

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

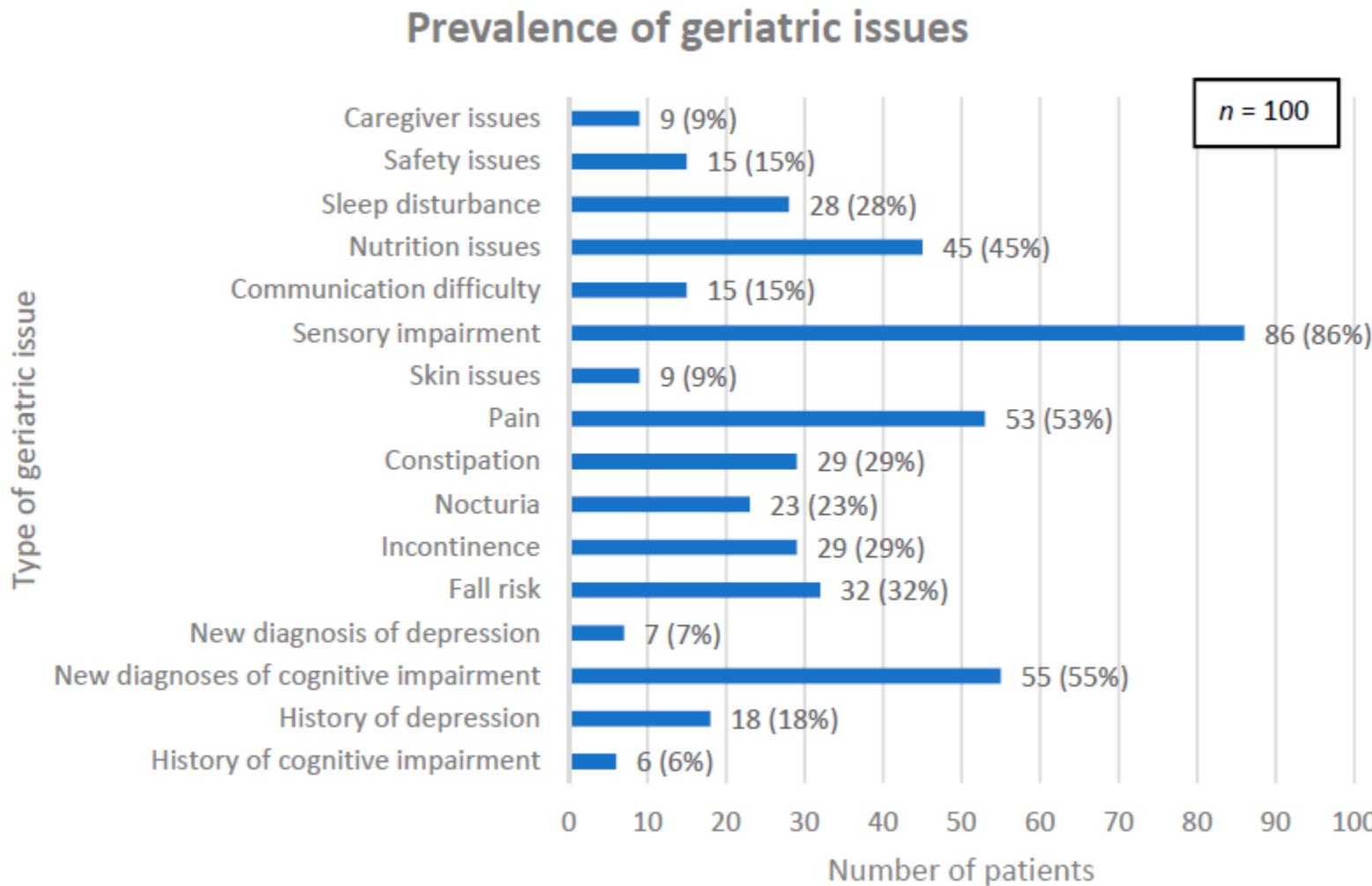
METHODS

- 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

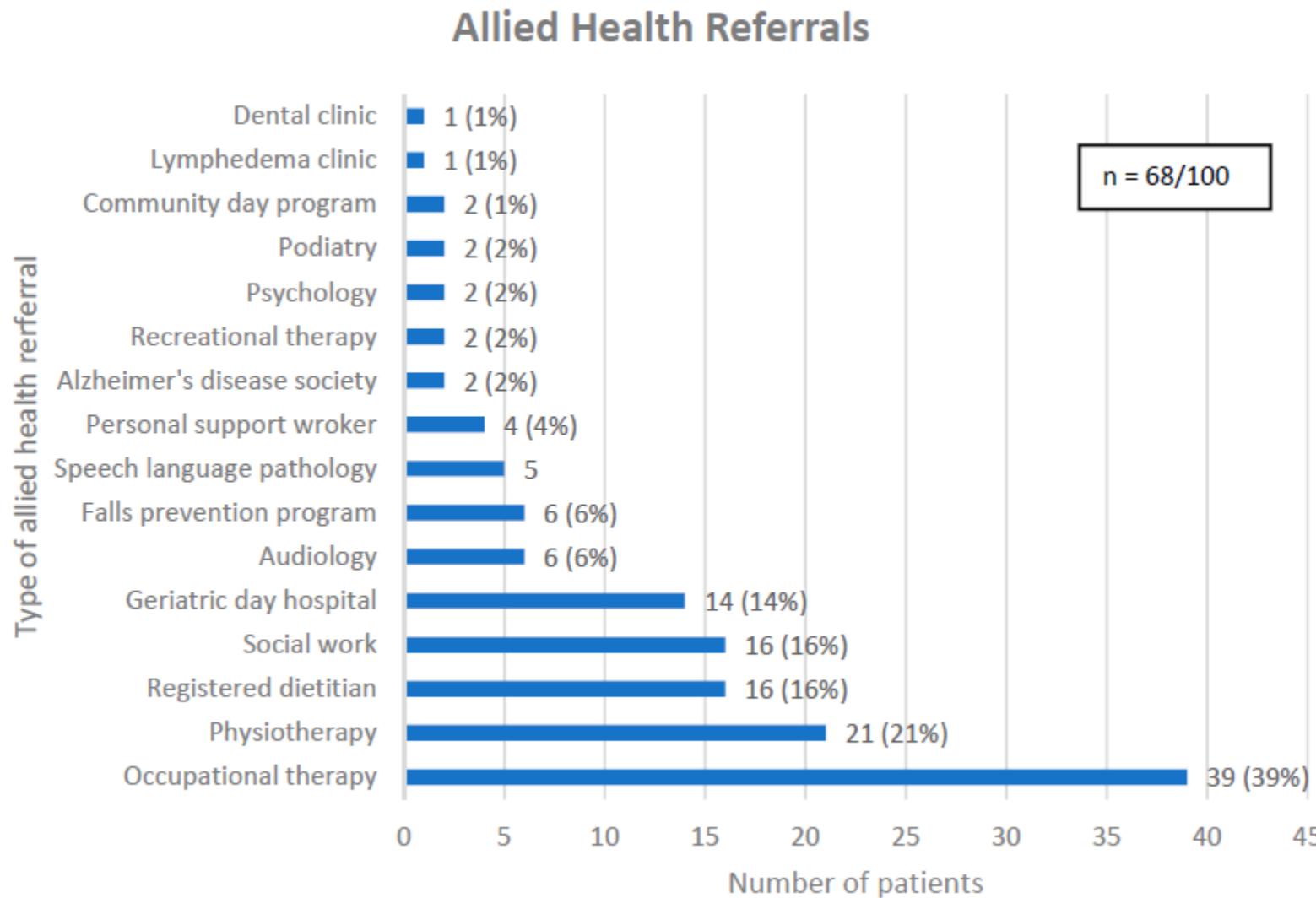
RESULTS

	Total (n = 100)	Cancer stage (n = 106) ^a
Age		
Median (Range)	80 (63–97)	Early stage (I-III) 52 (49%)
Sex		Advanced stage (IV) 49 (46%)
Female	70 (70%)	No proven cancer—IPMN 3 (3%)
Male	30 (30%)	N/A—Suspected MDS or MDS/MPN overlap 2 (2%)
Cancer type (n = 106) ^a		Number of active and past medical conditions
Breast	33 (31%)	Median (Interquartile range) 7 (5, 10)
Gastrointestinal	27 (25%)	Pre-existing conditions of interest
Skin	14 (13%)	Depression 18 (18%)
Lung	10 (9%)	Delirium 9 (9%)
Malignant hematology	8 (8%)	Dementia/cognitive impairment 6 (6%)
Genitourinary	8 (8%)	Number of current medications
Gynecologic	3 (3%)	Median (Interquartile range) 7 (4, 10)
Head and neck	3 (3%)	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 (n = 52) ^c
		Endocrine therapy 21 (40%)
		Chemotherapy 16 (31%)
		Immunotherapy 10 (19%)
		Targeted therapy 4 (8%)
		Radiation 1 (2%)
		Dosing of current treatment (n = 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