

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 Miles^b, Gavin M. Marx^e, Tracey Dunlop^f, Elizabeth J. Hovey^f, Stephen A. Della Fiorenza^g, Lakshmi Venkateswaran^h, Martin H.N. Tattersallⁱ, Sem Liew^c, Kathryn Field^j, Nimit Singhal^k, Christopher B. Steer^{c,*}

^aThe Canberra Hospital, Yamba Drive, Canberra, ACT 2605, Australia

^bPeter MacCallum Cancer Centre, 7 St Andrews Place, East Melbourne, Victoria 3002, Australia

^cBorder Medical Oncology, Suite 1, 69 Nordsvan Drive, Wodonga, VIC 3690, Australia

^dAustralian National University (ANU) Medical School, Canberra, ACT, Australia

^eSydney Adventist Hospital, 185 Fox Valley Road, Wahroonga, NSW 2076, Australia

^fPrince of Wales Hospital, Barker Street, Randwick, NSW 2031, Australia

^gMacarthur Cancer Therapy Centre, 1 Therry Road, Campbelltown, Sydney, NSW 2560, Australia

^hWestmead Hospital, Corner of Hawkesbury Road and Darcy Road, Westmead, NSW 2145, Australia

ⁱRoyal Prince Alfred Hospital, Missenden Road, Camperdown, NSW 2050, Australia

^jRoyal Melbourne Hospital, 300 Grattan Street, Parkville, VIC 3050, Australia

^kRoyal Adelaide Hospital, North Terrace, Adelaide, SA 5000, Australia

ARTICLE INFO

Article history:

Received 24 October 2014

Received in revised form

26 January 2015

Accepted 4 March 2015

Available online 23 March 2015

Keywords:

Geriatric assessment

Older adults

Geriatric oncology

Medical oncology

Multidisciplinary meetings

ABSTRACT

Objective: The aim of this study is to determine the frequency of geriatric assessment in patients aged over 70 years in Australian medical oncology clinics.

Material and Methods: This was a multicentre audit in two parts: a retrospective file review of initial consultations with an oncologist and prospective audit of case presentations at multidisciplinary meetings (MDMs). Patients aged over 70 years presenting to a medical oncology clinic or being discussed at an MDM were eligible. Data was collected at six oncology centres in Victoria, NSW and Canberra from October 2009 to March 2010.

Results: Data was collected from 251 file reviews and 108 MDM discussions in a total of 304 patients. Median age was 76 years (range 70–95). The geriatric assessment (GA) domains most frequently assessed during an initial consultation were the presence of comorbidities (92%), social situation—living alone or with someone (80%), social supports (63%), any mention of at least one Activity of Daily Living (ADL) (50%) and performance status (49%). Less frequently assessed were any Instrumental Activity of Daily Living (IADL) (26%), presence of a geriatric syndrome (24%), polypharmacy (29%) and creatinine clearance (11%). Only one patient had all components of ADLs and IADLs assessed. During MDMs all the geriatric domains were comparatively less frequently assessed. No patients had all ADL and IADL components discussed formally in an MDM.

* Corresponding author. Tel.: +61 2 60515300; fax: +61 2 60567663.

E-mail address: csteer@bordermedonc.com.au (C.B. Steer).

Conclusion: This is the first multicentre audit that reveals the low rates of GA in Australian medical oncology practice and describes the GA domains considered important by oncology clinicians.

© 2015 Elsevier Ltd. All rights reserved.

1. Introduction

The fastest-growing segment of the Australian population is composed of individuals over the age of 65 years. Increasing age is directly associated with increasing rates of cancer.¹ It is not surprising therefore that cancer is more common in older Australians. In 2009, 73.5% of new cancer cases were diagnosed in men aged 60 years and over; and 63.6% in women aged 60 years and over.² The average age at the first diagnosis of cancer in Australia is 65.4 years.³ Together, these statistics outline an increasingly older population of patients with cancer who will require specific management.⁴

Studies have shown deficiencies in the management of elderly people with cancer, including under-diagnosis and under-treatment. Documented problems include incomplete investigation, decreased utilisation of standard therapy and more dose reductions and delays than younger patients.^{5–7} The increased incidence of comorbidities in older adults can increase the risk of treatment-related toxicities; however the assumption of frailty based on age alone may lead to inadequate and inappropriate treatment. In addition, evidence-based decision-making is limited by the underrepresentation of elderly patients in large cooperative trials.^{8,9} This is possibly due to some trials limiting the upper age limit and secondly as many clinicians are reluctant to recommend older patients to trials.

The adequate assessment of older adults with cancer can also direct supportive care interventions. These services can then be utilised to preserve independence and prevent toxicity regardless of treatment or treatment intent.

Established guidelines and position statements recommend that all older adults with cancer undergo some form of geriatric assessment.¹⁰ Unfortunately there is no single agreed standard assessment that is both validated and practical to perform in the oncology clinic.¹¹ Despite this, the key domains of a multi-domain geriatric assessment (Table 1) are well recognised and should be determined regardless of the actual tool utilised.¹²

The frequency at which geriatric assessment domains are measured within Australian medical oncology practice is unknown. At the time of this audit there was only one formal combined geriatric oncology clinic in the country.¹³ No other formal collaborations between geriatricians and oncologists currently exist in clinical practice.

The objectives of this multicentre audit were to determine the frequency of geriatric assessment in patients over the age of 70 years presenting for an initial medical oncology opinion and to explore the degree to which geriatric assessment domains were discussed in multidisciplinary team meetings.

2. Material and Methods

The study was a multicentre two-phase audit, conducted at 6 oncology centres in Australia; Albury-Wodonga, Sydney (3 sites), Melbourne and Canberra. Sites chosen were representative of

metropolitan and regional centres. The audit occurred from October 2009 to March 2010 and was performed in two parts; a retrospective file review and a prospective audit of case presentations at multidisciplinary meetings (MDMs). The retrospective file review audited all consecutive new patients aged over 70 years presenting for assessment and treatment at an oncology clinic. The prospective component audited all patients aged over 70 discussed at an MDM. Information was collected by an oncology advanced trainee. A standardised proforma was used to collect information (Appendix 1). None of the sites studied had formal geriatric oncology services.

The retrospective file review involved review of the notes and/or correspondence letters during the initial consultation with a medical oncologist. Documentation of GA domains was recorded as well as other variables including tumour type/stage and treatment recommendations.

The second phase of the study involved a prospective audit of the same GA domains mentioned during discussion at multidisciplinary meetings. The MDMs generally comprise representatives from surgical, radiation and medical oncology in conjunction with radiology, pathology and nursing services. Attendance by allied health professionals such as social workers was variable. A geriatrician was not present at these MDMs. Patients were mostly recruited from general oncology clinics; however one site recruited from a genitourinary MDM and clinic only.

The auditor was present at these MDMs and entered data during the meetings. MDM participants were not informed that

Table 1 – Geriatric assessment domains audited.

Activities of daily living (ADLs)
Instrumental activities of daily living (IADLs)
Performance status (ECOG/Karnofsky)
Comorbidities
<ul style="list-style-type: none"> • Any mention of comorbidity • Use of a formal comorbidity index¹⁴
Geriatric syndromes
<ul style="list-style-type: none"> • Falls • Cognitive impairment • Spontaneous fracture • Depression/anxiety • Vision and/or hearing impairment
Discussion of social situation.
<ul style="list-style-type: none"> • Lives alone or with someone? • Social support • Home services in place? eg “meals-on-wheels”, housekeeping, domiciliary nursing.
Polypharmacy ^a
Documentation of creatinine clearance
Nutritional assessment
eg dietitian opinion, Mini-nutritional assessment (MNA) or general comment including body mass index (BMI)

^a Polypharmacy defined as ≥ 5 medications noted in record by the medical oncologist. This does not include medications mentioned only in the general practitioners' referral letter.

Download English Version:

<https://daneshyari.com/en/article/1912266>

Download Persian Version:

<https://daneshyari.com/article/1912266>

[Daneshyari.com](https://daneshyari.com)