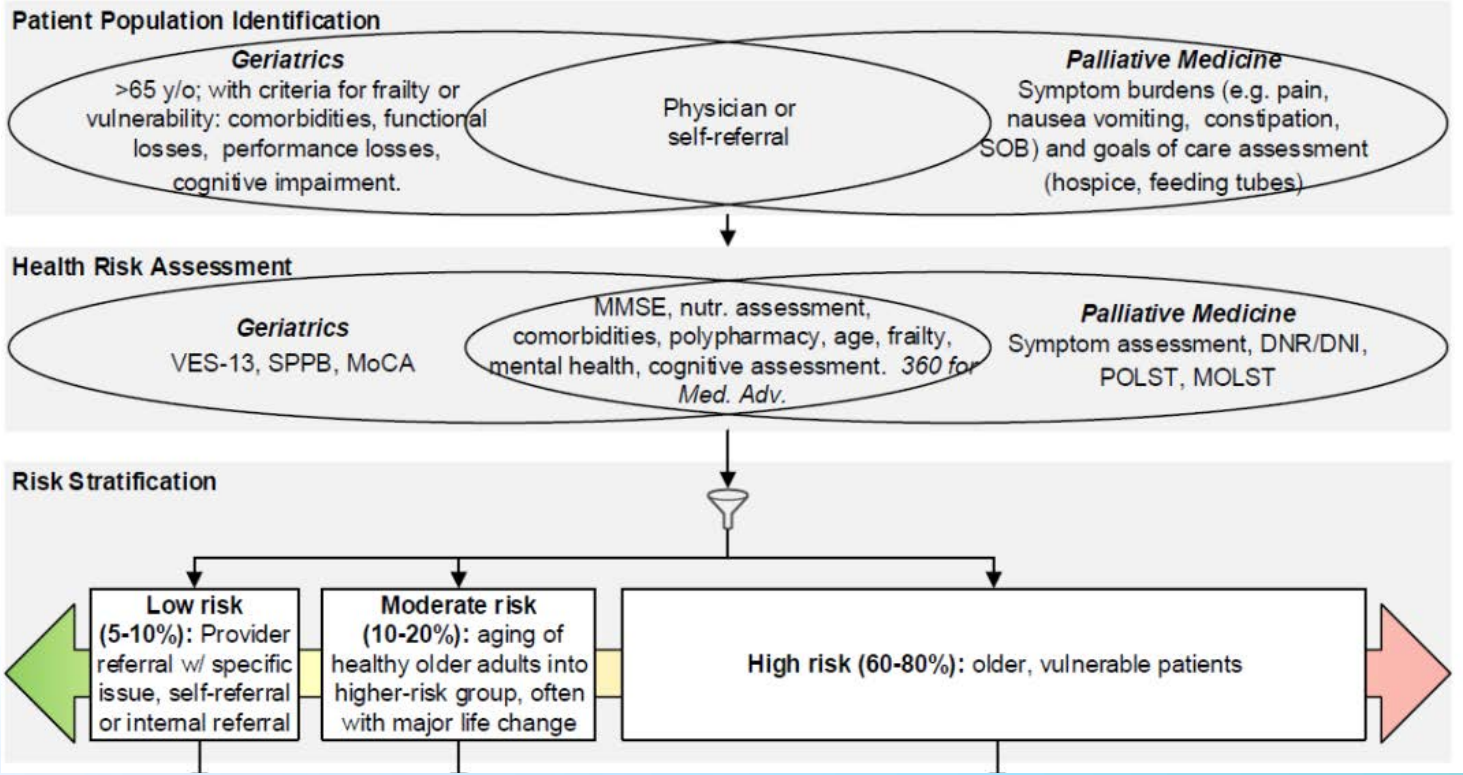
Give to All Team Members

Inter-disciplinary Teams

Geriatric Assessment

Aging-relevant Resources

Care Model: Risk Stratification



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

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

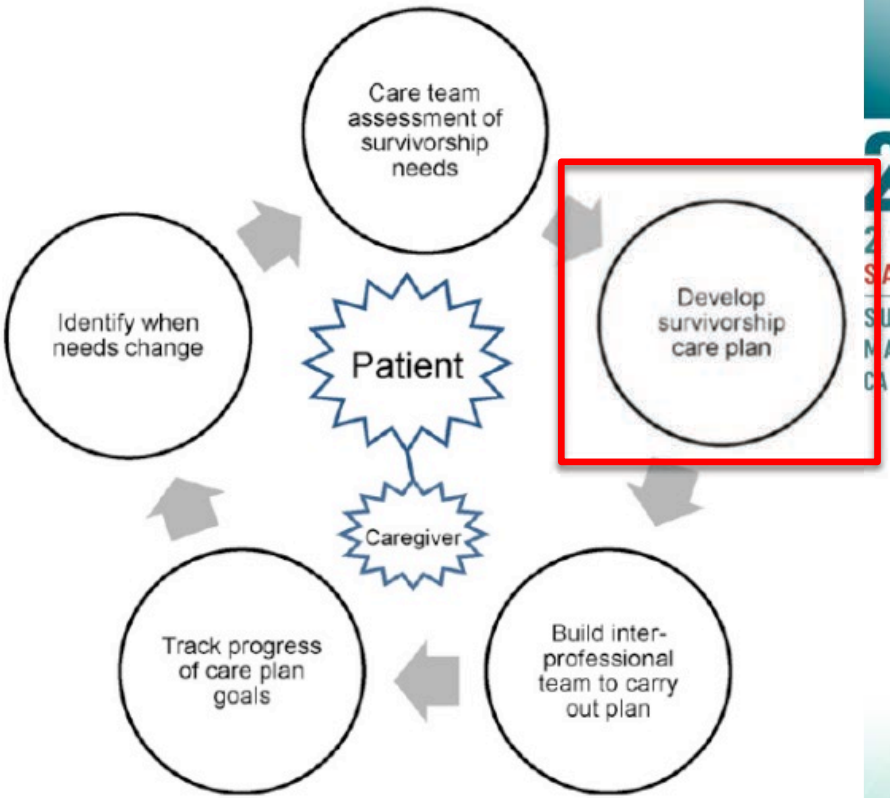

Fig. 1 – Survivorship care process for older adults.

Guerard et al, J Geri Onc, 2016

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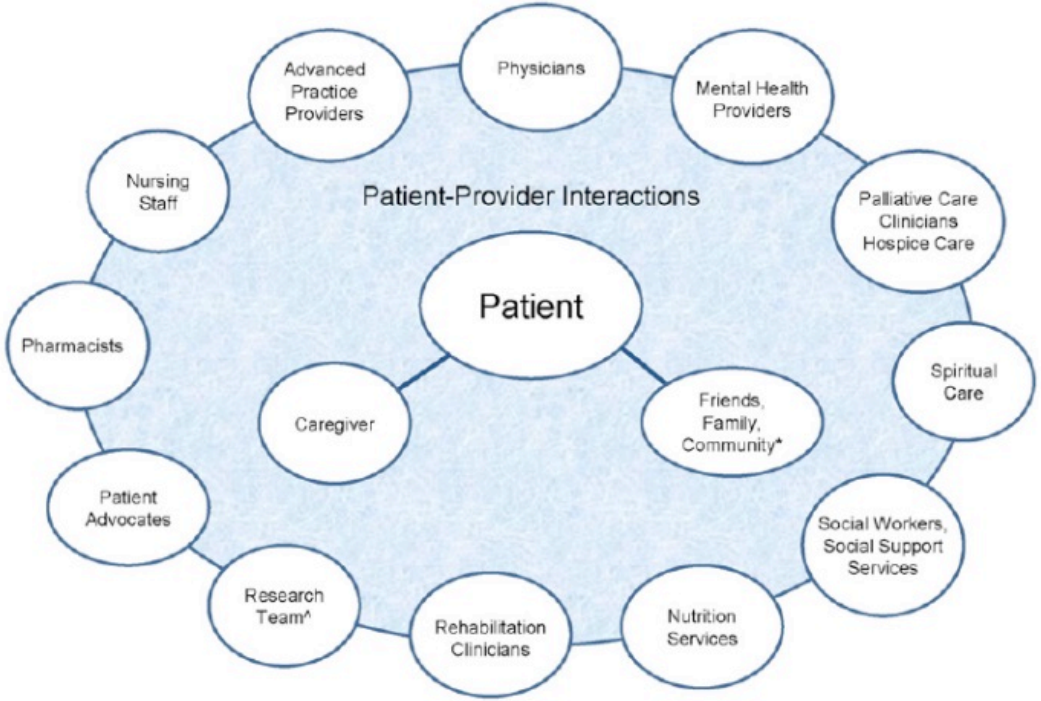
Who Needs the Plan: Everyone



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Summary

- Most Survivors are over 65 (and will increase)
- Written Care Plans are Necessary, but Not Sufficient
- Include Both Supportive Care and Geriatric Assessments
- Plan Must be Embedded in a Process
- Teams, Teams, Teams
- Don’t Blame System Problems on Care Plans

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