

Guy's and St Thomas' 

NHS Foundation Trust

**NPCA QI WORKSHOP: OPTIMISING MANAGEMENT OF  
PATIENTS WITH HIGH RISK/LOCALLY ADVANCED DISEASE:  
IMPROVING THE OUTCOMES OF OLDER MEN**

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**GOLD Geriatric Oncology Liaison Development  
Care of Older People who are undergoing Cancer Treatment**



# GOLD: Initial DoH/McM funding to address cancer under-treatment in older people



**CANCER STRATEGY 2015-2020** Recommendation 41: NHS England, Risk assessment should include a comprehensive care pathway for older patients

**GOLD AIM to medically and functionally optimise and support older patients for *appropriate* non-surgical cancer treatment with well informed joint decision-making (patient and all clinicians involved)**

**IMPORTANCE OF OPTIMISATION BEYOND PREDICTIVE MODELLING using screening tools**

**SIOG guidelines** Men with prostate cancer aged 75 years and older should be managed according to their individual health status and not according to age

**Evidence for Oncogeriatric models of care:** Recent cluster RCT in the Lancet [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01789-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01789-X/fulltext) A geriatric assessment intervention for older patients with advanced cancer reduced serious toxic effects from cancer treatment.

# Before and after prospective intervention cohort comparison study with statistical baseline adjustment (*Kalsi, Harari et al BJC 2015*)

**One stop clinic approach for non-surgical cancer patients aged 65+ (or 55+ with comorbidities) – all tumour types**

Direct referrals from oncologists, cancer CNSs and radiographers

Clinic – Geriatricians, GOLD CNSs/ANPs, *Cancer OTs and physios*

Assessment and co-management of comorbidities, geriatric syndromes and wider issues in the context of the planned cancer treatment

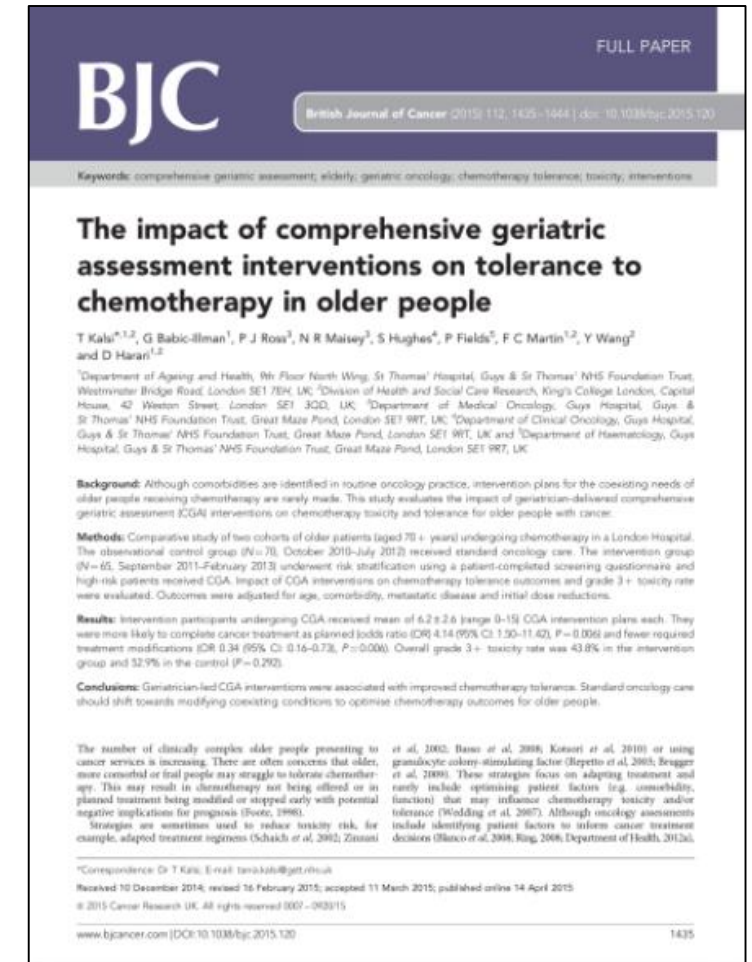
Medical, functional and holistic optimisation to improve cancer treatment tolerance – discuss patient and or carer-focussed concerns

*Feedback on 'fitness' to oncology team within 24 hours – 2 way information*

Early identification and provision of support needs and links with community

Follow through optimisation plan - GOLD CNS phone clinics

**More patients receiving GOLD were able to complete their planned treatment (33.8% vs 17.6%; OR, 3.60; 95% CI, 1.56-8.27; p=0.003) and treatment modifications were needed less frequently (43.1% vs 61.1%; OR, 0.42; 95% CI, 0.21-0.85; p=0.016).**



Radiotherapy Bookings Team to identify patients aged 70 and over on Mosaiq and add a comment to their Pre-CT Appointment

Radiotherapy Receptionist to identify which patients have comments next to their appointment in Mosaiq

Radiotherapy Receptionist to give CRANE tool to identified patients to complete when they arrive for their Pre-CT appointment

Patient to hand completed CRANE tool to Radiographer during Pre-treatment consultation

Pre-treatment Radiographer to review CRANE tool to ascertain whether patient would benefit from referral to GOLD team

Pre-treatment Radiographer completes EPR referral to GOLD team (appointment usually given for the following week)

Radiotherapy Bookings Team to scan all CRANE tools into the documents section of Mosaiq regardless of whether patient requires a GOLD referral

GOLD team to collect CRANE tools weekly from the Radiotherapy Bookings office on Monday mornings

### Ongoing Reviews for Referral

Radiographers to review patients during Radiotherapy treatment and identify any concerns

Radiographer to complete EPR referral to GOLD team should any concerns be identified


Prostate CNS to identify patient on ADT or watchful waiting



Identify if patient is aged 70 or above

Prostate CNS to complete an EPR referral to GOLD  
(please include "ADT patient" in the referral text)

GOLD appointment will be usually booked in 2-3 weeks, unless urgent

# CRANE – used as CGA screening tool for older cancer patients



**Comprehensive Risk Assessment and Needs Evaluation (CRANE)**

**PATIENT QUESTIONNAIRE**

**PHYSICAL HEALTH**

	Yes	No	Don't know
Have you lost weight or been eating less in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have noticeable memory problems or had episodes of feeling confused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past year, have you felt an increased sense of urgency when you need to pass urine? Have you had any episodes of leakage when you haven't made it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past year, have you felt an increased sense of urgency when you need to pass stool? Have you had any episodes of leakage when you haven't made it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had ongoing pain that has limited your activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had ongoing fatigue that has limited your activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PSYCHOLOGICAL NEEDS**

During the past month have you often felt bothered by feeling down, hopeless, or depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the past month have you often felt bothered by little interest or pleasure in doing things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PRACTICAL NEEDS**

Have you had one or more falls from standing or sitting in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tick the box(es) if you have difficulty with any of the following activities:			
<input type="checkbox"/> Walking	<input type="checkbox"/> Food shopping	<input type="checkbox"/> Using the telephone	
<input type="checkbox"/> Standing up from sitting	<input type="checkbox"/> Climbing stairs	<input type="checkbox"/> No difficulty	
<input type="checkbox"/> Public transport	<input type="checkbox"/> Toilet		
Do you use a walking aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SOCIAL WELL-BEING**

Do you live on your own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a friend, relative or carer who can look after you for a few days if necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have carers who help you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a caregiver for somebody who depends on you, or do you own a pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past three months, have you been admitted to hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ENVIRONMENTAL NEEDS**

Do you need help with your finances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel safe and comfortable at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments about your answers, or are you worried about anything else?

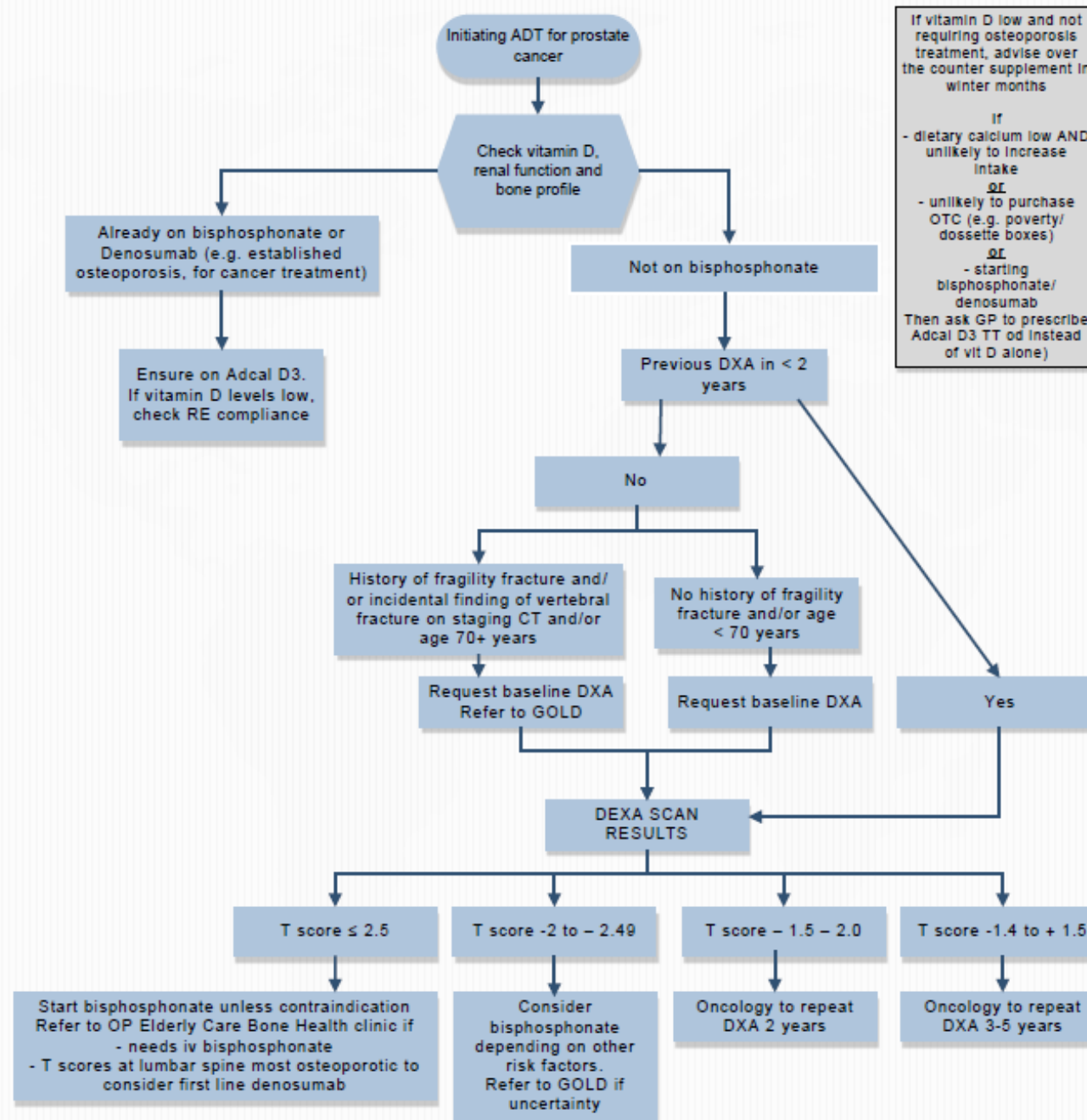
Thank you for completing this form.

- Patient Questionnaire using validated questions from CGA
- Takes 3-5 mins to complete in waiting area
- Falls / mobility
- ADLs incl how they travel and do they have a phone
- Cognition / confusion
- Depression and anxiety
- Social, financial & practical incl provide care for others/pets?, isolation
- Comorbidity / polypharmacy checklist for HCPs

## **ADT**

- **Cardiovascular** – ECG, lipids, 24 hour BP, home BP monitoring with telephone follow up, ABPIs, spirometry
- **Diabetes** – obtain BM machines
- **Bone protection and falls prevention**
- **Polypharmacy** – stop/start appropriate meds with patient info
- **Fatigue pathway** - include anaemia, mood, strength and balance, anaemia, comorbidities, nocturia
- **Physio / OT in clinic assessment** - supervised resistance and aerobic exercise to reduce fatigue and improve quality of life.
- **Gynaecomastia / hot flushes / weight management**

**BONE HEALTH INITIAL ASSESSMENT AND MANAGEMENT IN PATIENTS WITH PROSTATE CANCER STARTING ADT**



## RADIOTHERAPY

- Optimise/support older patients to get through multiple hospital visits for RT
- Address patient focussed concerns (e.g. fear of incontinence on public transport, financial cost of travelling to hospital, wife with dementia, OA hip so lying flat painful, memory loss, SOB on lying flat)
- Urinary incontinence – free NHS pads, toilet card, skin care, fluids, PFEs
- Bowel management
- Fatigue
- Prehab exercise

## DOCETAXEL

NICE: Discuss the option of docetaxel chemotherapy with people who have newly diagnosed non-metastatic prostate cancer who are starting long-term androgen deprivation therapy ***and have no significant comorbidities*** and have high-risk disease

**Difficult for oncology as most older patients will have comorbidities but these can be risk assessed and optimised for SACT**



# Glucose monitoring & management in cancer patients planned for chemotherapy/radiotherapy with steroids

Oncology initiated baseline HbA1C pre-chemo in **all patients** (with or without diabetes) & every 3 months.

*NB. Blood Glucose (BG) in clinic of limited value as steroids affect post-prandial evening readings the most.*

Risk assessment for hyperglycaemia during chemotherapy/radiotherapy with steroids

## High risk

- On insulin (type 1 or type 2)  
**OR**
- HbA1c  $\geq$  60  
**OR**
- Patient-reported CBG  $\geq$  15 at home (pre-chemo or later)

Oncology to refer to Diabetes HOT clinic via EPR (state likely chemo start date on referral)

Diabetes team initiate bespoke management & monitoring plan

## Intermediate risk

- All **people with** diabetes who do not meet the high risk criteria
- HbA1c 48-59 and previously undiagnosed diabetes  
**OR**
  - Patient-reported CBG  $\geq$  11 at home (pre-chemo or later)

## Oncology to refer

- AGE < 55:** Oncology to refer to Diabetes HOT clinic via EPR (state likely chemo start date on referral)
- AGE 55+:** to GOLD via EPR (state likely chemo start date on referral & request "same week" on urgency tab)

GOLD team enhanced monitoring and management plan

## Low risk

Patients with HbA1c < 48

Monitor HbA1c every 3 months

HbA1C monitoring through subsequent chemotherapy cycles every 3 months  
Review of CBG with each HbA1c check  
Reassess risk with criteria above and refer if required.

NPCA organisational audit *Is there an onco-geriatric service currently available to assess the fitness of elderly patients for chemotherapy or radiotherapy?*

Provisional data suggest approx. 11%

### **SERVICE MODELS WITHOUT ONCOGERIATRIC AVAILABILITY**

- **CGA / comorbidity screening** with identification of at risk patients **can be done by oncology** SCREENING CAN BE ADAPTED TO IDENTIFY SPECIFIC RISKS IN SPECIFIC PATIENT GROUPS SUCH HIGH RISK LOCAL PCA
- **Optimisation of at risk patients can part protocolised so can be done by oncology docs/nurses and cancer OT/physios**
- For more complex patient, Oncology link up with local geriatric services to create **referral pathway maps (e.g. to CGA clinics, falls clinic, memory clinics, OT, physio etc.)**
- Geriatrician support could be provided through usual clinics but with enhanced 2 way communication and awareness of cancer pathway timelines

# National survey oncology trainees: Can oncologists assess and manage older people? (Kalsi, Harari et al BJC 2013)

## GERIATRIC TRAINING FOR ONCOLOGISTS

- **66.1% never received any training on the needs of older people with cancer**
- 19.4% had only ever received this training once
- **Confidence in assessment and treatment**
- 81.4% confident for younger pts
- **27.1% confident for older patients**
- **10.2% for older patients with dementia**
- **25.4% confident managing multiple comorbidities**

## EMBEDDING GERIATRICS MODULE INTO ONCOLOGY TRAINING (ACP)

**GOLD oncology teaching:** *When thinking about older people with cancer, what teaching topics would be most helpful to you?*

- Geriatric assessment in older people with cancer
- Dementia / cognitive impairment in cancer patients
- Falls in cancer patients
- Management of diabetes in cancer patients
- Mental capacity
- Delirium in cancer patients
- Symptom management in older cancer patients
- Advanced care planning
- Continence management in older patients with cancer
- Pre-hab and fatigue management for cancer patients
- Polypharmacy
- Cardio-oncology
- Androgen Deprivation Therapy - management of medical complications

