National Initiatives to Improve the Cancer Care of Older Adults

Dr Richard Simcock
@BreastDocUK
1st March 2019

MACMILLAN CANCER SUPPORT

- Macmillan Expert Reference Group
- CRUK Report
- NABCOP
- NCRI

CANCER STRATEGY

Recommendation 41: NHS England, the Trust Development Authority and Monitor **should pilot a comprehensive care pathway for older patients (aged 75 and over in the first instance**). This pathway should incorporate an initial electronic health needs assessment, followed by a frailty assessment, and then a more comprehensive geriatric needs assessment if appropriate.

Recommendation 42: NHS England should ask NIHR and research charities to develop **research protocols** which enable a better understanding of how outcomes for older people could be improved.

EXPERT REFERENCE GROUP FOR THE OLDER PERSON WITH CANCER


i
TUESDAY
8 JANUARY 2019
Number 2534
The artic circus
When even a fake lorry jam does not go according to plan
P9
All hail Queen Olivia!
Colman ready to conquer all
P11
THE SCOTSMAN
SCOTLAND'S NATIONAL NEWSPAPER
Subscribe to The Scotsman today to receive 50% off and £50 of M&S vouchers
Warriors still alive and kicking in Europe, says Townsend
'Shortage of staff is pushing NHS close to breaking point'
BMA leader says workers taking on more just to keep the service running
Mail
70p
New East 80 DIET
FOUR
TORY NHS 'REVOLUTION'
WRONG MEDICINE
What we need: 40,000 nurses, 6,000 GPs and 3,100 hospital beds
What we'll get: Smartphone appointments & Skype consultations
NHS Long Term Plan
FLAWED
World's doctors and nurses are told
The NHS needs YOU
Cash for schools does not add up, teachers warn
P6
Mark Austin on his daughter's battle with anorexia
P21
Beware fake food prophets and their faddy diets
Yasmin
FA CUP
Jiménez and Neves deliver knockout blows to Liverpool
P54
PLUS FOURTH ROUND DRAW
THE DOCTOR WILL SEE YOU BY SKYPE
++ Up to 30m NHS outpatient appointments to be via video-link ++ But campaigners warn move could be 'devastating' for elderly who aren't tech savvy
By Sophie Borland and Daniel Martin
TENS of millions of NHS appointments are to be carried out by video-link instead of face to face.
Health chiefs believe up to a third of the 90million outpatient consultations each year do not require a hospital visit.
They hope to save time and money by switching these over to Skype-style video services on smartphones or computers.
Patients will be encouraged to
Is it next stop an

International Journal of Nursing Studies 65 (2017) A1–A2

Contents lists available at ScienceDirect

International Journal of Nursing Studies

journal homepage: www.elsevier.com/ijns

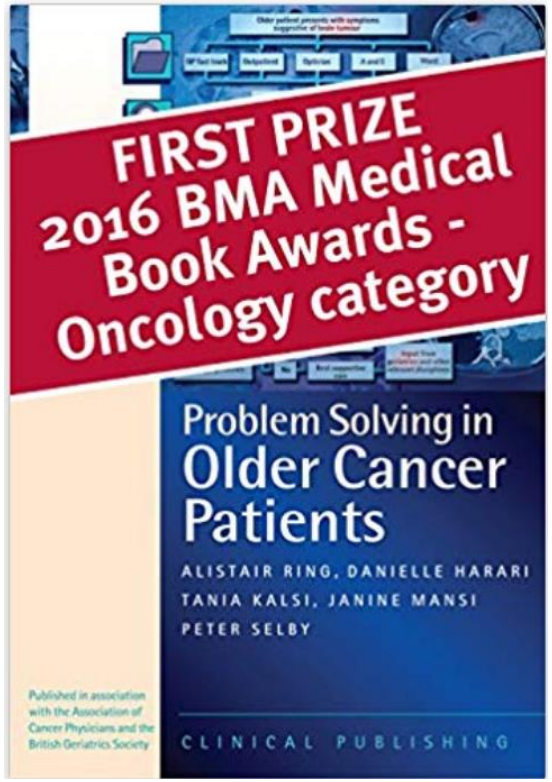
Guest editorial

Meeting the workforce challenges for older people living with cancer

https://goo.gl/EPkDbD

- Develop an Education and Training Framework [1]
- Adequate staffing levels [2]
- Integrated Care Models [3]
- Build the Evidence Base

1. Health Education England. Dementia core skills education and training framework.
2. National Institute for Health and Care Excellence. Safe staffing for nursing in adult inpatient wards in acute hospitals
3. Department of Health. Cancer services coming of age: learning from the improving cancer treatment assessment and support for older people project. Macmillan Cancer Support.



BGS
British Geriatrics Society
Improving healthcare for older people

SIOG
INTERNATIONAL SOCIETY OF GERIATRIC ONCOLOGY

The Christie
School of Oncology

https://bit.ly/2XsCfnf

G8	Lawton's Instrumental Activities of Daily Living (IADL)	Charlson CI	Timed Get Up & Go	Hand Grip
Medical Outcomes Social Support Survey	Cumulative Illness Rating Scale for Geriatrics (CIRS-G)	Mini-COG	Katz's Activities of Daily Living (ADL)	Geriatric Depression Scale (GDS)
Malnutrition Screening Tool for Cancer Patients (MSTC)	Mini Nutritional Assessment (MNA)	Performance Status	Screening Tool of Older Person's Prescriptions (STOPP)	Medication Appropriateness Index (MAI)
Confusion Assessment Method (CAM)	Memorial Delirium Assessment Scale (MDAS)	Delirium Rating Scale-Revised 98 (DRS-R-98)	Patient-generated Subjective Global Assessment (PG-SGA)	Modified Caregiver Strain Index (MCSI)
Functional Assessment of Cancer Therapy: Fatigue (FACT-F)	EORTC QLQ C30 (Fatigue subscale)	POSSUM	Holistic Needs Assessment	Functional Assessment of Cancer Therapy: Fatigue (FACT-F)
Groningen Frailty Indicator (GFI)	Cancer and Ageing Research Group (CARG)	Chemotherapy Risk Assessment Scale for High-Age Patients (CRASH)	Vulnerable Elders Survey (*VES-13*)	Edmonton Frail Scale (EFS)

Clinical Frailty Scale*

1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 **Managing Well** – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4 **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 **Mildly Frail** – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 **Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 **Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. **Terminally Ill** - Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

DALHOUSIE UNIVERSITY
Inspiring Minds

Cancer in the Older Person

Screening tool

Clinician completed domains

Comorbidities from GP records	Present? Yes	No	Medication list from GP records
Cardiac disease			
Respiratory disease			
Liver disease			
Chronic kidney disease			
Neurological disease			
Diabetes			
Hypertension			
Thrombosis			
Dementia			
Depression / anxiety / mental health disorders			
Hearing impairment			

Memory screen – Abbreviated mental test score

	Question	Score (1 for each correct answer)
1	How old are you?	
2	What is the time to the nearest hour?	
3	Give the patient the following address for recall at the end of the test: 45 West Street	
4	What year is it?	
5	What is your address?	
6	Identify 2 people (e.g. doctor, nurse)	
7	What is your date of birth?	
8	What year did the 1st world war start?	
9	What is the name of present Monarch?	
10	Count backwards from 20 to 1	
	TOTAL	

Nutrition screen

Weight	Height	BMI

Cancer in the Older Person

Patient questionnaire

	Yes	No	Don't know
Do you have difficulty walking?			
Have you had 1 or more falls from standing or sitting over the past 6 months?			
Do you have difficulty taking public transport?			
Do you have difficulty shopping for food?			
Do you have difficulty getting to the toilet?			
Do you live alone?			
Is there a friend, relative or neighbour who could take care of you for a few days if necessary?			
Have you unintentionally lost weight or been eating less in last 6 months?			
Do you have any problems with your hearing or do you wear hearing aids?			
Do you have significant memory problems or ever had episodes of feeling confused?			
In the past year have you had leakage of stool that has bothered you?			
Are you a caregiver for someone who depends on you?			

Have you had 1 or more falls from standing or sitting over the past 6 months?

Do you live alone?

Have you unintentionally lost weight or been eating less in last 6 months?

Are you a caregiver for someone who depends on you?

FOR THE OLDER PERSON WITH CANCER

EXPERT REFERENCE GROUP

WE ARE MACMILLAN. CANCER SUPPORT

CRUK report on treatment decision-making for older patients

CANCER RESEARCH UK

THE RIGHT INFORMATION DOES NOT ALWAYS GET TO THE RIGHT PEOPLE TO SUPPORT CLINICAL DECISION-MAKING

MDT decision-making:

- Only 14% of MDT discussions include information not relating to the tumour (e.g. comorbidities, past cancer diagnoses, patient preference, psychosocial situation)

5. NHS England and devolved health services should lead the development of national proforma templates, to be refined by MDTs. MDTs should require incoming cases and referrals to have a completed proforma with all information ready before discussion at a meeting.

NCRI
National
Cancer
Research
Institute

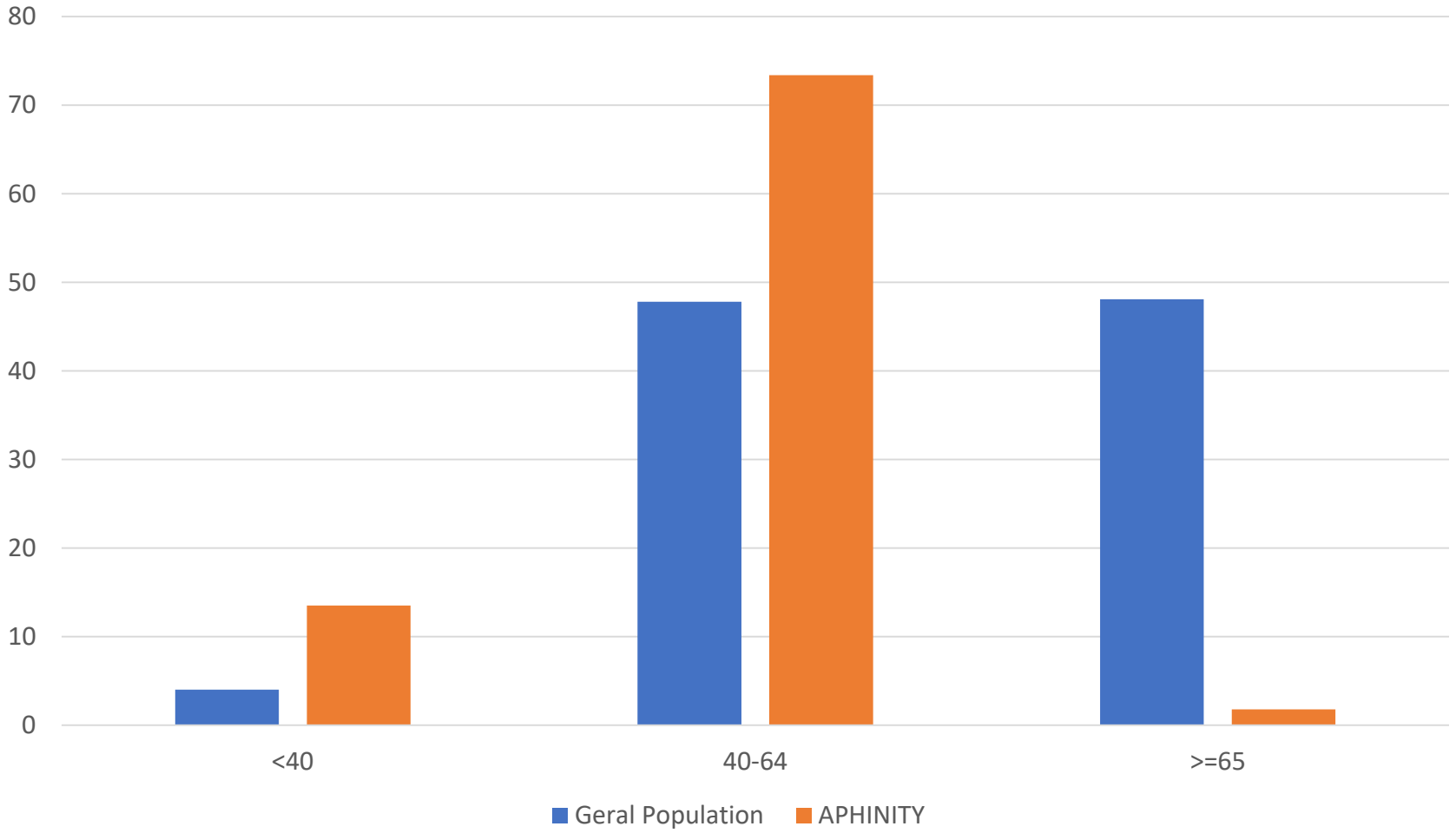
In partnership with

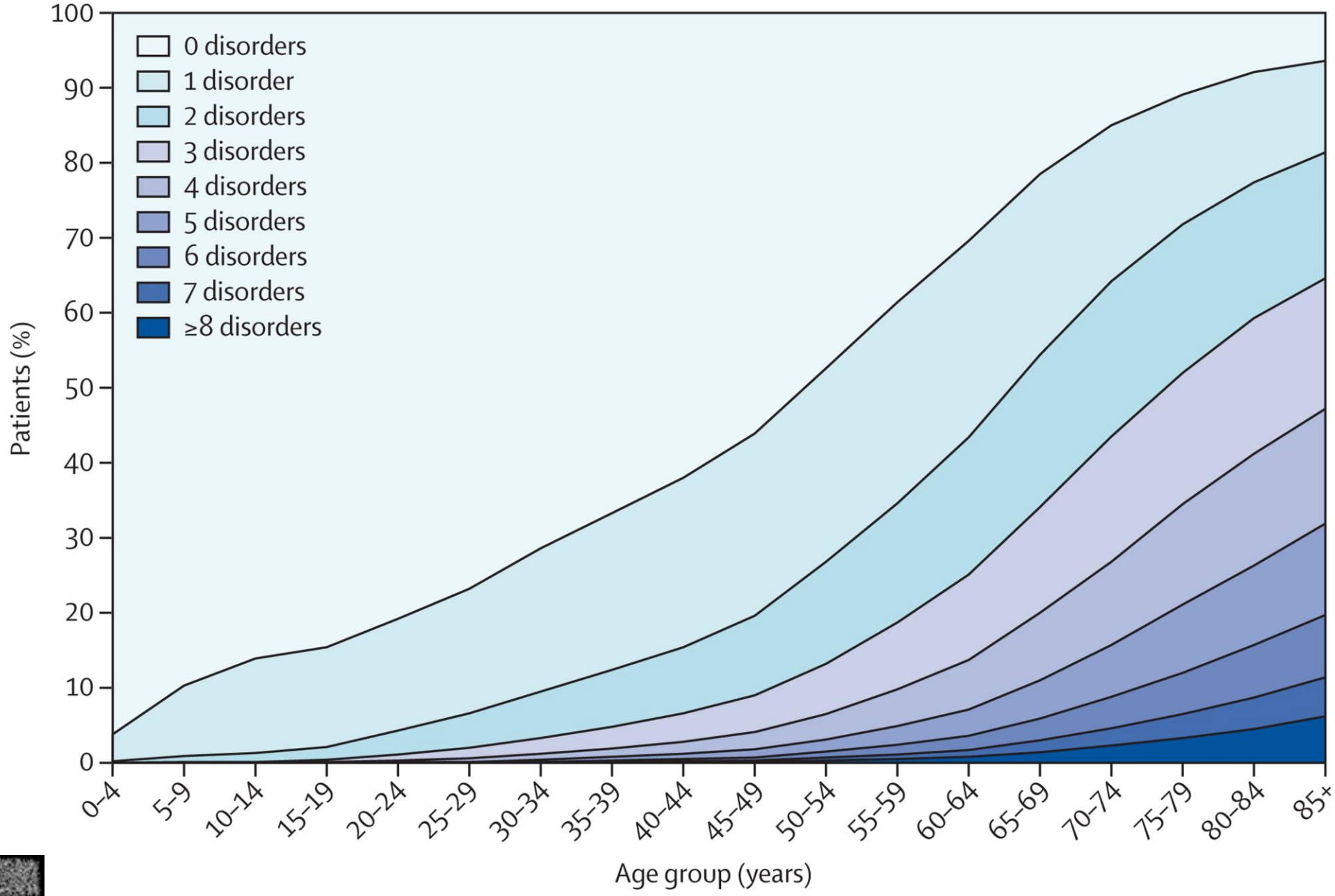
NHS England

Improving outcomes for older people with cancer

Workshop report

Breast Cancer: APHINITY





The Lancet 2012 380, 37-43DOI: (10.1016/S0140-6736(12)60240-2

The Research Paradox

3.8%

NCRI
National Cancer
Research Institute

https://bit.ly/2XsCfnf

Living with and beyond cancer top 3 priorities

1. What are the best models for delivering long-term cancer care including screening, diagnosing and managing long-term side effects and late-effects of cancer and its treatment (e.g. primary and secondary care, voluntary organisations, self-management, carer involvement, use of digital technology, etc)?

2. How can patients and carers be appropriately informed of cancer diagnosis, treatment, prognosis, long-term side-effects and late effects of treatments, and how does this affect their treatment choices?

3. How can care be better co-ordinated for people living with and beyond cancer who have complex needs (with more than one health problem or receiving care from more than one specialty)?

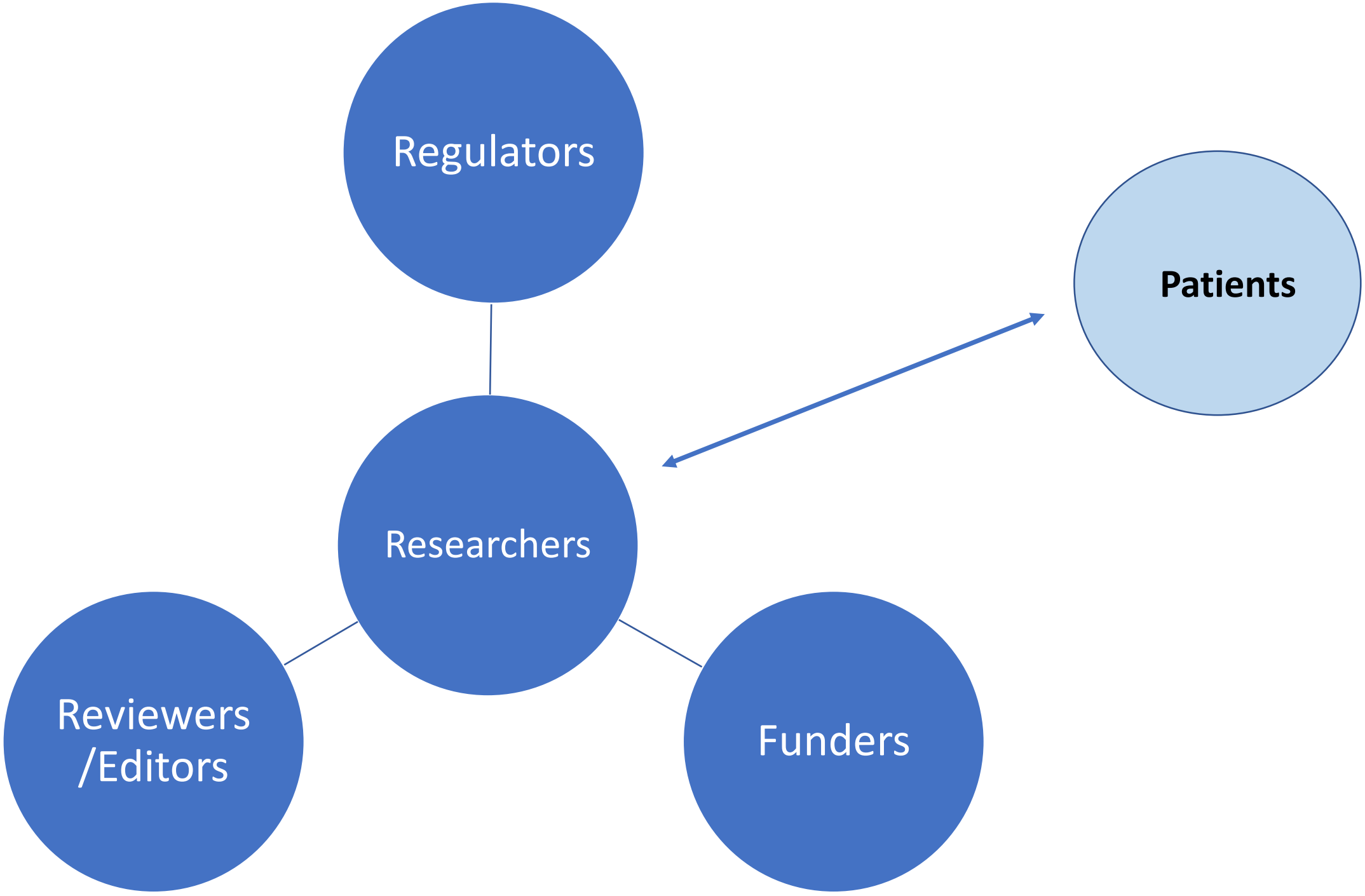
Final G-Code

1. Do you live alone AND do you have a person or caregiver able to provide care and support?
2. ADL and 4-IADL
3. Timed Get Up and Go Test
4. Weight Loss past 6 months and BMI
5. Mini COG
6. Mini Geriatric Depression Scale
7. Charlson Comorbidity Index

10. Research funders should explore how to ensure more proportionate recruitment of older people with cancer into clinical trials, and how to ensure that research addresses any evidence gaps in the effectiveness of treatment in older patients, or those with comorbidities more broadly.

11. National drug appraisal bodies should explore what alternative metrics could be considered during appraisals that would be more relevant to all patients, including older patients – such as quality of life and activities of daily living.

CANCER RESEARCH UK


Regulators
Patients
Researchers
Reviewers /Editors
Funders

NCRI Initiative

- Explore innovative endpoints
- Stratified / Bayesian designs
- Subgroup analysis
- Mandatory post registration data
- Geriatric Oncology Expertise

- Money!!

NCRI
National Cancer
Research Institute

NABCOP | National Audit of Breast Cancer in Older Patients

w: www.nabcop.org.uk
e: nabcop@rcseng.ac.uk
: @NABCOP_news

Project team: Yasmin Jauhari, Jibby Medina, Melissa Gannon, David Dodwell, Kieran Horgan and David Cromwell

NA BCOP | National Audit of Breast Cancer in Older Patients

Background

ABS ASSOCIATION OF BREAST SURGERY

HQIP Healthcare Quality Improvement Partnership

- HQIP commissioned audit – April 2016 - 2021
  - Collaboration between the ABS and RCSEng

- <u>AIM:</u>

Audit breast cancer care received by women aged 70+ yrs in NHS hospitals in England and Wales, (50 – 69yrs as comparison)

- <u>Methodology:</u>

Using existing routinely collected datasets provided by NCRAS (England) and CANISC (Wales)

NA BCOP | National Audit of Breast Cancer in Older Patients

ABS ASSOCIATION OF BREAST SURGERY

HQIP Healthcare Quality Improvement Partnership

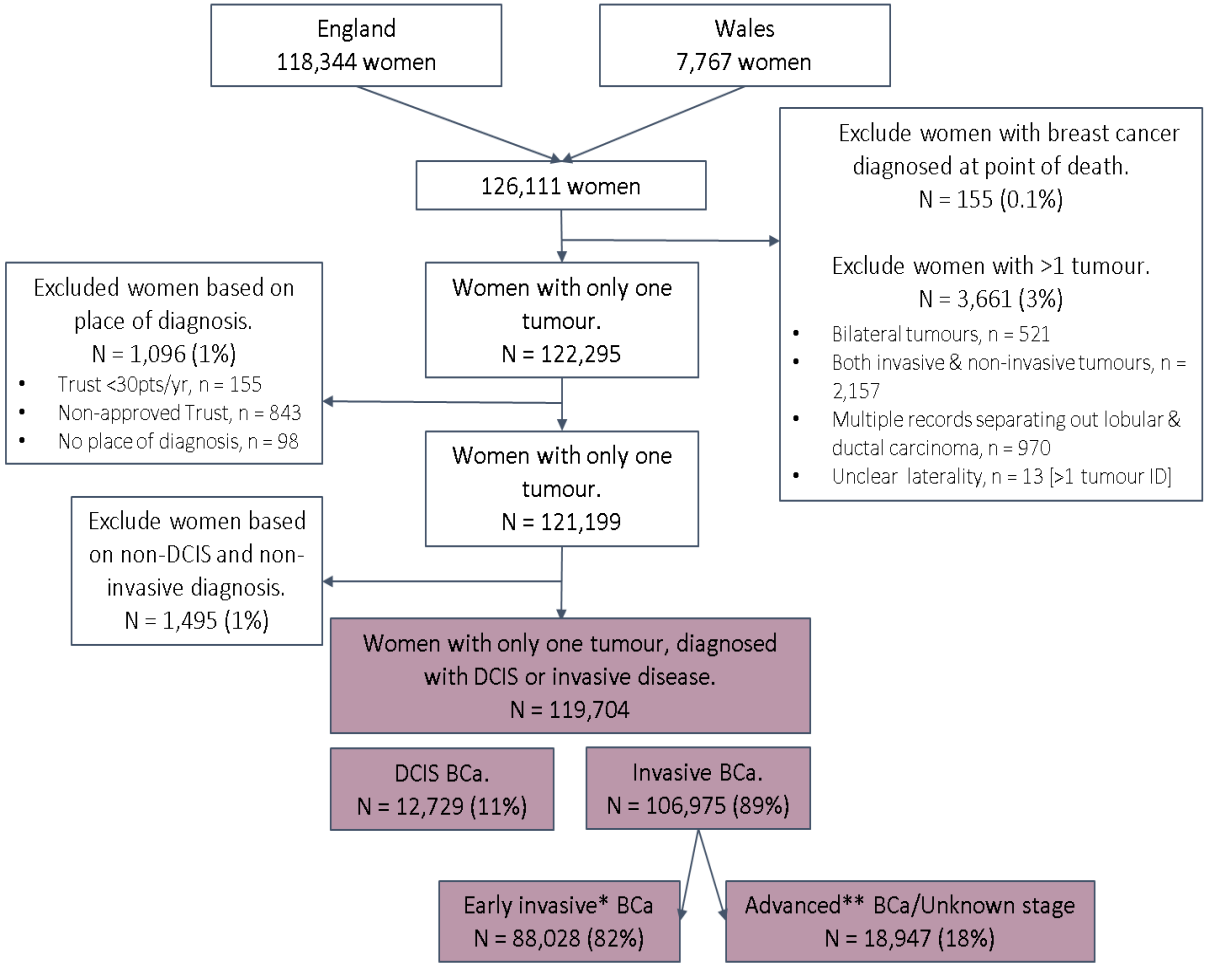
Year 2 (2018)

Comparative performance on process indicators between NHS organisations in England and Wales:

- Presentation
- Use of surgery, radiotherapy and chemotherapy

Further information: https://www.nabcop.org.uk/reports/nabcop-2018-annual-report/

Women aged ≥50 years, diagnosed with breast cancer between 01-Jan-2014 & 31-Dec-2016



*Early invasive = Stage 1-3A
**Advanced = Stage 3B, 3C, 4

NA BCOP | National Audit of Breast Cancer in Older Patients

ABS ASSOCIATION OF BREAST SURGERY

HQIP Healthcare Quality Improvement Partnership

Availability of data item by year of diagnosis

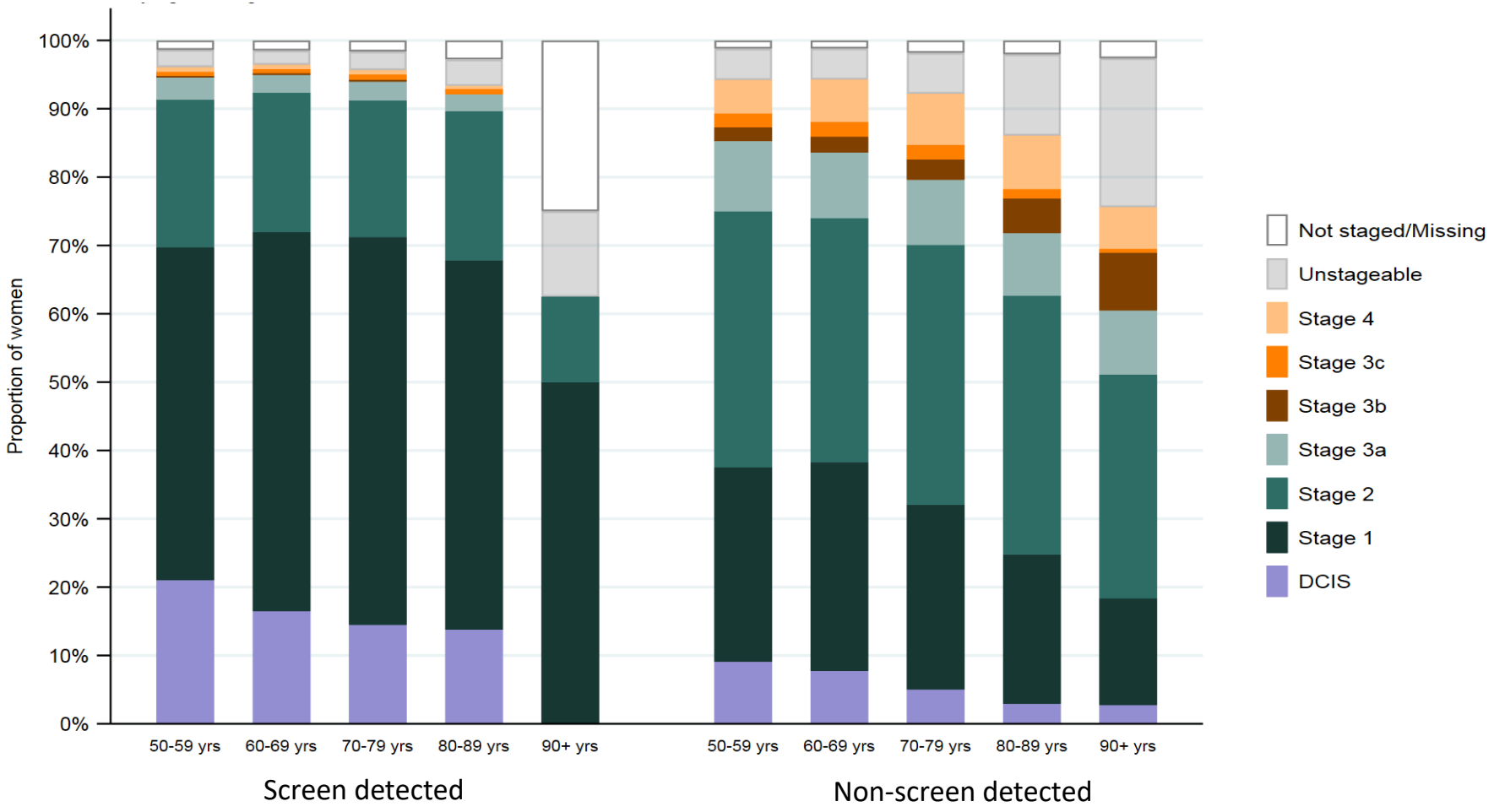
Data Item	Total % available	2014		2015		2016	
		% available (all trusts)	No. trusts >80%*	% available (all trusts)	No. trusts >80%	% available (all trusts)	No. trusts >80%
Invasive grade	99%	99%	131	100%	131	100%	131
Laterality	99%	99%	131	99%	131	99%	131
Ethnicity	94%	95%	130	93%	127	94%	130
Tumour stage	94%	92%	123	94%	127	95%	129
Metastases stage**	94%	91%	119	94%	129	95%	127
Stage	93%	91%	118	94%	129	95%	127
Non-invasive grade	92%	85%	95	95%	121	96%	120
Nodal stage	86%	84%	102	87%	120	88%	115
ER status	86%	78%	81	88%	109	90%	116
HER2 status	82%	79%	78	81%	90	85%	93
Tumour size	71%	71%	33	69%	35	72%	39
PR status	49%	46%	25	49%	37	52%	43
WHO performance status	30%	23%	12	31%	17	38%	22

NA BCOP | National Audit of Breast Cancer in Older Patients

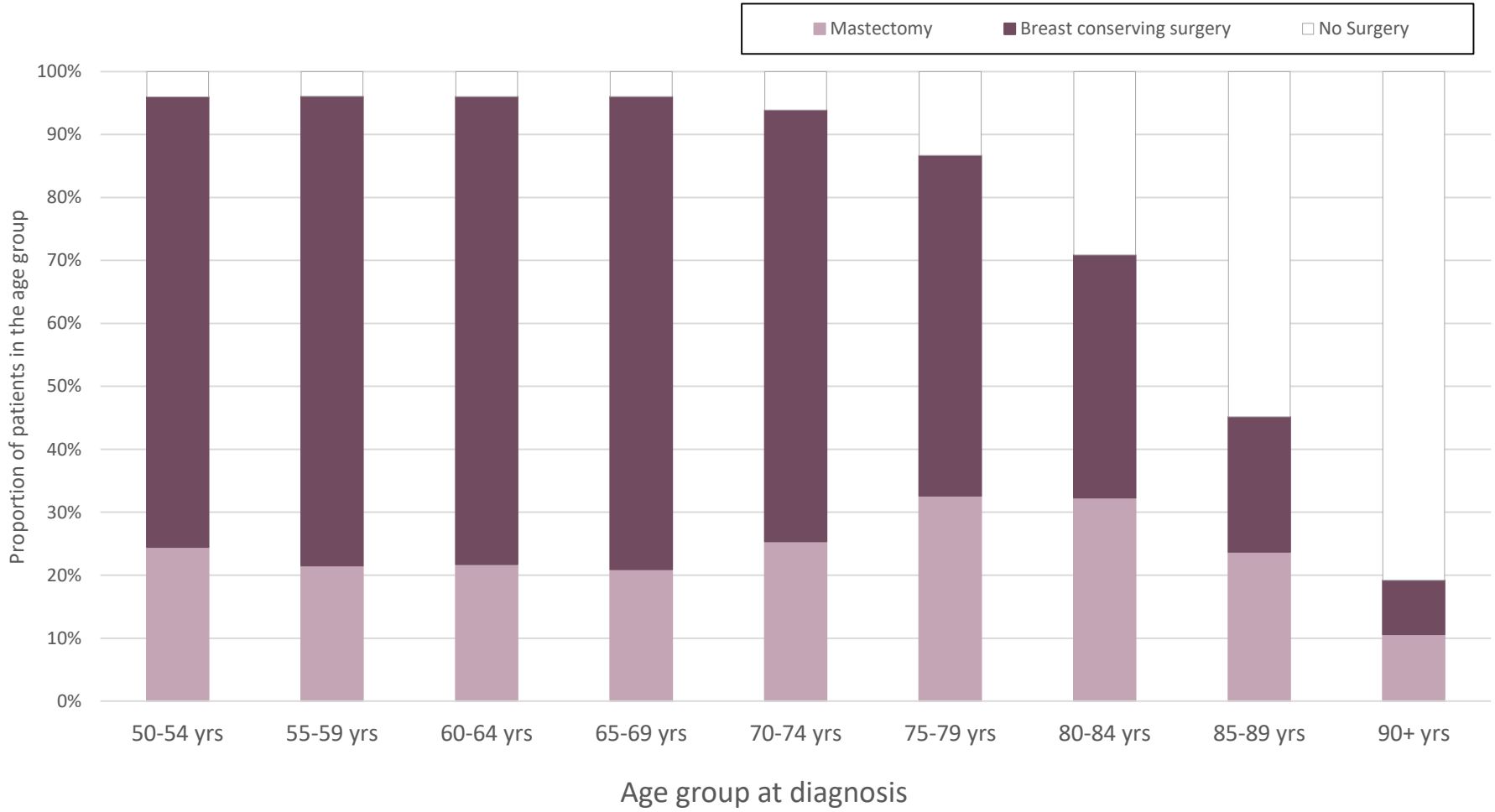
ABS ASSOCIATION OF BREAST SURGERY

HQIP Healthcare Quality Improvement Partnership

Distribution of disease severity (stage) by screen detected cancer status and age, among women diagnosed in 2014 - 2016



Type of primary surgery for early invasive breast cancer, by age at diagnosis



NA BCOP | National Audit of Breast Cancer in Older Patients

ABS ASSOCIATION OF BREAST SURGERY

HQIP Healthcare Quality Improvement Partnership

Likelihood of receipt of surgery for invasive BC, as measured by patient fitness and age

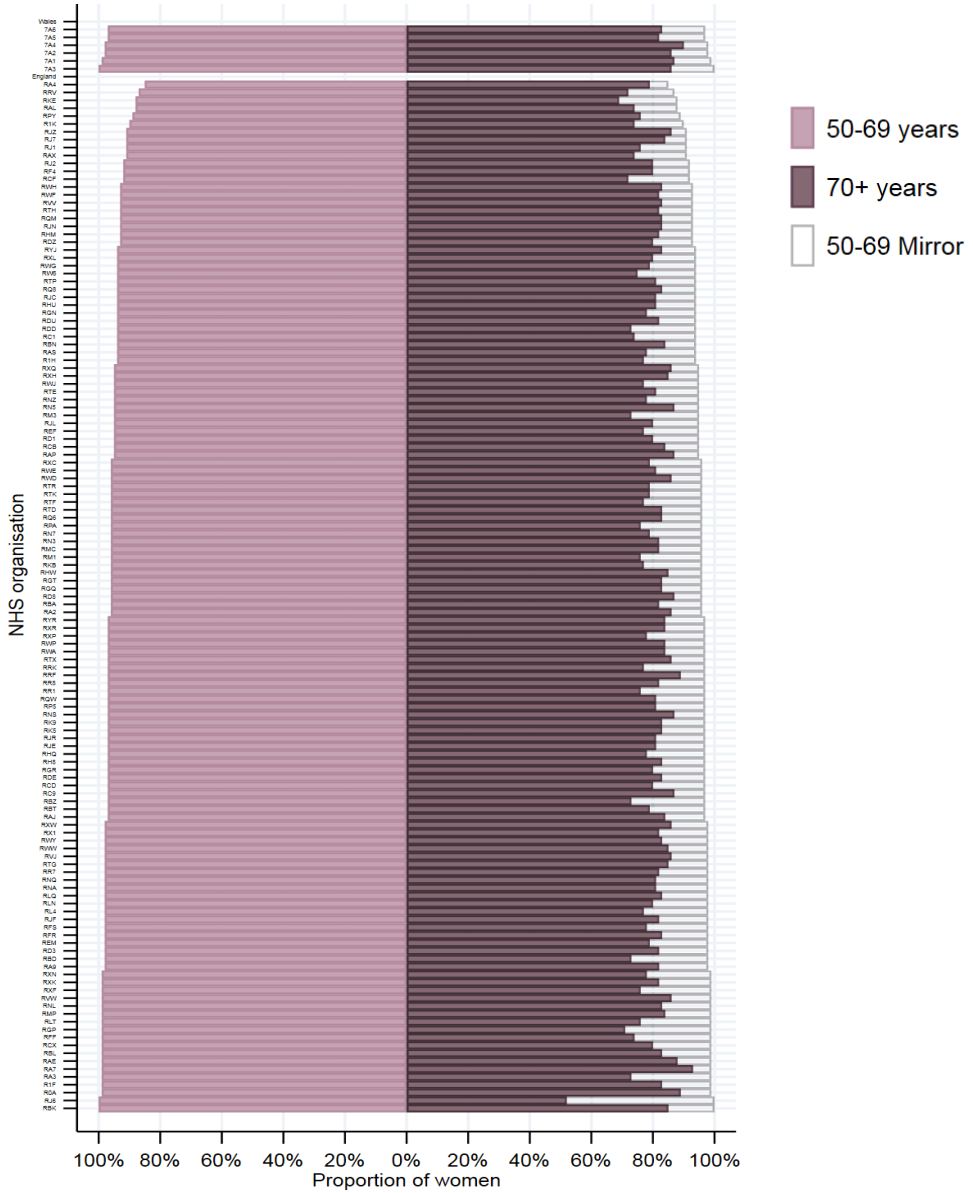
Measure of fitness	50–69 years		>70 years	
	No. of patients	Proportion having surgery	No. of patients	Proportion having surgery
Number of women	54,817	96 %	33,211	75.6 %
Charlson comorbidity score				
0	48,616	97.5 %	23,436	87.2 %
1	3,454	95.2 %	4,390	66.8 %
>1	1,063	88.5 %	3,096	44.9 %
Unknown	1,684	61.6 %	2,289	14.2 %
Hospital version of eFI				
Fit	52,506	97.3 %	27,884	84.4 %
Mild frailty	564	88.8 %	2,264	46.3 %
Moderate to severe frailty	63	61.9 %	669	20.5 %
Unknown	1,684	61.6 %	2,289	14.2 %
WHO/ECOG performance status				
0	15,073	96.9 %	5,707	87.8 %
1	1,372	93.1 %	2,264	73.7 %
2	198	84.8 %	911	45.6 %
3 or 4	116	51.7 %	795	16.5 %
unknown	38,058	96 %	23,534	75.9 %

NA BCOP | National Audit of Breast Cancer in Older Patients

ABS ASSOCIATION OF BREAST SURGERY

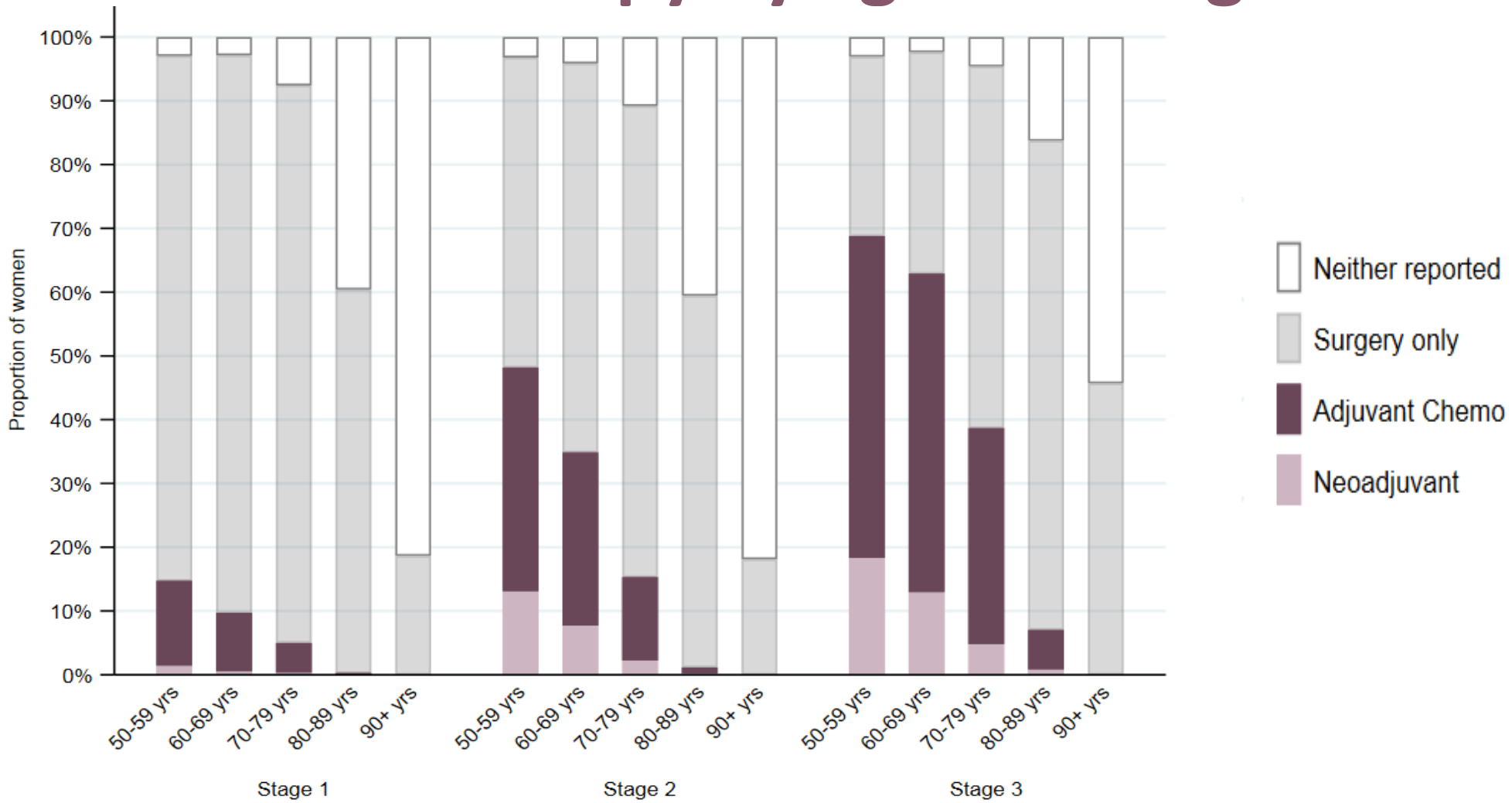
HQIP Healthcare Quality Improvement Partnership

Risk adjusted proportion of women receiving primary surgery for early invasive breast cancer by NHS organisation in England and Wales



Variation also seen in the rate of adjuvant radiotherapy across NHS organisations

Use of chemotherapy by age and stage



NA BCOP National Audit of Breast Cancer in Older Patients

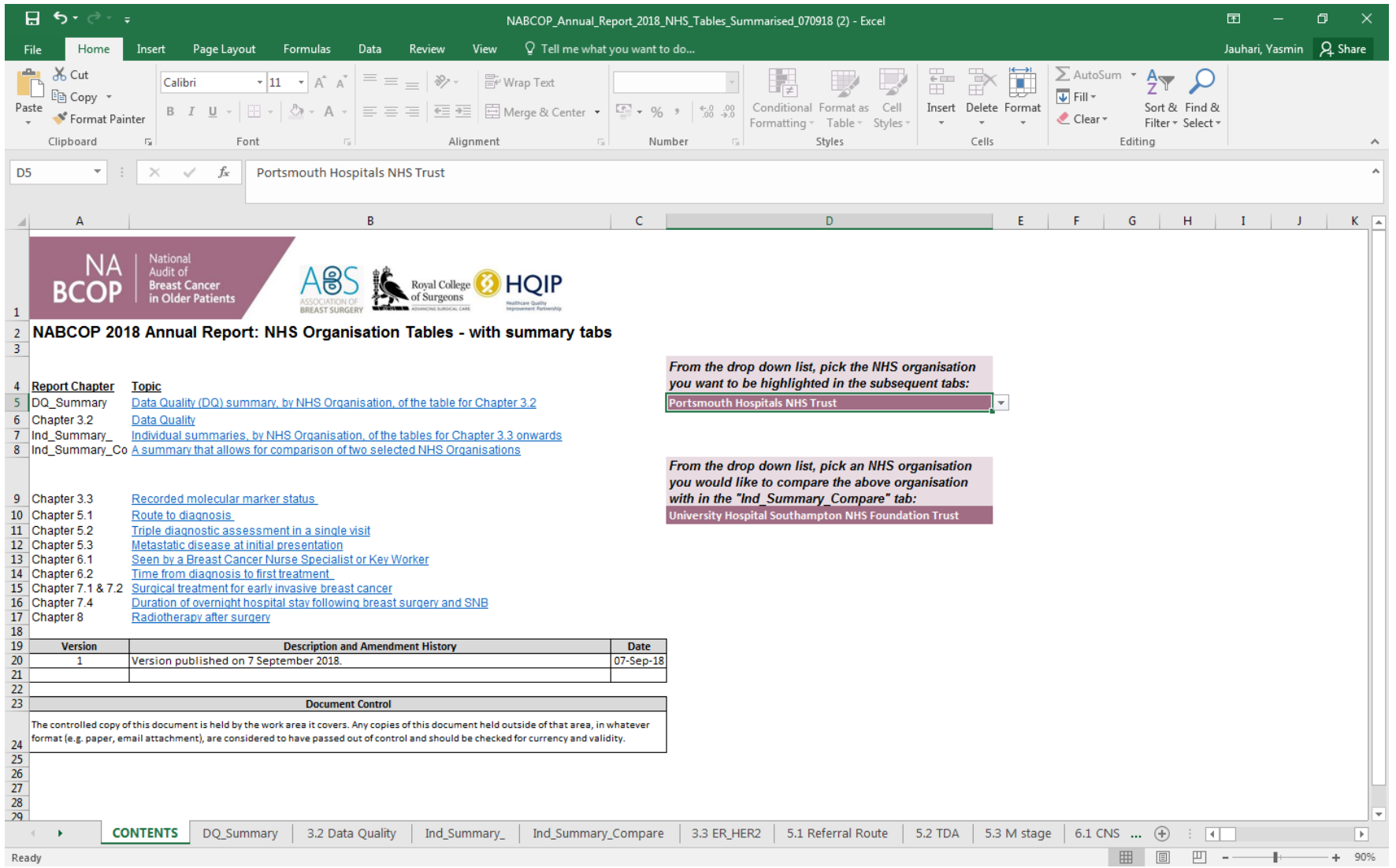
ABS ASSOCIATION OF BREAST SURGERY

HQIP Healthcare Quality Improvement Partnership

Key messages from the 2018 Annual Report

1. Improved data returns essential and are a duty to patients

NHS organisation tables



Available at: https://www.nabcop.org.uk/resources/annual-report-nhs-organisations-tables/

NA BCOP | National Audit of Breast Cancer in Older Patients

ABS ASSOCIATION OF BREAST SURGERY

HQIP Healthcare Quality Improvement Partnership

Key messages from the 2018 Annual Report

1. Improved data returns essential and are a duty to patients

2. Provision of surgery decreased with age and was markedly influenced in older patients by any decrease in patient fitness.

3. Variation in the rate of surgery and radiotherapy for women aged 70+ years, across NHS organisations in England and Wales

Recommendations

- To collaborate and define the need for a reliable, consistent and recordable description of patient fitness
- To ensure accurate reporting of local practices, there must be improvement in data completeness / returns

Future work

- Further evaluation of treatment patterns, including chemotherapy and radiotherapy
- Incorporation of linked data from the National Cancer Patient Experience Survey (CPES)
- Ongoing work on the ‘fitness assessment for older patients in breast clinic’

HQIP
Healthcare Quality Improvement Partnership

ABS
ASSOCIATION OF BREAST SURGERY

NABCOP | National Audit of Breast Cancer in Older Patients

w: www.nabcop.org.uk
e: nabcop@rcseng.ac.uk
: @NABCOP_news

National Initiatives to Improve the Cancer Care of Older Adults

Dr Richard Simcock
@BreastDocUK
1st March 2019

MACMILLAN CANCER SUPPORT