

# SIOG Advanced Course outcomes

TASMANIAN  
HEALTH  
SERVICE



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## Introduction

Tasmania is the smallest state in Australia with a population of around 515 000 people out of a total population of 24 million in Australia. Tasmania has unfortunately has some of the highest levels of socioeconomic disadvantage. This has led to a disproportionate level of chronic diseases and lower life expectancy compared to the other states in Australia<sup>1</sup>.

Cancer incidence in Australia is high and it was predicted in 2017 that 75% of all new cancer diagnoses would be in males over 60 years of age and 66% in females over 60 years of age<sup>1</sup>. This reflects the ageing population of Australia. Tasmania has a unique problem in that the population has remained stagnant in size however the proportion of older people has been increasing leading to a significant burden of cancer and chronic disease in the state compared to other states.

Tasmania has a total of 6 medical oncologists and 8 clinical hematologists and no geriatric oncologists. Our ageing population would benefit from integrating principles of geriatric medicine into oncology and hematology.

## Aim of SIOG advanced course

The International Society of Geriatric Oncology advanced course in geriatric oncology took place in Treviso, Italy in July 2017. It was held for specialists and trainees from Europe, Australia, Asia, America and Africa.

The main aim of attending the course was to facilitate training a doctor in Tasmania to learn skills for integrating comprehensive geriatric evaluation into our oncology and hematology department. The secondary aim was to foster relationships with other institutions with dedicated geriatric oncology services to learn the practical methods of starting a service in a our own institution.

## Improvements at the Royal Hobart Hospital

There have been numerous positive outcomes from attending the advanced course, part 1 in Treviso, Italy. Educational sessions were held in the interdisciplinary oncology, hematology and palliative medicine meeting at our institution. This highlighted the G8 geriatric screening tool. It empowered oncology and hematology clinicians when to seek a comprehensive geriatric assessment from a geriatrician for patients who were deemed at risk on the G8.

Chemotherapy toxicity scales, CRASH and CARG tool were introduced to the oncology and hematology clinicians to help understand risk factors in older patients undertaking chemotherapy. It also provided them a means of comparing different regimen toxicities. The other benefit was it encouraged more vigilance in those deemed high risk for grade 3-5 toxicity via the screening tools.

A dedicated geriatric oncology clinic commenced over the last 3 months at the Royal Hobart Hospital. Its goal was to facilitate rapid assessment of older patients with malignancies within 1-2 weeks so as to fit into a patient's cancer journey and allow interdisciplinary interventions to commence without delaying other treatments.

## Future directions in geriatric oncology

There are many challenges in our institution with respect to integration of geriatric oncology. One of the initial blocks has been the resistance of clinicians from changing their old patterns of assessment of patients. Through highlighting the importance of other factors such as nutrition, cognition, comorbidity, frailty as well as function, it has been shown that a comprehensive geriatric assessment and interventions could effectively reduce complications and improve quality of life of the older person with a cancer diagnosis.

Clinical practice can be improved through integration of guidelines for treatment of individual cancers in the elderly and SIOG. Integrating these guidelines into our own institution may be worth monitoring through quality assurance projects looking into outcomes of elderly patients before and after the implementation of guidelines in our unit.

Education will be another area to improve in our institution. Through regular involvement of geriatric medicine in lectures and talks we could aim to keep people abreast of current changes in geriatric medicine and also educate junior staff and students rotating through the oncology and hematology departments. The aim of this would be disseminating knowledge to future medical workforce and thereby improve acceptance of geriatric medicine in oncology and hematology.

## Research goals

Our future research goals at The Royal Hobart Hospital include understanding of the outcomes in older patients before the introduction of comprehensive geriatric assessment and to look into the immediate effects after introducing geriatric assessments on both mortality, morbidity and quality of life.

Our current project is looking into rates of delirium amongst lung cancer patients over the age of 65 years old and comparing this with the rate of delirium in general medical wards within the hospital.

We will be exploring the relationship between comorbidity, age and socioeconomic levels of disadvantage on the outcomes of survival and aggressiveness of chemotherapy treatment regimens.

## References

1. Australian Institute of Health and Welfare 2017. Cancer in Australia 2017. Cancer series no.101. Cat. no. CAN 100. Canberra: AIHW.



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