

SIOG 2017 - Abstract Submission

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

Geriatric assessment

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OPENING UP THE BLACK BOX OF CGA IN GERIATRIC ONCOLOGY CLINIC – UNDERSTANDING ENHANCEMENTS TO CARE BEYOND TREATMENT-DECISION MAKING

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Introduction: Comprehensive geriatric assessment (CGA) in older adults with cancer aids treatment decision-making, determining frailty status, and prognostication. Much less is known about the supportive care elements or enhancements to care afforded by the CGA, and whether these enhancements vary by the indication for patient referral (e.g. pre-treatment, on active treatment, etc.).

Objectives: To examine enhancements to care provided by a geriatric oncology clinic and to determine whether these vary by indication for referral.

Methods: All patients age 65 or older referred to the Older Adults with Cancer Clinic at the Princess Margaret Cancer Centre, Toronto, Canada between July 2015 (clinic opening) and December 2016 were included. Treatment enhancements were recorded prospectively in our clinical database and categorized in 5 categories (educational support, comorbidity management, disease/symptom management, oncologic treatment delivery, peri-op management recommendations) based on a consensus among team members. Indications for referral were categorized into 3 groups: pre-treatment (n=51, 38%), on active treatment (n=70, 51%), survivorship phase (n=15, 11%). Descriptive statistics and logistic regression (adjusted for age and gender) were used to analyze the data.

Results: 136 patients were seen during the study period (mean age 79.5 years, 75% male). Overall, educational support (99%) and comorbidity management (94%) were the most common enhancements, whereas peri-op management (7%) was the least common. When stratified by indication for referral, unsurprisingly peri-op management was only offered to pre-treatment patients. Enhancements to disease/symptom management were offered more often to patients on active treatment than pre-treatment (54% versus 29%, odds ratio 3.14, p=0.005). Other enhancements to care did not vary by indication for referral.

Table: Frequency of each enhancement to care by indication of referral

Intervention type	Active Treatment (n=70)	Pre-treatment (n=51)	Others (n=15)	p-value
Enhanced treatment delivery, n (%)	24 (34.3)	18 (35.3)	1 (6.7)	0.08
Comorbidity mgmt, n (%)	68 (97.1)	45 (88.2)	15 (100.0)	0.10
Educ. support, n (%)	69 (98.5)	50 (98.1)	15 (100.0)	0.86
Disease/Symptom mgmt, n (%)	38 (54.3)	15 (29.4)	3 (20.0)	0.005
Peri-op mgmt, n (%)	0	9 (17.6)	0	0.002

Conclusion: Educational support and comorbidity management are nearly universally offered by our geriatric oncology clinic. Most enhancements to care do not vary by indication for referral. Enhancements to peri-op management were provided in almost 1 in 5 pre-treatment patients. Enhancements to disease/symptom management were more common in patients on active treatment than pre-treatment patients, likely due to a combination of greater symptom burden and treatment-related toxicities. Understanding the enhancements to care provided by geriatric oncology clinics can help with resource planning and program design/justification.

Disclosure of Interest: None Declared

Keywords: comorbidity, comprehensive geriatric assessment, outpatient, patient education, symptom management