

IMPLEMENTATION OF A MULTI-DISCIPLINARY GERIATRIC ONCOLOGY CLINIC IN TORONTO, CA

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IMPETUS

- Older patients comprise >50% of all cancer patients
- Clinical trial data are not wholly applicable to this population
- Treatment plans may not be optimal for older patients
 - Older patients are at greater risk for Grade ≥ 3 chemotherapy toxicities
- American Society of Clinical Oncology (ASCO) recommends geriatric assessment
- Comprehensive Geriatric Assessment (CGA)
 - Identify information to help guide treatment plans

ODETTE CANCER CENTRE

- Audit (2019)
 - 30% of oncology patients received a geriatric consult
 - Mean time to consultation = 11 weeks
- Aims of Geriatric Oncology (GO) Clinic
 - Increase access to CGA
 - Decrease referral times for assessments
 - Aid in cancer treatment planning
 - Address complex health needs
 - Improve access to allied supports
- Objective: Assess if more patients could access geriatric care; reduce time to consultation

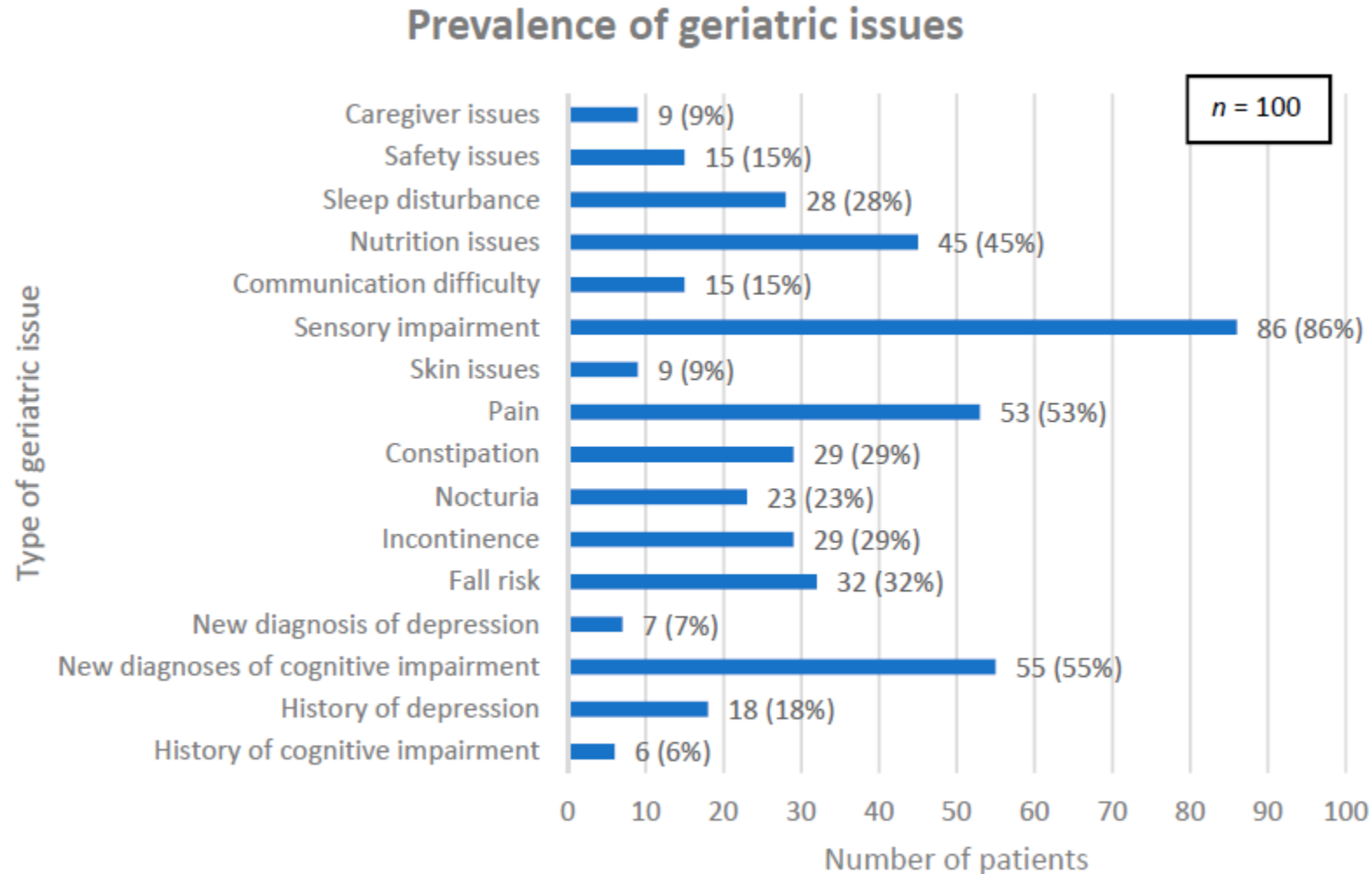
METHODS

- Retrospective Cohort Study
- 12 March 2020 to 29 February 2024
- GO Clinic (Interprofessional Team) – Referral-based Program
 - Multi-step protocol
 - Pharmacy – Comprehensive BPMH; Medication Review
 - Nursing – Functional Assessment, Geriatric Depression Scale (GDS), geriatric review of systems
 - Medical Trainee(s) – CGA
 - Medical Oncologist – Discuss, decide on recommendations with trainee and Geriatrician
 - Geriatrician

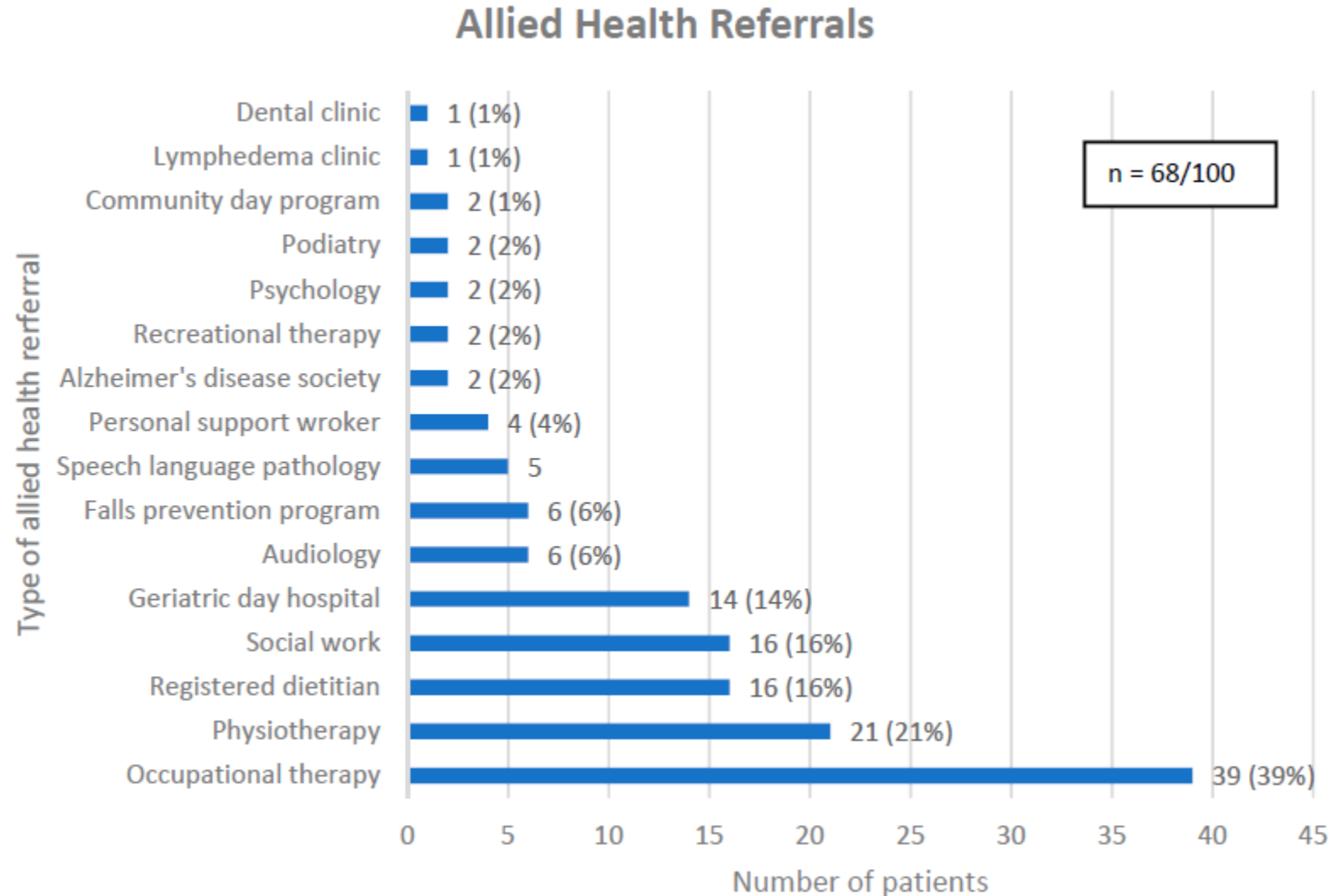
RESULTS	
	Total
	(<i>n</i> = 100)
Age	
Median (Range)	80 (63–97)
Sex	
Female	70 (70%)
Male	30 (30%)
Cancer type (<i>n</i> = 106) ^a	
Breast	33 (31%)
Gastrointestinal	27 (25%)
Skin	14 (13%)
Lung	10 (9%)
Malignant hematology	8 (8%)
Genitourinary	8 (8%)
Gynecologic	3 (3%)
Head and neck	3 (3%)

Cancer stage (<i>n</i> = 106) ^a	
Early stage (I-III)	52 (49%)
Advanced stage (IV)	49 (46%)
No proven cancer—IPMN	3 (3%)
N/A—Suspected MDS or MDS/MPN overlap	2 (2%)
Number of active and past medical conditions	
Median (Interquartile range)	7 (5, 10)
Pre-existing conditions of interest	
Depression	18 (18%)
Delirium	9 (9%)
Dementia/cognitive impairment	6 (6%)
Number of current medications	
Median (Interquartile range)	7 (4, 10)
Cancer treatment status at the time of CGA	
On treatment ^b	41 (41%)
Considering treatment	29 (29%)
On surveillance	25 (25%)
Current treatment on hold	5 (5%)
Type of cancer treatment at time of CGA (<i>n</i> = 52) ^c	
Endocrine therapy	21 (40%)
Chemotherapy	16 (31%)
Immunotherapy	10 (19%)
Targeted therapy	4 (8%)
Radiation	1 (2%)
Dosing of current treatment (<i>n</i> = 46)	
Ideal dose	27 (59%)
Reduced	16 (35%)
Increased	2 (4%)
N/A	1 (2%)

PREVALENCE OF GERIATRIC ISSUES



TYPES OF ALLIED HEALTH REFERRALS



OBJECTIVE

- Increase proportion of patient access to geriatric assessment/care
 - 2019 Audit = 30%
 - Mean time to consultation = 11 weeks
 - Since GO Clinic Inception = 97%
 - Mean time to consultation = ~3 weeks
- Additional Findings
 - 65 new comorbidities were diagnosed
 - Nearly 50% had medication-related changes made
 - 20% of patients received referrals to 1-2 specialists
 - 68% of patients received ≥ 1 allied health referrals

LIMITATIONS & CONCLUSIONS

Limitations

- Sample size
 - Relatively small
- Single center analysis
 - Representative of more educated and higher socioeconomic population
- Retrospective design

Conclusions

- Geriatric Oncology Clinic improved access to geriatric assessment with a greatly reduced referral time