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*Track 5: Geriatric assessment, nursing/allied health and patient care
Communication*

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INCLUDING PATIENT PREFERENCES AND GERIATRIC ASSESSMENT IN THE EVERY DAY DECISION MAKING PROCES

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I submit my abstract to be considered for the following award: None

Introduction: There is increased awareness of the added value of geriatric assessment (GA) to the treatment decision process in older cancer patients. In addition, knowledge of personal goals and preferences can guide treatment choices and enhance patient centered care. The incorporation of this information into multidisciplinary decision making is not established.

Objectives: To incorporate assessment of geriatric domains and patient preferences into a structured decision making process for older cancer patients.

Methods: This multidisciplinary collaboration project was conducted at the University Medical Center Groningen, the Netherlands and funded by the Dutch Cancer Society.

Patients of 70 years or older with a solid malignancy were included and interviewed by trained oncology nurses, during their visit to either the surgical or medical oncology outpatient clinic. During this interview a short GA was performed. In addition, the patients' treatment goals and preferences were assessed using an option tool. Treatment goals offered were: prolonging life, maintaining independence, reducing/eliminating pain, or other symptoms. These goals were rated by the patient in order of importance.

In addition to the tumor specific multidisciplinary team meetings (MDT), patients were discussed in an onco-geriatric MDT attended by a surgeon, radiotherapist, medical oncologist, geriatrician, and nurses. All patients were discussed using information concerning disease characteristics, comorbidities, GA outcomes and patient preferences. This was done in a systematic, stepwise fashion. The nurses presented the patient's narrative and results of GA. Benefits and risks of different treatment options based on both medical technical and patient specific information, were discussed (figure 1). Time to benefit was related to the estimated life expectancy and patients' preferences were taken into account. This was done by translating treatment effects into what this would mean to a patient on a day to day level. After carefully balancing the expected risks and benefits of different treatment options, a treatment proposal was formulated. This proposal was compared to the earlier treatment advice given by the tumor specific MDT.

Figure 1: Stepwise approach to multidisciplinary decision making

1. Indication for treatment and alternative treatment options
2. Presence of physical complaints likely to be resolved by treatment
3. Estimated risk of complications
4. Life expectancy without the current disease
5. Life expectancy with the disease with and without treatment
6. Patients goals, preferences and expectations
7. Effect of treatment on these goals and preferences

Results: From September 2014 until November 2016, 250 patients were included. The mean age was 78 years. Ninety percent lived independently. Fifty-two percent were ADL dependent and 54% considered frail. Treatment goals considered most important by patients were; prolonging life (31%) and maintaining independence (29%). Compared to the treatment advice given by the tumor specific MDT an adjusted treatment advice was given by the oncogeriatric MDT in 48% of cases. Thirteen percent of the patients were additionally assessed in the geriatrics outpatient clinic.

Conclusion: In this patient centered method, both medical technical and patient specific information was discussed in a standardized, stepwise manner, as described, in an oncogeriatric MDT. As a result an adjusted treatment advice was formulated in 48 % of cases. In only 13% additional assessment by a geriatrician proved necessary.

Disclosure of Interest: None Declared

Keywords: decision making, elderly oncological patients, geriatric assessment, nurses, patient preferences