

Incorporating Geriatrics into Oncology: *Acute Oncology Business Case*

Dr. F. D. Danwata, Clinical Oncology Associate Specialist,
Lancashire Teaching Hospitals NHS Foundation Trust

Natalie Parsons, Oncology Services Manager, Blackpool Victoria Hospital NHS Foundation Trust

Need for Geriatric Oncology Service Development

- I'm a clinical Oncologist and conduct Oncology clinics at Blackpool Victoria Hospital, a coastal resort where there are proportionately higher older population.
- About 50% of my typical clinic list is made up of patients aged 70 years or older.
- Most research data do not have large proportion of older patients as participants. I'm having to make my own clinical judgement regarding appropriateness of oncological treatments in these elderly patients.
- The advanced course in geriatric oncology has helped me make appropriate and clinically relevant assessment and hopefully qualitatively better judgement in looking after my elderly patients.
- Acute Oncology service in NHS hospitals purposely help in qualitative management of treatment related toxicities. I'm using our acute oncology admissions data to provide numerical information to help develop a business case of incorporating geriatrics into oncology.

Purpose

- The support of geriatrics in managing patients admitted following Systemic Anticancer Therapy (SACT) will help enhance the quality of medical care for all cancer patients but more so, for elderly patients.
- Development or service improvements that require funding typically requires the development of a business case.
- Soon after my Advanced Geriatric Oncology course, I found out that our oncology services manager was in the process of developing a business case to improve the provision of in-patient care of acute oncology patients who are admitted with SACT related toxicities such as Neutropenic sepsis, etc..
- I, therefore, utilised the opportunity to discuss the incorporation of a Geriatrician, as the lead medical consultant managing the care of the admitted acute oncology patients..

Acute Oncology Admission Audit

In view of the need to include some numerical information to convince the management of the need to incorporate a Geriatrician as part of the proposed acute oncology ward, I conducted a small audit; this involved:

- Collecting and reviewing all acute oncology admission for the months of April, May and June, 2017.
- I analysed the Ages of the individual patients as well as their diagnosis
- Limitations of the audit includes:

(1) Lack information on specific morbidities (2) Lack of details of duration of hospital admissions (3) No details of overall number of patients treated during the same period.

Findings

Total of 232 acute oncology patients were admitted, April – June 2017 in Blackpool Victoria Teaching Hospital NHS Foundation Trust.

Mean age of all the patients was 66.8 years, with a range of 32 – 93 years.
44% of all the patients were age ≥ 70 years.

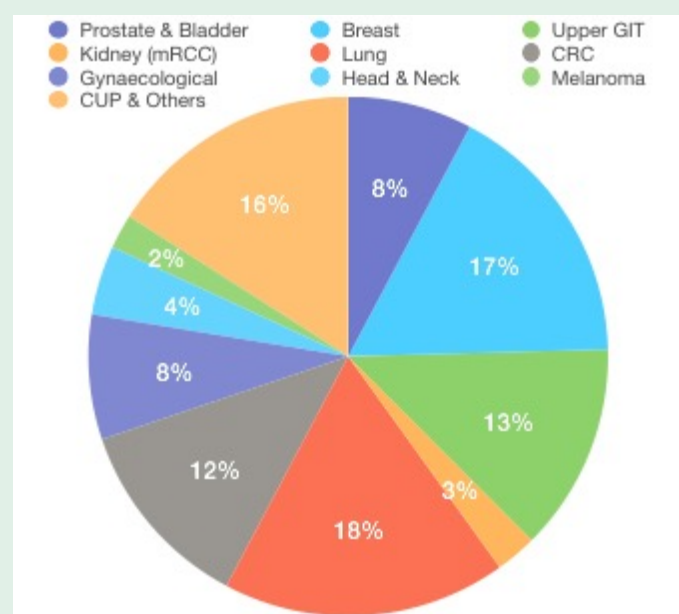
18% of all admissions were Lung cancer patients, 17% were Breast Cancer and 13% were upper Gastrointestinal cancer patients.

73% of the admitted Lung cancer patients, 56% of Gynaecological and 50% of Prostate & Bladder patients were ≥ 70 years.

Table 1: Acute Oncology Admissions April - June 2017 at BVH

Cancer	No Admitted	Mean Age (Years)	Range (Years)	Proportion age 70+
Prostate & Bladder	18	74.7	57 - 93	50%
Breast	39	59.4	39 - 83	10%
Upper GIT	30	67.7	53 - 83	43%
Kidney (mRCC)	6	66.8	47 - 82	33%
Lung	41	71.3	50 - 90	73%
CRC	28	66.0	34 - 87	43%
Gynaecological	18	70.5	49 - 83	56%
Head & Neck	10	56.3	44 - 85	10%
Melanoma	5	58.8	35 - 82	20%
CUP & Others	37	68.7	34 - 92	43%
TOTAL	232	66.8	32 - 93	44%

Relative Proportions by cancer diagnosis of acutely admitted patients



Current Acute Oncology Service

- Almost all systemic anticancer treatments are now delivered as out-patient treatments.
- When patients develop treatment related toxicity requiring hospital admission, the admission process is done, typically, either through the Acute Medical admissions or via the Accident and Emergency (A & E) unit. Cancer patients do not enjoy any special consideration.
- Acute oncology service, involves clinical and/or medical oncologist offering advice to the admitting medical team in relation to the in-patient care of the acutely admitted oncology patient.
- The acute oncology team usually includes an oncologist and nurses; who conduct a daily 'hospital-wide' ward round.
- The introduction of acute oncology service has helped in improving outcomes of acutely admitted oncology patients; including reduction in length of hospital stay and avoiding unnecessary investigations.
- There are well developed protocols for management of acutely admitted oncology patients, usually electronically accessible by all medical teams.
- Compliance to protocol is monitored (1).
- However, the current admission process can be quite distressing for oncology patients:
 - (1) They could be waiting in A & E for hours.
 - (2) They could potentially be admitted into any ward in the hospital, as this is determined by bed availability within the hospital.

The Proposed changes

- We intend to develop an acute oncology dedicated admission location
- We intend to have an "oncology patient only" ward
- The Acute Oncology Ward will be staffed by Physicians
- The Consultant, who will be the team leader, will be a Geriatrician

Conclusion & Future Plan:

The audit is meant to show the significant proportion of ≥ 70 years patients that are being treated with systemic anticancer therapy and incorporated this information into the business case to help encourage management to fund geriatrics for cancer patients as part of service improvements.

I will continue to explore ways of improving Geriatric cancer care; through audits and clinical trials.