The Impact of COVID on the Older Adult with Cancer

Kirsty Colquhoun

BGS OncoGeriatrics 2020

British Geriatrics Society
Improving healthcare for older people

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Team Effort

- Cassandra Ng
- Danielle Harari
- Rob Morris
- All our multidisciplinary members.

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60% of newly diagnosed malignancies & 70% of cancer deaths occur in the over 70s.

The number of over 65s with a cancer diagnosis is set to triple.

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- Oncogeriatrics pre COVID.
- Oncogeriatrics during COVID.
- Oncogeriatrics post COVID.

A Multidisciplinary Perspective

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Cancer Services Coming of Age: Improving Cancer Treatment, Assessment and Support for Older People

- Cancer outcome rates improving at a slower rates.
- Cancer outcomes poorer compared to other countries.
- Inequalities in access to services.
- Older patients are less likely to receive clinically effective treatment.
- **Age discrimination in cancer care is against the law**

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Oncogeriatrics

- **"The International Society of Geriatric Oncology recommends the use of CGA prior to medical or surgical intervention for older cancer patients"**

- **Impact of CGA on chemotherapy outcomes.**
  - **More likely to complete cancer treatment.**
  - **Less likely to need treatment modifications.**
  - **Grade 3 toxicity less likely**

  The Impact of Comprehensive Geriatric Assessment Interventions on Tolerance to Chemotherapy in Older People. British Journal of Cancer 112 Kalsi et al April 2015.

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The Effect of a Geriatric Evaluation on Treatment Decisions & Outcome for Older Cancer Patients

- Oncologic treatment plan altered in a median of 28% of patients.

- Non-oncological interventions recommended in a median of 72% of patients (social 39%, nutrition 32%, polypharmacy 31%)

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Regional Care of Geriatric Oncology Patients (eCancer Journal), Fabio Gomez

- Guy's & St Thomas' GOLD Service
- Wythenshawe Hospital
- Nottingham – SCOPES
- West of Scotland – COPS
- University Hospital of Llandough

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COVID, Cancer & Mortality

- COPE Study
  - Any immunosuppressant use was associated with an increased mortality (dose response relationship)

- COVID-19 and Cancer Consortium
  - Median age: 66.
  - Mortality closely associated with age (relative risk of death):
    - 65 – 74: 11%
    - > 75: 25%

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Diagnosis

(The Impact of the COVID-19 Pandemic on Cancer Deaths Due to Delays in Diagnosis Maringe et al The Lancet Oncology)

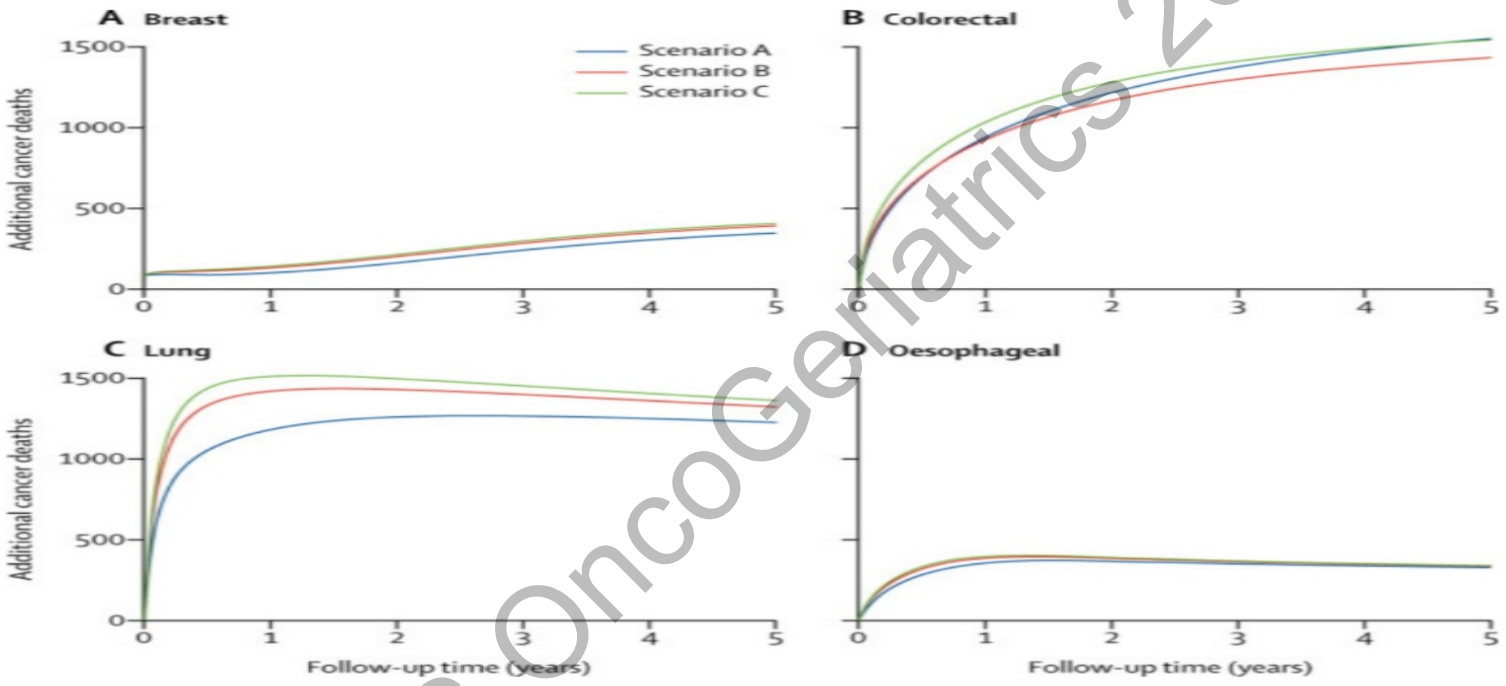

Figure 2 Estimated additional number of cancer deaths for each pandemic scenario A–C, for breast cancer (A), colorectal cancer (B), lung cancer (C), and oesophageal cancer (D)

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Changes in Services

- Redeployed.
- Reduced patient numbers.
- Inpatient.
- Clinics.

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Coping with Covid-19 and complex persistent symptoms

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Managing anxiety

- ✓ **Normal to be worried but will help to talk about worries and concerns** with others – if not family and friends, health professionals, try helplines ... https://www.nhs.uk/conditions/stress-anxiety-depression/mental-health-helplines/
- ✓ **Stick to the facts and limit exposure to distressing news content** - maybe just watch BBC daily government updates...
- ✓ **Problem solving and feeling prepared** ...try to identify those things you do have control over – can you make a plan of when to go shopping, when to speak and connect with others, what to do in an emergency
- ✓ **Try to recognise difficult feelings, accept them and find ways to manage them** ... https://www.nhs.uk/oneyou/every-mind-matters/anxiety/ https://www.nhs.uk/conditions/stress-anxiety-depression/
- ✓ Try the **APPLE** technique to deal with persistent worries and uncertainty ...**Acknowledge, Pause, Pullback, Let go, Explore** https://www.anxietyuk.org.uk/blog/health-and-other-forms-of-anxiety-and-coronavirus/

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MEDICAL DME REVIEW

Patient info

Nurse 1st Review: / / sign _____

Geriatrician 1st Review: / / sign _____

ADMISSION DETAILS		
Date of Admission:	/ /	G8 score
Current cancer diagnosis		
Cancer treatment		
PMH		

SOCIAL and FUNCTIONAL HISTORY		
Home alone / Home with family / Sheltered / RH / NH / Other:		Baseline wt –
POC frequency:	Informal help:	
Baseline mobility:	Current mobility:	
Baseline continence:	Current continence: Bowels opened on:	

MEDICAL AND NURSING ASSESSMENTS				
Nutrition	Fluids: IV / oral		MUST:	Dietician: YES / NO
Falls	fall in the last year: YES / NO		Seen by Falls coordinator: Y / N	
Sensory Deficits	Known Visual Impairment: Yes / No		Glasses: YES / NO	Hearing impaired: Y / N
Pressure care	PUDRA: YES / NO		Interventions:	
Cardiac	ECG:	BP: /	Postural BP : Normal / Deficit of / n/a	
Cognition	Baseline cognition:			
	AMT4: / 4		4AT:	Time bundle: Yes/No
	MMSE (if req) : / 30		Further cognitive assessment:	
	Delirium present: Y / N		Dementia present: Y / N	Known to Psych: Y / N
	Has Capacity / Lacks capacity		AWI used: Y / N	Treatment plan: Y / N
Medical	NEWS updated: YES / NO Concerns:		Bloods reviewed: YES / NO Concerns:	

MEDICATION REVIEW	
Polypharmacy: YES / NO	
Medications stopped	Reason for stopping
Medications started	Reason for starting
Analgesia: YES / NO Action:	Laxative: Yes / No / N/A

ELDERLY CARE LIAISON PLAN (SEE MEDICAL NOTES FOR CONSULTANT PLAN)	
Medical Problems / Liaison team Plan	
DISCHARGE from BOC ward to:	
Rehab / Home / Sheltered / RH / NH / Other	
Date transferred from ward	Date discharge to home
DISCHARGE SUPPORT (circle all):	
SSRS / POC / DayHospital / Dom. Rehab / CFPP / Falls OPC / Other	

Additional information

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77 yo man

- Metastatic prostate cancer, gleason 10, non-PSA secreting (pubic ramus metastases),
- Treatment:

  Radiotherapy 1# of 8 Gy to the left pubis in June 2015

  Degarelix commenced in 2015

  Upfront Docetaxel chemotherapy 6 cycles from October 2015

  Prostap

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Medications

- Diclofenac
- Allopurinol
- Carbocisteine
- Atorvastatin
- Gabapentin
- Hydroxychloroquine
- Senna
- Quinine
- Mirtazapine
- Lanzoprazole
- Zomorph 70mg BD
- Tamsulosin
- Laxido PRN

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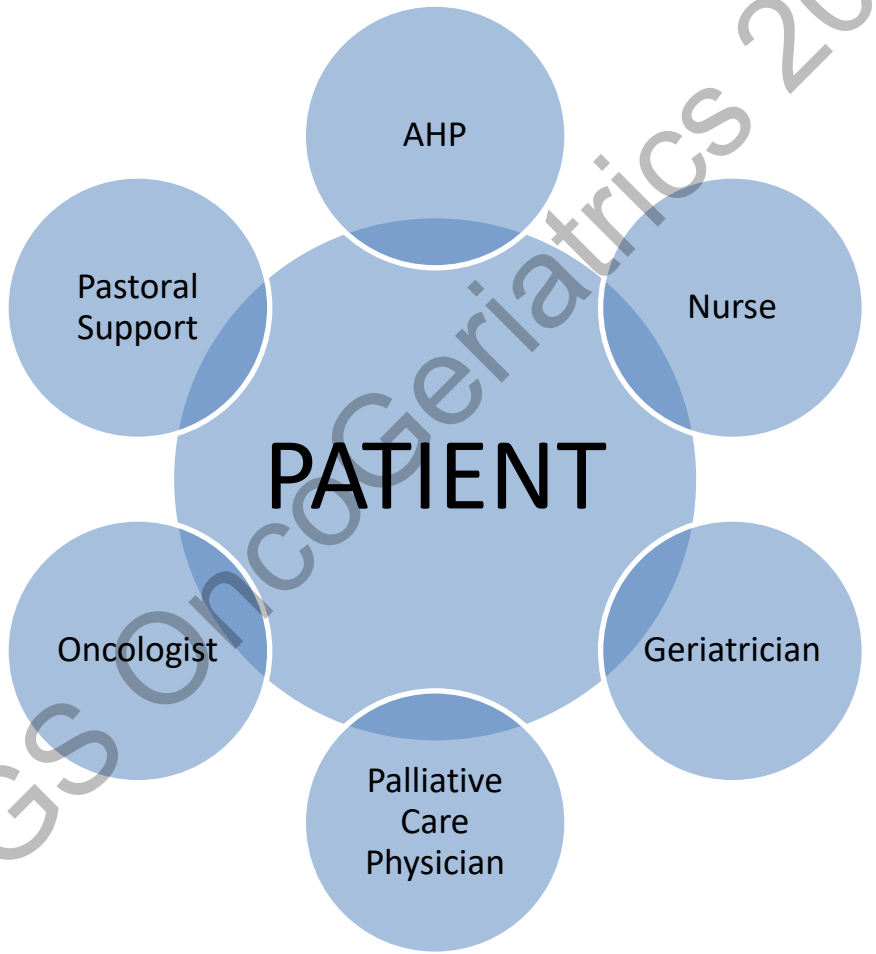
MDT Working



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Rehabilitation

- prehab4cancer.co.uk

- Impact of sarcopenia on 1 year mortality in older patients with cancer

  Otten et al

  Age Ageing. 48: 413-419. 2019.

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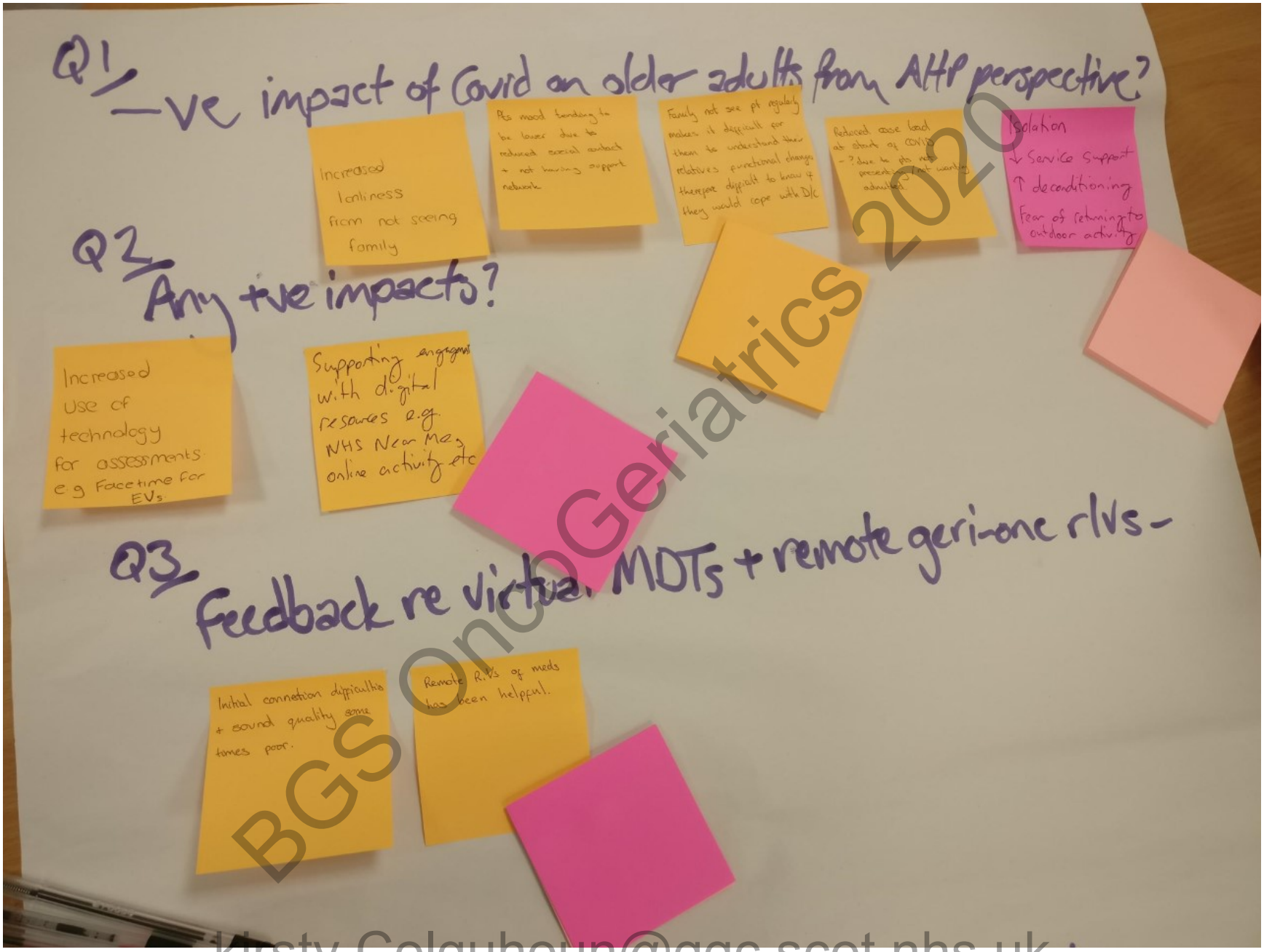

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Nurse Specialists Perspective

- Telephone Clinic.
- Supporting discharges from other hospitals.
- > Palliative Involvement.

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- Postives:
  - Increased confidence / autonomy while still supported.
  - Virtual working: opportunity to get more people involved.

- Negatives:
  - Less face to face contact on the wards.
  - “Missing” picking up on functional decline
  - Seeing the physical & cognitive decline in patients.
  - Missing the team.

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Recommendations from SIOG COVID Working Group Battisti et al (Journal of Geriatric Oncology)

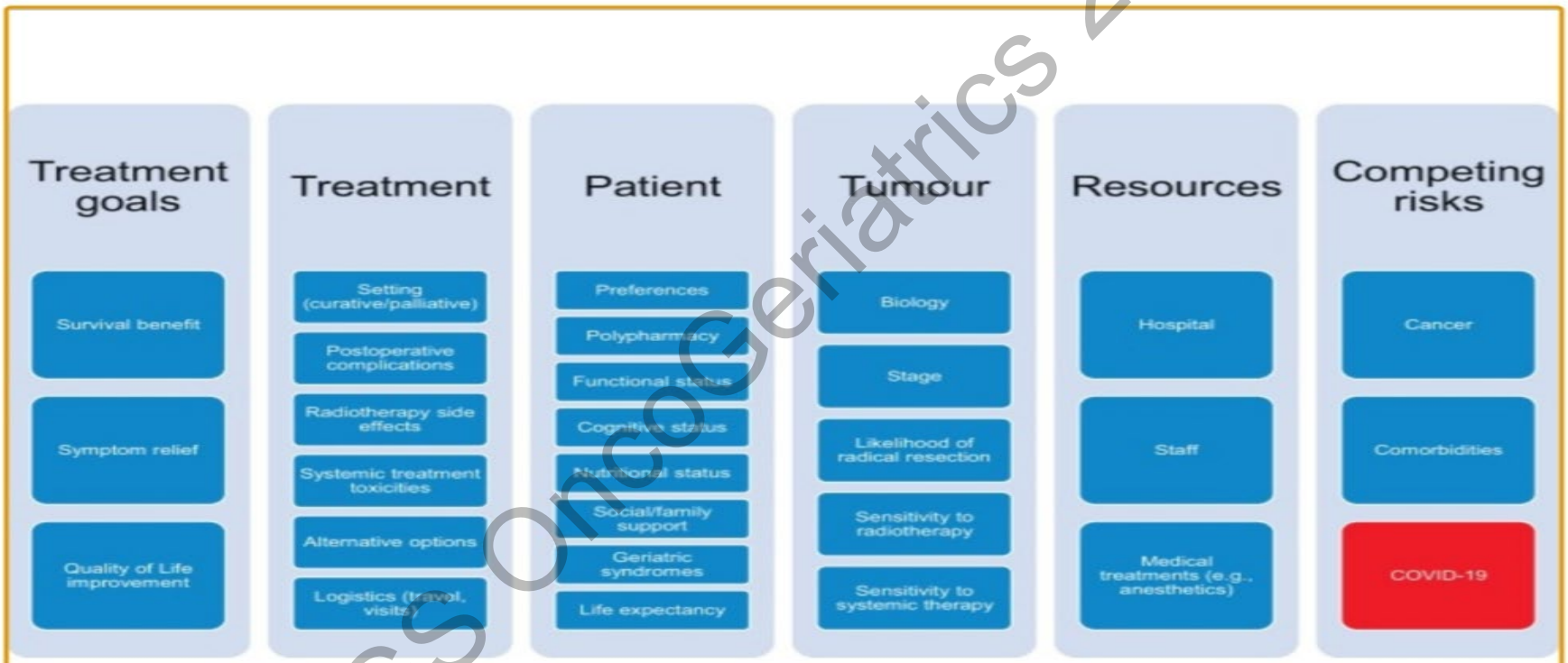

Fig. 1 Factors to consider in treatment decision-making for older patients with cancer during the COVID-19 pandemic.

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SIOG Recommendations for Delivering CGA

- Self delivered screening tools.

- Modified telehealth University of Rochester Specialised Oncology Care and Research in the Elderly (SOCARE) geriatric assessment:
  - Functional status (ADL's, falls, fatigue); Hearing; Comorbidity review; Polypharmacy; Nutrition; Cognition; Social support; Psychological status.

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Summary

- There has never been a more important time to promote CGA for older adults living with cancer.
- Opportunities to improve the delivery of services to older adults with cancer – using other specialists and virtual means.
- Inspired by the flexible / collaborative and team approach.

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