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Research paper

The geriatricians' perspectives on geriatric oncology in the Netherlands – results of a national survey



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ABSTRACT

Background: A successful implementation of a geriatric evaluation into daily oncology practice will require a collaborative effort of specialists in the field of cancer and ageing. We set out to explore the geriatricians' opinions on the current care for older cancer patients and to determine potential obstacles in the incorporation of a geriatric evaluation in oncology.

Method: A web-based survey sent to Dutch geriatricians.

Results: The response rate was 43% (95 out of 233). Of these, 57% reported that a geriatric evaluation was being used, but mostly on an ad hoc basis only and not routinely. Although many respondents expressed a desire for a more routine evaluation, nearly half of respondents also stated that improving cancer care at their centre was not a priority for them. Perceived obstacles for a routine implementation of a geriatric evaluation were a lack of time or personnel and a lack of interest on the side of cancer specialists.

Conclusion: The respondents in our survey report that most cancer elderly patients do not routinely receive a geriatric evaluation prior to initiation of oncologic treatment, and many geriatricians reported that optimising care for older patients at their centre was not currently a priority. Given the significant burden and complexity of cancer for the elderly, we encourage geriatricians to make their expertise available to other specialists, providing them with the knowledge they need to optimise their care for older cancer patients.

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1. Introduction

Cancer statistics show that in 2011, over 30,000 people older than 75 years of age were diagnosed with cancer in the Netherlands – a 74% increase over the course of the last 20 years [1]. Due to increasing life expectancy and ageing of the population, this rising trend will continue over the coming decades. Older cancer patients pose a significant challenge to health care providers, as there is still no consensus on the optimal treatment choices. Current treatment guidelines and recommendations cannot simply be extrapolated to the elderly, as they are based on clinical trials in which older patients and those with comorbidity scarcely participated [2,3]. As treatment options become increasingly complex and with that also more and more expensive, careful

consideration of the applicability of a guidelines recommendations to the individual patient is of the utmost importance.

For the elderly, tailor-made treatment plans are advocated, based on a thorough evaluation of the patient's overall health status in addition to tumour characteristics and the patient's preferences [3]. However, most medical oncologists have never received specific training on the particular needs of older people with cancer [4]. Furthermore, elderly patients have reported that their individual situation, including concurrent diseases and psychosocial status should receive more attention in treatment decision-making processes [5]. Therefore, an evaluation of geriatric domains and overall health status should be incorporated into the standard oncologic work-up of the elderly [6]. Such an exploration of the patient's health can identify previously unrecognised problems in older cancer patients [7], which can subsequently guide treatment decisions [8,9]. Also, these problems may be modified to improve quality of life and other outcomes [3,7].

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A successful implementation of a geriatric evaluation into daily oncology practice will require a collaborative effort of specialists in the field of cancer and ageing. We set out to explore the geriatricians' opinions on the current care for older cancer patients and to determine potential obstacles in the incorporation of a geriatric evaluation in oncology.

2. Method

We developed a web-based survey using software developed by SurveyMethods, Inc. [10]. The content of the survey is shown on Fig. 1. Briefly, the first half of this survey explores the current methods of evaluating older patients prior to oncologic treatment while the second half analyses satisfaction with current practices,

possibilities for improvement and potential barriers to the incorporation of some form of geriatric evaluation.

This survey was sent to all geriatricians and residents in geriatric medicine registered with the Dutch Geriatrics Society (NVKG) between December 2012 and March 2013.

No statistical analyses were performed; only descriptive data are presented.

3. Results

3.1. Characteristics of respondents

Overall, 95 of 223 surveys were returned (response rate 43%). Some baseline characteristics of respondents are listed in Table 1.

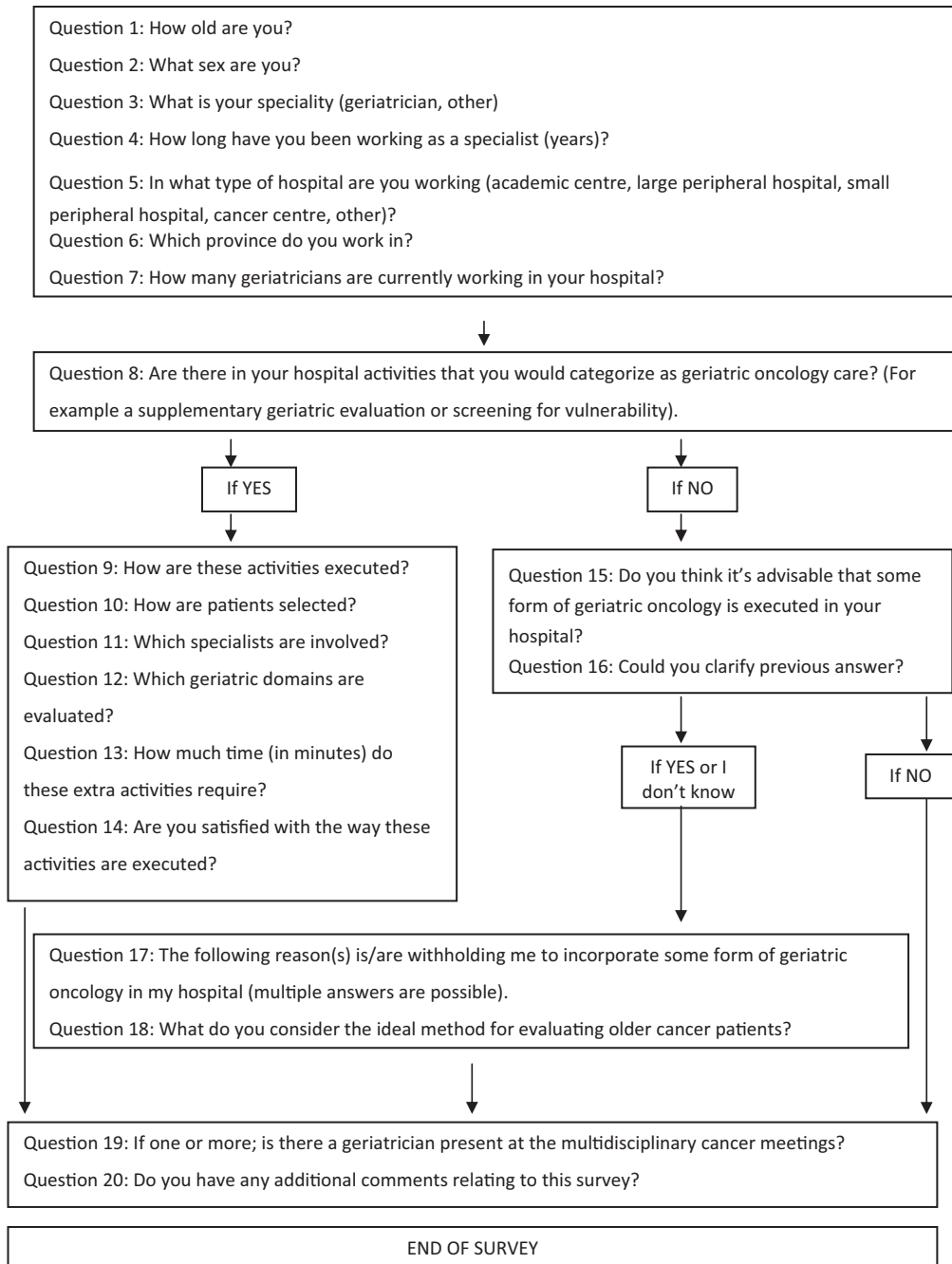


Fig. 1. Content of survey.

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