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Supportive care in older adults with cancer – An update of research in 2015

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ABSTRACT

The motto of the Multinational Association for Supportive Care in Cancer (MASCC) is “supportive care makes excellent cancer care possible”. This is especially important in the care of older adults with cancer. The use of geriatric assessment in this patient population enables targeted supportive care interventions to work alongside appropriate anticancer therapy. It is the opinion of this author that geriatric oncology is mostly about the provision of streamlined, appropriate supportive care.

There are many facets of supportive care of patients with cancer that are important regardless of age. These include issues such as the use of appropriate antiemetics, infection management, oral health, nutritional intervention, psychosocial care, and palliative care.

This article provides an update on novel yet important supportive care research specifically in older adults with cancer published in peer-reviewed journals in 2015. This year saw important publications in geriatric assessment, psychosocial care, in the information and supportive care needs of older adults and the role of pharmacists and rehabilitation specialists in the geriatric oncology clinic.

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1. Background

1.1. Supportive Care in Patients with Cancer – A Definition

Supportive care in cancer is the prevention and management of the adverse effects of cancer and its treatment. This includes management of physical and psychological symptoms and side effects across the continuum of the cancer experience from diagnosis through treatment to post-treatment care (from www.mascc.org).¹ Supportive care is not only important at the time of diagnosis and treatment, but also aims to improve rehabilitation, survivorship, palliative and end-of-life care.

The Multinational Association for Supportive Care in Cancer (MASCC) is dedicated to research and education in all aspects of supportive care in patients with a diagnosis of cancer. MASCC is organized into 17 individual study groups

(Table 1) each focusing on a particular area of supportive care. The motto used by MASCC “Supportive care makes excellent cancer care possible.” highlights the fact that cancer care entails much more than just surgery, radiation, and systemic anticancer treatments.

Appropriate care of the older adult with cancer requires a multidisciplinary approach with adequate supportive care at its heart. It can be argued that the practice of geriatric oncology with its emphasis on assessment of geriatric issues is *all about* supportive care. The National Comprehensive Cancer Network (NCCN) guidelines for management of cancer in the older adult outline twenty eight individual risk factors for adverse outcomes for cancer treatment that should be addressed prior to recommending anticancer therapy.² These risk factors include comorbidities, geriatric syndromes and socioeconomic issues. These factors are more likely to be addressed in a supportive

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Table 1 – Study groups of the Multinational Association for Supportive Care in Cancer (MASCC).

Antiemetics
Bone
Education
Fatigue
Geriatrics
Hemostasis
Mucositis
Neurological Complications
Neutropenia, Infection & Myelosuppression
Nutrition & Cachexia
Oral Care
Palliative Care
Pediatrics
Psychosocial
Rehabilitation, Survivorship & QOL
Respiratory
Skin Toxicity

care strategy than a direct anticancer management plan. The NCCN guidelines recommend that the risk factors are assessed in an individualized fashion using a multidimensional geriatric assessment (GA). The main goals of a GA are to provide a comprehensive health appraisal to guide targeted geriatric interventions and appropriate cancer treatment.³ The optimum form of GA and timing of the assessment has not been established, but it is generally performed at the diagnosis of cancer as part of an overall treatment strategy.

1.2. Update of the Evidence - 2015 in Review

1.2.1. Review Strategy

This article should be interpreted as expert opinion and is based on a presentation made at the International Society of Geriatric Oncology (SIOG) annual scientific meeting in November 2015. The author follows the supportive care literature actively and selected research for discussion based on relevance, novelty, and scientific value. This address was not intended to be a comprehensive review of each aspect of supportive care. Articles were eligible for inclusion if they were: 1. Original research focusing on supportive care specifically in older adults 2. Published in 2015. A search strategy involving the keywords “supportive care”, “older adults”, “geriatric oncology” using Google Scholar was employed. Articles focusing on geriatric assessment were generally not included given this was a topic of another review at the conference. In addition a novel strategy utilizing social media using the Twitter hashtag #gerionc generated responses from followers.

1.2.2. Geriatric Assessment as a Supportive Care Strategy – Further Evidence

The use of a multidimensional geriatric assessment to guide appropriate anticancer treatment and supportive care interventions is now widely recommended. The International Society of Geriatric Oncology (SIOG) updated consensus statement³ gives concise guidance on the application of geriatric assessment such as those suggested by the NCCN guidelines.² The SIOG consensus statement recognizes that GA identifies aged-related problems that are not typically

identified by a routine medical history and examination. Geriatric assessment also can be used to predict treatment-related toxicities, predict overall survival and be used to influence treatment decisions.

The strategy of using geriatric assessment in older adults with cancer was addressed in 2015 with the publication of a Delphi consensus statement generated by 30 specialist geriatric oncologists.⁴ The experts reached consensus that geriatric assessment should be used in “all patients aged 75 years or older and those who are younger with age-related health concerns”. The panel concluded that all GA domains should be utilized. Consensus was reached on ways that impairment in a specific geriatric domain could influence cancer treatment decisions.

The impaired domains influencing treatment decision changes that met consensus included

- (1) impaired functional status - modification of cancer treatment regimen and evaluation of fall risk
- (2) in patients with impaired cognition assessing the presence of a caregiver and limiting the complexity of treatment.
- (3) in patients with poor social support assessing patient safety/tolerability and caregiver support
- (4) assessing the safety of treatment for patients with impaired physical performance and
- (5) addressing supportive care and evaluating drug tolerance for patients with poor nutritional status.⁴

Consensus was met for how geriatric assessment could guide both non-oncologic interventions and cancer treatment decisions and an algorithm of geriatric assessment-guided processes was created (Fig. 1). This algorithm is essentially a flowchart of supportive care interventions as none of the documented “process options” relate to actual anticancer therapy. The algorithm divides impairments in the following domains: functional status, cognition, social support, objective physical performance, psychological status (anxiety/depression) and nutrition. The subsequent “care processes” then facilitate targeted supportive care strategies. Whilst the algorithm needs to be validated in the general oncology clinical setting, the principle of streamlining geriatric assessment-guided supportive care interventions has practical merit and is a logical strategy. In the absence of randomised controlled trials of geriatric assessment this consensus of experts builds on the recommendations of SIOG⁵ and the NCCN² to guide the appropriate care of older adults with cancer.

In seeking the most notable research in supportive care in older adults in 2015 the author identified key publications in the domains of psychosocial support and objective physical performance. Whilst these supportive care interventions were mostly non-pharmacological, 2015 was also notable for key publications highlighting the role of the pharmacist in the multidisciplinary geriatric oncology team.

1.2.3. Assessing Supportive Care and Information Needs and Screening for Psychosocial Issues

Appropriate supportive care is an essential component of anticancer treatment for all patients regardless of age. Screening for supportive care needs should be considered for

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