Dr Richard Simcock
Consultant Clinical Oncologist

Dr Ashling Lillis
Acute Medicine Consultant and
Macmillan Clinical Advisor

Dr Anthea Cree
Clinical Oncology Registrar

Dr Juliet Wright
Senior Lecturer in Elderly Medicine

Professor Malcolm Reed
Dean and Professor of Surgical Oncology

Dr Fiammetta Ugolini
Specialty Doctor in Breast Surgery
Introduction

Dr Richard Simcock introduces the Expert Reference Group for the Older Person with Cancer, supporting age-friendly cancer care.

The Expert Reference Group for the Older Person with Cancer (ERG) was convened by Macmillan in 2014 to help address the inequities in outcome observed in older people.

The group provides expertise and independent, evidence-based advice to Macmillan, and facilitates the development of appropriate tools, guidance, evidence and expertise to ensure that the UK can deliver age-friendly cancer care.

There is now a large amount of data that shows older people have poorer cancer outcomes than their younger counterparts. Reasons are complex; some of this appears to be the result of delayed diagnosis but some is also due to reduced access to treatments. The differences are highly noticeable when compared to the best-performing countries in Europe.

The ERG is made up of a wide range of healthcare professionals from across the multidisciplinary spectrum, and we benefit from having a high level of user involvement. The team originally established three workstreams:

- **Workforce** – ensuring that the cancer workforce has the requisite skill mix needed to accommodate an expanding and ageing cancer population.
- **Assessment** – scoping and developing a set of screening interventions to help identify patients in need of a fuller geriatric assessment.
- **Research** – reviewing current data sets to support the workforce and assessment subgroups and determining where gaps in data and linkages between data sets can be improved.

The ERG initially helped to inform the aims and ambitions of the 2015 National Cancer Strategy for England for the next five years, and included within that strategy are two aims specifically targeted at older people. First, a commitment to try and introduce comprehensive geriatric assessment in the routine management of older people; and second, to increase the research base in this area.

The assessment group has benefited enormously from the input of Dr Tania Kalsi and Dr Danielle Harari, consultant geriatricians from Guys & St Thomas’ Hospitals in London. Providing their geriatrician expertise to an oncology clinic has been invaluable in informing our approach.

The medical research literature is populated with large numbers of studies looking at different scaling and rating systems, which help to try and assess the fitness of older patients, in particular with their ability to tolerate cancer treatments. None of these rating scales are perfect, and all have their champions and detractors.

Within the ERG there were concerns that the arguments about the primacy of one test over another was delaying the most important thing of all: moving formal assessment into the clinic sooner. We therefore organised a consensus group who worked through a large number of the available tools and tried to distil from them the most important questions that enable clinicians and healthcare teams to assess their patients better. This work led to the development of the Cancer in Older People’s Toolkit, an ongoing project still in pilot. You can read more about this on page iv.
The research team has been working to identify where the research gaps are, and in particular to help try and set research priorities for the future. In doing this, the ERG was keenly aware that large numbers of different bodies, including NHS England, the Royal College of Radiologists and the Royal College of Surgeons, as well as national chemotherapy audits, were all looking at the issues faced by older people. The ERG has been gathering representatives from these different working parties to come and share their expertise with us and vice versa, to maximise synergies and progress our work more quickly.

The workforce group, under the leadership of Dr Jackie Bridges from the University of Southampton, has produced a comprehensive report, which looks in detail at the specific problems in providing high level care for older people. It is available to download from bit.ly/2Epzj1x. It is well recognised within Macmillan that there is a significant workforce problem in healthcare, but these problems might be even more magnified when considering the needs of older people. As well as numbers of staff, there are issues of retention and attitudinal issues that need to be addressed.

Training is a particular concern, and throughout 2018 and beyond, the ERG is now looking to improve training on caring for older people for the healthcare workforce. Productive conversations have taken place with the Royal Colleges that set curricula for oncologists in training to cover issues specific to older adults.

As well as providing education within training, the ERG is also now collaborating with other organisations to provide educational events for professionals. These events will outline the major areas of disparity, and include practical workshops and talks on how these areas can be tackled. The first of these is to be held in Manchester in the spring, with a further event planned in the South East in the autumn. You can read more about training on page viii.

Measuring success when looking at cancer in older adults is challenging. For some older people it may be appropriate for them to receive less cancer treatment rather than more, and the reverse is also true. With good advocacy and support, the older cancer patient should be able to reach the decision that is right for them. The ERG would like to see healthcare professionals properly equipped and trained to help diagnose, inform and assess each older person with cancer so that everyone gets the best outcomes possible.

‘It is well recognised within Macmillan that there is a significant workforce problem in healthcare, but these problems might be even more magnified when considering the needs of older people.’

Further information
Dr Richard Simcock
Consultant Clinical Oncologist
Brighton and Sussex University Hospitals
richard.simcock@bsuh.nhs.uk
More than a third of cancer diagnoses occur in people over the age of 75. The Independent Cancer Taskforce’s Cancer Strategy for England, published in 2015, provided a timely reminder that older people are more likely to have their cancer diagnosed late, while a growing body of evidence suggests that older patients are less likely to receive the most clinically effective and appropriate treatment for their cancer.

Active older people in good health are very different from older people who are frail or have other health conditions. Older people with multiple morbidities are less able to tolerate treatment and so may choose to forego treatment altogether.

The Cancer Strategy for England includes a key recommendation to develop a comprehensive care pathway for older patients (aged 75 and over in the first instance), incorporating an initial electronic health needs assessment (eHNA), followed by a frailty assessment, and then a more comprehensive geriatric needs assessment if appropriate.

In an ideal world, every single older person who is affected by cancer and has co-morbidities would have access to a geriatrician. However, the current evidence shows that there is a long way to go to make this a reality for patients in the UK.

According to a recent report from Macmillan and the International Society of Geriatric Oncology, the evidence indicates that deficits exist across the workforce in terms of education and training in the assessment, management and treatment of older people with cancer.

It is also reported that there is a shortage of nurses with specialist experience in older people’s care, while geriatricians are also in short supply.

The report called for a reliable assessment instrument to enable professionals to treat and manage older people effectively, and for skills and knowledge to be better integrated between geriatricians and oncologists.

### Starting with a questionnaire

This report led to Macmillan working with oncologists and geriatricians to develop a cancer and older people questionnaire, a screening tool for oncologists and cancer teams to use when an older person affected by cancer comes in to clinic.

The Cancer in the Older Person (COP) questionnaire includes a patient self-reported section identifying common functional and medical issues affecting older adults, and a cancer team-administered section focusing on co-morbidities and medications. In pilots it was possible to complete the questionnaire in just 3–5 minutes.

The project was led by Consultant Geriatricians Tania Kalsi and Danielle Harari, who published an article in Nature in 2015 to demonstrate the impact of the questionnaire on older people’s tolerance to chemotherapy.

This was a report of a comparative study of two cohorts of older patients (aged 70+ years) undergoing chemotherapy in a London hospital. The study compared outcomes between a control group receiving standard oncology care and an intervention group who had undergone risk stratification using the patient-completed screening questionnaire developed by Macmillan. High-risk patients received comprehensive geriatric assessment (CGA).
The results showed that intervention participants who underwent CGA were more likely to complete their cancer treatment as planned, with fewer needing treatment modifications.

The article concluded that geriatrician-led CGA interventions were associated with improved chemotherapy tolerance, and that standard oncology care should adapt to optimise chemotherapy outcomes for older people.

Anecdotal feedback on the questionnaire suggests that there is an appetite in the wider oncology community for a tool to enable oncologists and cancer teams to support older people through treatment more effectively. Professionals want to know how to ask the right questions, and then how to address any issues raised.

Dr Harari and Dr Kalsi are also co-authors on a book published in 2015, _Problem Solving in Older Cancer Patients_, which won first prize in the oncology category at the British Medical Association’s 2016 Medical Book Awards.

Each chapter of the book approaches a different clinical problem often seen in older people with cancer, usually related to co-morbidity.

This evidence-based guidebook contains a wealth of knowledge to assist clinicians in managing treatment of older people with cancer, taking into account their co-morbidities, level of frailty and patient choice.

However, for busy clinicians facing increasing workloads and staff shortages, a simpler method was required to share this knowledge and change practice on the ground.

**A new toolkit**

During my time at Macmillan as a National Medical Director’s Clinical Fellow, I worked with Macmillan colleagues to improve outcomes for older people with cancer.

My speciality is acute medicine, so while I am not a cancer doctor or a geriatrician, I was a good person to act as a bridge between the two specialities to help share best practice and meet a professional need.

Our ambition is for CGA to be fully integrated within an older person’s initial assessment, within a trust’s IT system, much like the eHNA. However, we know this is a big undertaking requiring additional funding and resource, and so we looked to find a way to change behaviour in a much more immediate
timeframe. That meant we had to find a way to get cancer teams using the questionnaire. Feedback from clinicians was that they felt reluctant to ask questions about a patient’s needs that were unrelated to cancer when they didn’t have the experience or services to deal with the problems identified.

We came up with the idea of an assessment toolkit, based on the initial COP questionnaire developed by Dr Harari, Dr Kalsi and the Macmillan team.

The Cancer in the Older Person (COP) Tool is designed for use by cancer teams to identify co-morbidities and functional issues affecting the treatment and wellbeing of older people with cancer and provide some basic steps to medically optimise these issues.

It can be used at initial assessment and throughout a patient’s cancer journey to give them the best chance of getting through appropriate anti-cancer treatments (surgical, chemotherapy or immunotherapy). The COP tool consists of two parts:
• The COP questionnaire;
• The COP assessment toolkit, which provides simple interventions that cancer teams can initiate to better support issues identified by the COP questionnaire.

Issues highlighted in the COP questionnaire are linked to management cards in the COP assessment toolkit. These cards are designed to be used in the clinic room and can be amended with contact details of local contacts and services. Each card follows the same format: Do this… Try this… Contact this person…

The toolkit also includes a guide to getting started, because we know that a lot of the consultant advisers we talked to were struggling with how to begin these conversations.

This includes practical tips, such as ensuring you have blood pressure cuffs and blood sugar machines available in clinic, information on how to find colleagues who can support you and help with mapping local services that you may want to refer people to.

We have found that success with this toolkit is based on the relationships that clinicians make, both with their departments and across the wider trust. This is how colleagues can share information and best practice and discover existing services and voluntary organisations that can make a difference for older people going through cancer treatment.

Feedback and next steps
The cards were printed at the beginning of September 2017 and have been used by geriatricians and oncologists who sit on Macmillan’s Expert Reference Group for the Older Person with Cancer as part of a pilot phase.

The cards have been very warmly received across a wide range of professionals, from allied health professionals and clinicians to nurses, researchers, oncologists and geriatricians.

Towards the end of 2017 we pulled together some of the feedback we received and are now looking at increasing the number of co-morbidities covered within the toolkit. We have also met with NHS England to see how we can share this learning to improve outcomes for older people, especially in the area of assessment, across a number of different clinical areas.

We are keen to get the cards out to more professionals and to gather as much feedback as possible. If you or your colleagues are interested in trying them out, please get in touch with Dr Danielle Harari, Consultant Geriatrician at Guy’s and St Thomas’ NHS Foundation Trust, at danielle.harari@gstt.nhs.uk

About the author
Dr Ashling Lillis
Acute Medicine Consultant and Macmillan Clinical Advisor
Royal Free London NHS Foundation Trust
ashling.lillis@nhs.net

Older people and cancer
A third of people with cancer are aged over 75. This is a diverse group of patients varying from very fit to frail. Their level of frailty depends not only on their medical comorbidities, but many other factors including family support, polypharmacy, mental health and physical functioning.

Older patients are more likely to present as an emergency and are less likely to receive surgical, radiotherapy or chemotherapy treatment. The desire to maintain independence may also affect treatment choices for many older people with cancer.

In some countries, such as France, there has been significant investment in developing targeted services for older people with cancer, with all patients having access to specific geriatric oncology clinics.

Although some pioneering services have been developed within the UK, it is unlikely that there will be the funding or workforce needed to replicate this throughout the NHS. This means that we need to ensure all those working in an oncology setting have the basic skills required to manage older patients.

Education has been highlighted as a priority by both the International Society of Geriatric Oncology (SIOG) and the Macmillan Expert Reference Group for the Older Person with Cancer.

**Understanding frailty**

The concept of frailty is becoming widely recognised in many settings. One common model of frailty is a cumulative deficit model, with a person developing problems in different areas and becoming less able to cope with an acute illness. Frailty does not present exclusively in older people but the incidence increases with age.

A comprehensive geriatric assessment evaluates many different areas of a person’s health including medical, nutritional, social and functional and is usually performed by several different health professionals. The aim is to gain an overview of a patient to target support and intervention. This concept can be usefully applied to an oncology setting, but both awareness and the skills to implement this are lacking.

A number of studies suggest that oncologists lack confidence in the management of older patients. Healthcare professionals who work in an oncology setting currently have a focused training, and will not see general medical patients.

Although cancer treatment is delivered by specialist services, the majority of older people receive most of their healthcare in a general setting and early diagnosis is key to improving outcomes. Therefore, to improve patients’ treatment, we must target both hospital and community settings.

In contrast to oncology, there are no studies reporting geriatricians’ experiences of managing older patients with cancer. Unless directly involved with cancer multi-disciplinary teams, many geriatricians only see cancer patients when there is a problem. This may lead to an overly-negative view about the benefits of cancer treatment.

During a recent teaching session with geriatric registrars, many were unaware that some localised cancers could be cured by radiotherapy. Conversely, an over-optimistic view of the potential benefits of cancer treatment may lead to people undergoing multiple unnecessary investigations. This can still occur despite the presence of acute oncology teams in all hospitals.
The role of nurses and allied health professionals is fundamental to patient care, both within oncology and geriatrics. Allied health professionals such as occupational therapists could have a vital role in improving cancer care for older adults with their functional holistic approach. Specialist nurses, who often support patients from the beginning of their treatment, could also play an important role in identifying issues early.

The need for training
There are now a variety of courses, both online and offline, in areas such as frailty and care for older people. However, these might not cover the specific issues that older people undergoing cancer treatment may face.

In many settings, there is a focus on the frailest patients with an aim of avoiding hospital admission. This group of people is unlikely to be well enough for active cancer treatment. Patients with fewer health problems, often termed ‘pre-frail or vulnerable’, are more likely to be seen in an oncology setting.

Older people may also have specific problems or co-morbidities that mean standard treatments need to be altered to be suitable. They may also experience different patterns of toxicity, or toxicities may have a greater impact. For example, muscle weakness due to steroids may lead to falls.

Pre-habilitation is another area of potential interest, with patients undergoing interventions prior to treatment to increase their fitness. This is increasingly common in surgery, but could be also considered for patients undergoing radiotherapy or chemotherapy.

Sources of information
The aim of training within the UK is not to develop specialist geriatric oncologists, but to give health care professionals a basic awareness of issues faced by older patients with cancer.

And so, I think that at least some training should be aimed at healthcare professionals from both oncology and geriatrics backgrounds. Although providing education to a varied group of people is challenging as they have different backgrounds and educational needs, this is offset by the benefits of bringing the different groups together, to increase awareness of roles and develop relationships.

At the Christie School of Oncology, we have planned a Geriatric Oncology Study Day on 23 March 2018, aimed at all healthcare professionals from both an oncology and geriatrics background. The morning will be a general introduction to geriatric oncology for all participants, with a choice of afternoon workshops offering more tailored training.

Other sources of information include the SIOG website, siog.org, as well as the organisation’s yearly conference, which this year will be held in Amsterdam on 16–18 November. Within the UK, the British Geriatric Society has an excellent website, bgs.org.uk, with lots of useful information. They also have a specialist onco-geriatrics group, which runs a yearly conference. The MDTea podcasts – a free series of podcasts for all healthcare professionals working with older adults available at thehearingaidpodcasts.org.uk – are also a great way of learning about issues impacting older people.

As the proportion of people surviving to old age increases, we will see rising numbers of older people with cancer. Hopefully, with a growing interest in this area and more training opportunities available, we will be able to provide them with sensible, kind and patient-centred care.

For more information on the Geriatric Oncology Study Day at the Christie School of Oncology visit christie.nhs.uk/soo-events

About the author
Dr Anthea Cree
Clinical Oncology Registrar
Christie NHS Foundation Trust
anthea.cree@christie.nhs.uk
A joint geriatric oncology clinic

Managing care for elderly women diagnosed with breast cancer in Brighton.

About the authors

As the mean age of the population steadily increases, breast cancer in older individuals is increasingly common in clinical practice.

Over 30% of diagnoses of breast cancer occurring in women aged over 70 years, who often have multiple co-morbidities and complex health-related problems.

In 2012, the International Society of Geriatric Oncology (SIOG) and European Society of Breast Cancer Specialists (EUSOMA) published updated recommendations for the management of elderly patients with breast cancer.

They recommended primary endocrine therapy for older women with estrogen-receptor-positive tumours, who have an estimated life expectancy of less than three years and who are unfit for, or have refused, surgery.

Life expectancy is difficult to estimate and should not be confused with age. A comprehensive geriatric assessment, which includes a functional and cognitive review, provides a balanced clinical assessment of a patient’s reserve, and highlights opportunities to maximise health and function.

This provides vital clinical information when considering therapeutic options. However, it is often not easy to carry out a careful assessment of a person’s condition in a busy diagnostic surgical clinic.

For these reasons, a dedicated clinic was set up at the Park Centre for Breast Care at Brighton and Sussex University Hospital, where patients are referred according to medical complexity as well as age, and are assessed jointly by a geriatrician and a breast surgeon. The aim was to examine the impact of joint assessment on the management of breast cancer in an older, frail population. Patients were referred according to medical complexity as well as age, and referral criteria were:

- Older women (no age cut-off)
- Newly diagnosed with breast cancer, considered unfit for or declining surgery
- Patients on primary endocrine treatment who develop disease progression

From April 2015 to June 2017, 104 new patients were seen at the clinic, including 71 women with early breast cancer, six with locally advanced or metastatic cancer, 13 women with disease progression on primary endocrine therapy and six patients referred for holistic assessment once their treatment was completed.

Surgical assessment included clinical examination, and review of breast imaging, core biopsy histology and staging investigations.

Focused geriatric assessment looked at co-morbidities, cognitive function, physical function, nutritional status, social status and polypharmacy.

Half of the patients referred to the clinic required a change of medical management to address issues identified by geriatric assessment. After comprehensive review, 26 patients had their treatment plan changed to undergo surgical treatment, nine had their endocrine treatment changed, six were referred for palliative radiotherapy and two were referred for intravenous bisphosphonates.

Patient-reported outcomes data shows that women were very supportive of the joint clinic and the length of the comprehensive consultation was rated highly.
Resources

Further information

The rich picture: Older people with cancer
Macmillan Cancer Support
A collation of evidence about the numbers, needs and experiences of people affected by cancer.
be.macmillan.org.uk/be/p-22327-the-rich-picture-on-older-people-with-cancer.aspx

No one overlooked: Experiences of older people affected by cancer
Macmillan Cancer Support
A report looking at the experiences of older people affected by cancer.
be.macmillan.org.uk/be/p-22766-no-one-overlooked-experiences-of-older-people-affected-by-cancer.aspx

Access all ages: Assessing the impact of age on access to surgical treatment.
Age UK and The Royal College of Surgeons of England
A 2012 report aimed at informing debates around how we care for older people.
www.rcseng.ac.uk/library-and-publications/rcs-publications/docs/access-all-ages

Access all ages 2: Exploring variations in access to surgery among older people.
Age UK and The Royal College of Surgeons of England
The 2014 follow-up report to Access all ages, addressing widespread variation in the rates of surgery for older patients, depending on where they live.
www.rcseng.ac.uk/library-and-publications/rcs-publications/docs/access-all-ages-2

Further reading

Problem Solving in Older Cancer Patients: A Case Study Based Reference and Learning Resource
By Alistair Ring, Janine Mansi, Danielle Harari, Tania Kalsi and Peter Selby
An evidence-based guidebook that will assist health care professionals managing older people with cancer to implement appropriate treatment strategies, taking account of comorbidities, frailty, and patient choice.

Learning and development

Macmillan Caring for Older People Training Resource
A health and social care professional’s directory of information, courses and training resources relevant to the care of older people.
www.macmillan.org.uk/about-us/health-professionals/programmes-and-services/improving-services-for-older-people/training-resources.html

Learnzone: Cancer and dementia
A one-day course to examine dementia and its complex interactions in the person affected by cancer undergoing treatment and or in receipt of care. Only available to Macmillan Professionals.
learnzone.org.uk/macprofs/287
References


4 T. Kalsi et al. 2015. The impact of comprehensive geriatric assessment interventions on tolerance to chemotherapy in older people. British Journal of Cancer 28;112(9):1435-44


7 Department of Health, Age UK and Macmillan Cancer Support. 2012 Cancer services coming of age: learning from the improving cancer treatment assessment and support for older people project. www.macmillan.org.uk/Documents/AboutUs/Health_professionals/OlderPeoplesProject/CancerServicesComingofAge.pdf [Accessed 01/18]
