



Clinical Oncological Society of Australia

Geriatric Oncology Concept Development Day: workshop report

Friday 22nd March 2013
CCA and COSA Boardrooms
Level 14, 477 Pitt St
Sydney

Report prepared by Jane Phillips and Kate Whittaker

Background

The Clinical Oncological Society of Australia (COSA) is the peak national body representing multidisciplinary health professionals whose work encompasses cancer control and care. COSA identified a need for a strategic and focussed approach to managing cancer in older people in Australia. The COSA Geriatric Oncology Group represents health professionals working or expressing an interest in cancer in the elderly. Governed by an Executive Committee, the Geriatric Oncology Group aims to improve outcomes for older people affected by cancer through education, supporting clinical practice, and research. COSA members with a particular interest in geriatric oncology have actively progressed key priorities.

Previous Workshops

Since 2008, an increasing number of health professionals interested in improving the management of older people diagnosed with cancer have emerged within the COSA membership. As part of COSA's commitment to improving the management of the older patient diagnosed with cancer the following initiatives have been supported:

'Where Geriatrics Meets Oncology',

In 2008, a group of COSA members identified the need for a strategic and focused approach to managing cancer in elderly Australian patients. Despite the increase in Australia's median age and the growth of aged care services, Australia had no distinct service delivery platform for older patients diagnosed with cancer. Drawing on the international expertise from the International Society of Geriatric Oncology (SIOG) and the Geriatric Oncology Consortium (GOC) in the United States of America, who were actively facilitating geriatric oncology research and/or producing clinical practice guidelines, a workshop was planned for April 2008. This workshop aimed to:

- Outline service delivery models for onco-geriatrics appropriate for the Australian context
- Identify the major research questions that can be addressed by an Australian workforce
- Identify the key objectives for a *Cancer in the Elderly* COSA Special Interest Group
- Identify strategies to promote the issues of *Cancer in the Elderly* to the broader community.

A range of infrastructure needs and priority issues to be addressed in the areas of research, service delivery and clinical trials were identified, with the Geriatric Oncology Interest Group formed as a result of such discussions. This COSA special interest group aimed to raise awareness of the unmet and complex care needs of elderly cancer patients and encourage oncology professionals to provide support in education, research and funding initiatives to improve patient outcomes.

Geriatric Oncology Interest Group - Professional Development

In November 2009, the Geriatric Oncology Interest Group held a workshop to explore the different forms of geriatric assessment available to clinicians, the evidence for their use and ways in which geriatric assessment could be applied to patients in the general oncology clinic in Australia context. Key findings and outcomes from the 2009 workshop included:

- Adelaide screening tool used for comprehensive geriatric assessment was deemed practical, appropriate and beneficial but requires further evaluation;
- Clinical research using assessment tool will enhance uptake of geriatric assessment in oncology clinic;

- Greater involvement needed of oncology nurses and cancer care coordinators to enhance patient care.

The workshop highlighted the need and opportunities to improve the management of geriatric oncology patients in Australia and generated idea that the group can pursue.

COSA members can access a full report from the 2008 and 2009 workshops via the COSA website www.cosa.org.au

Concept Development Day 2013

A Concept Development Day was proposed by the COSA Geriatric Interest Group as an opportunity to support and strengthen early stage geriatric oncology research proposals that would enhance the care provided to older people with cancer and their families and build the geriatric oncology evidence base.

The Geriatric Oncology Concept Development Workshop (workshop), hosted by the COSA Geriatric Oncology Interest Group was held on Friday 22nd March 2013 (program attached as Appendix 1). Facilitated by Professor Jane Phillips, this workshop provided interested clinicians and researchers an opportunity to present a synopsis of a geriatric oncology clinical study they planned to develop. Experts in study design, bio-statistics, health economics and health service research were available to offer expert feedback to researchers to progress each concept into a feasible research proposal. Feedback focused on analysis of the strength of the study relevance plus the development of protocol. Presenters had an opportunity to discuss their studies in a collegial and supportive forum with expert feedback allowing presenters to further develop their research ideas into a funding application or a complete study protocol. It was attended by 26 people.

Seven geriatric oncology research proposals were presented on the day, by nine presenters (Appendix 2). The 26 workshop attendees represented a diverse and multidisciplinary group of oncology/research experts (Appendix 3).

Each presenter provided a brief overview of their proposal, before seeking general or specific feedback from the group. The group provided collegial feedback about areas for development. Each presentation concluded with a summation of the discussion and outlined the group's recommended action to progress the research concept.

Key Outcomes and Themes Discussed:

The key outcomes and themes discussed are summarised:

1. Research collaboration:

The workshop promoted the importance of collaborative partnerships in research by the invitation of professionals with various backgrounds in oncology and research design. Within their research proposals, all presenters acknowledged some aspects of collaboration. Collaboration in research targeted to cancer in the elderly is important because:

- Recruitment of elderly oncology patients for clinical trials is difficult. This means that there is a reduced pool of geriatric oncology patients able and willing to participate therefore researchers in this field are encouraged to undertake research in partnership.

- The preparation of research proposals for submission to funding bodies such as the National Health and Medical Research Council (NHMRC) require researchers to acknowledge their collaborative work and the history of the team's partnerships.
- Treatment and supportive needs for geriatric oncology patients varies and requires cross discipline input.

COSA recognises the facilitation of collaborative partnerships and networking opportunities as an area in which they can provide future support.

2. Statistical methodology and clarity around best measures to use in a study:

- Study population: A key area of discussion throughout the workshop, emerging from all proposals was the issue of age cut offs for a study population. Some researchers used 65 years and above, and others 70 years and above as their target geriatric population. Some research saw definitions of younger and older geriatric groups considered as comparison populations.
- Understanding the study population: With the population increasing in age in Australia, researchers need to reconsider ages classified as geriatric, including young geriatrics and older geriatrics sub groups. An increase in life expectancy and the number of people in this demographic will have implications in research, resource allocation, treatment of the population and validity and application of study results. Advice provided to the researchers was to choose a population based on tumour stream or disease focus to study, and use specific disease outcomes to understand the target population of the study. This would help to identify aspects of health and care management which would be useful to study in this population.
- Importance of randomisation in study design.
- Screening tools/data collection used for geriatric assessment: There was much discussion between the group about which screening tools are currently best placed for assessing various aspects of geriatric health including cognitive function, physical mobility, and psychological assessment. The COSA Geriatric Oncology Group will hold a workshop dedicated to the discussion of screening tools.

3. Direction and ideas for improving current research proposals:

- Identifying those who will benefit most from geriatric assessment: systematically identifying patients with unmet needs and measuring the effectiveness of geriatric screening and/or assessment undertaken by nurses.
- Using existing data: As recruitment of elderly patients can be a challenge, study design experts emphasised the importance of using existing data through data linkage requests or accessing data which is already routinely collected.
- Demonstrate economic benefit: As some of the data collected is based on service utilisation, researchers were encouraged to use routinely collected data to demonstrate the savings associated with the study outcomes. This could be collected and represented through: hospital avoidance rates, bed days pre and post intervention, length of stay and through which means patients leave the hospital, and planned and unplanned health care. The study can demonstrate the use of these services and can also link outcomes of service delivery together, for example a longer stay in hospital being monitored by a practitioner may avoid rehospitalisation.

- Exploring use of already established interventions: this will help to avoid duplication of procedures, including Comprehensive Geriatric Assessment (CGA) tools such as the Adelaide tool. CGA is a multidimensional, interdisciplinary evaluation of an older individual's domains of geriatric function including functional status, comorbidities, cognition, psychological state, social support, nutritional status and a review of medications.

Evaluation:

Participants were invited to complete a short survey on their experience at the workshop. This was analysed according to whether the respondent presented a research proposal, or was a member of the expert audience. Seventeen surveys were completed, representing a 65% response rate. The participants who completed the survey were narrower than the broader group composition, with only: presenters (n=9) and members of the audience (n=8) represented, limiting the generalisability of these results (Refer Appendix 3, Figures 1.1 & 1.2).

Demographics

Appendix 3, Figure 1 shows the distribution of the disciplines represented by the presenters. Of those who responded, three presenters worked in a dedicated geriatric service and six of the presenters were current COSA members.

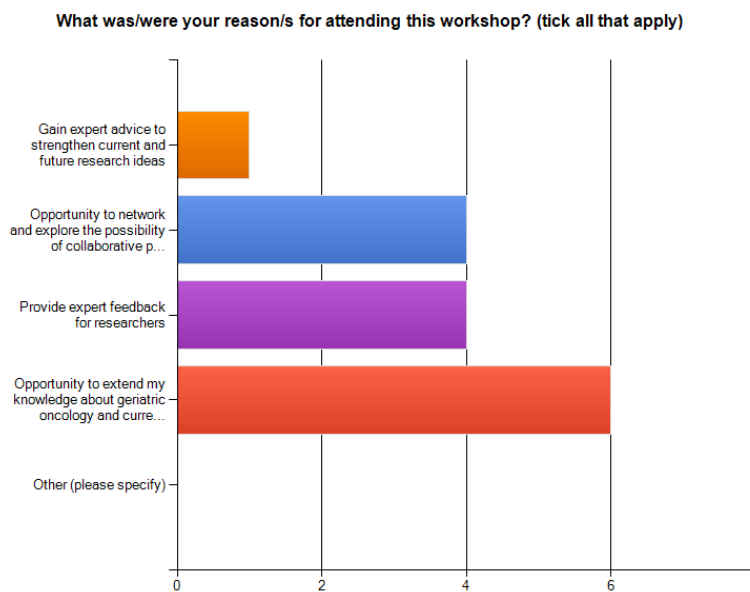


Figure 2.1 Reasons for attendance: Audience

Rationale for participating

The majority of audience participants' reason/s for attending the workshop related to the opportunity to extend their knowledge about geriatric oncology and the current research directions in this field (Refer Figure 2.1). They also acknowledged the opportunity to network and explore the possibility of collaborative partnerships.

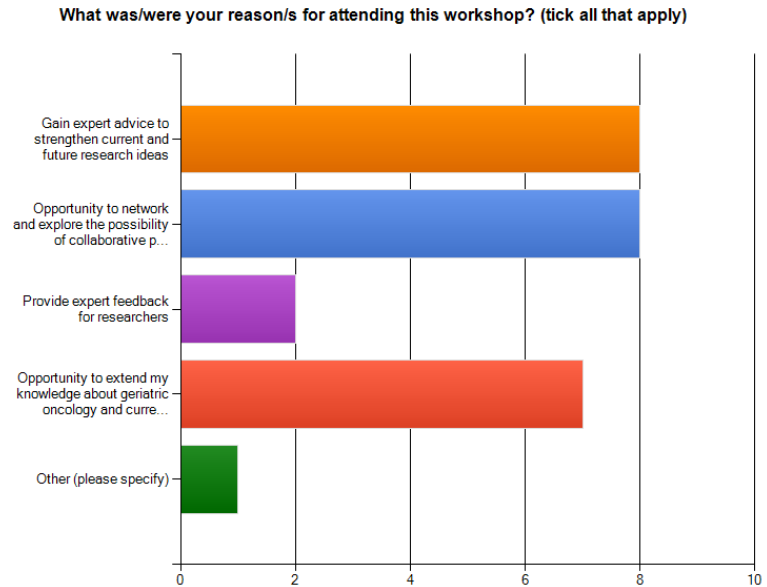


Figure 2.2 Reasons for attendance: Presenters

As expected, presenters' main purpose for attending was to gain expert advice to strengthen current and future research ideas and secondly, the opportunity to extend knowledge about geriatric oncology and current research directions. Two respondents indicated a dual purpose of attendance as presenting research but also to provide expert feedback.

Interesting to note, the majority of audience participants considered the opportunity to extend their knowledge about geriatric oncology and current research above providing expert feedback for researchers their main reason for attending. Whilst their role was to critically analyse draft research proposals, this response reflects their interest as oncology professionals to extend their knowledge of the needs of older people with cancer.

Workshop format

Overall, presenters were pleased with the time they were allocated to consult the audience on their concepts. Presenters 'strongly agreed', or 'agreed' that the feedback gained provided good, clear direction for developing and strengthening their research proposals. All presenters acknowledged the excellent value and relevance of feedback provided by the expert multidisciplinary audience. However, one participant noted that audience feedback could have been more structured to allow research design specialists to critique the methodology.

Suggested improvements

Audience participants' reported that improvements to the workshop could be made in the following areas (recording feedback of satisfactory or less):

- 12.5%: overall length of the workshop
- 37.5% length of each presentation and discussion time (could have been longer)
- 37.5% the structure of the discussion of each research proposal

Reponses in Figure 3.1 reflect the relevance of research proposals to advancing understanding, patient care needs of the elderly population with cancer.

Suggested strengths

All respondents agreed that the COSA Concept Development Day provided an ideal platform to network and to identify potential collaborative research partners. One presenter noted that they had commenced discussions with a contact they met at the workshop. Presenters either ‘strongly agreed’ or ‘agreed’ that they were confident in approaching potential collaborators for their project; and all ‘strongly agreed’ that COSA had adequately supported their needs and desired outcomes by providing this platform to present. Participants nominated key outcomes from the Concept Development Day centred on three main themes:

- Opportunities for research collaboration;
- Direction and ideas for improving current research proposal and;
- Statistical and methodology advice and clarity around optimal outcome measures.

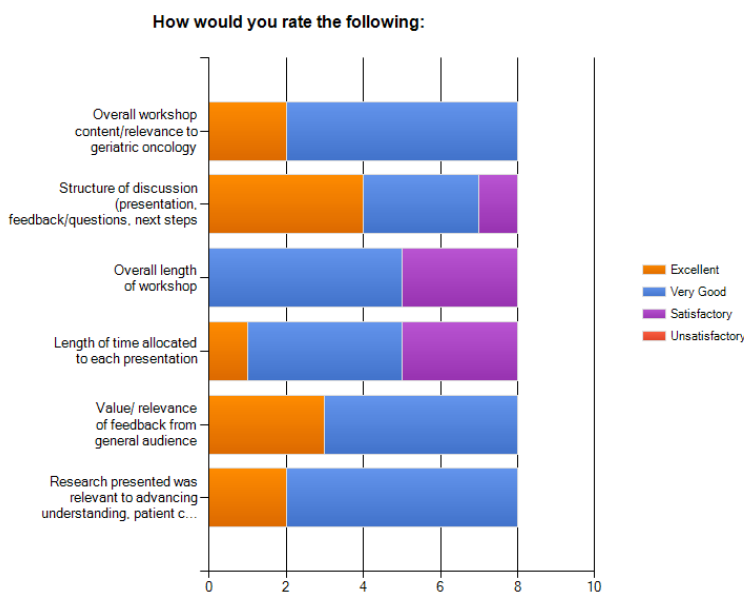


Figure 3.1 Stacked bar graph. Rating given to key aspects of the workshop: Audience

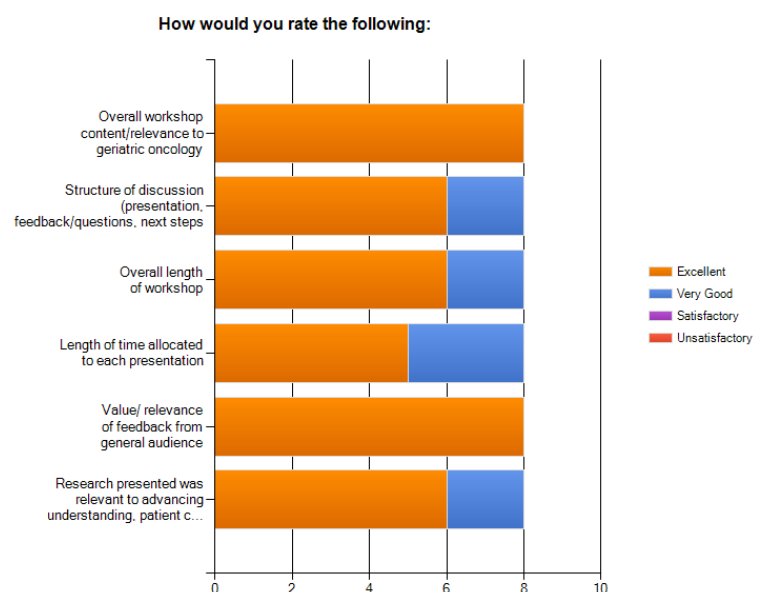


Figure 3.2 Stacked bar graph. Rating given to key aspects of the workshop: Participants

COSA's Research Role

Presenters were divided on the placement of COSA to support the ongoing development of their research. Some areas in which COSA can support the development of their research post workshop includes; the facilitation of collaborative research partnerships and projects rather than conducting research; guidance on future funding opportunities, statistical assistance/referral to appropriate statisticians; and linking/ collaboration with other cancer societies across various disciplines, tumour specific or disease appropriate in oncology.

Future engagement with COSA

Drawing on the responses from the survey, all audience respondents who were COSA members would consider increasing their involvement in the future work of the COSA Geriatric Oncology Group. All audience members and presenters acknowledged the value of COSA hosting future workshops and all non-COSA members would attend and/or recommend attendance to their colleagues. Presenters suggested that COSA host these workshops as an annual event.

Presenters who were not currently COSA members committed to becoming members when membership renewals opened and audience participants who were not COSA members welcomed the invitation to provide expert feedback related to their research discipline in future workshops.

Next steps:

In order to maintain this momentum the following COSA initiatives are planned:

ASM Participation: The COSA Annual Scientific Meeting (ASM) 2013 is being held on 12th to 14th November at the Adelaide Convention and Exhibition Centre. The meeting, titled '*Cancer Care Coming of Age*', will focus on geriatric oncology and gastro-intestinal cancers as the disease theme. Seven audience members plan to attend the 2013 COSA ASM with five planning to submit an abstract.

Clinical Professional Development Day: The COSA Geriatric Oncology Group were successful in their application for funding to host a Clinical Professional Day (CPD) which will be held on Monday 11th November 2013, prior to the commencement of the COSA ASM. This workshop '*Adequate Assessment: Appropriate Treatment- Practical ways to incorporate geriatric assessment and intervention into the oncology clinic,*' will explore the various international and national geriatric oncology operating in a range of settings, including large metropolitan tertiary teaching hospitals through to regional private clinics; and develop practical strategies to enable integration of geriatric oncology principles into the all cancer care clinical setting.

Cancer Forum is the official publication of COSA and Cancer Council Australia and is Australia's leading journal for multidisciplinary health professionals working in cancer. Cancer Forum is published three times a year, and in 2013 the November edition will feature geriatric oncology. Articles from members of the COSA Geriatric Oncology Group, as leaders in this field in Australia, will be featured.

Group Publication: A direct outcome from the Concept Development Day will be the formation of a small group to carry forward a publication on behalf of all attendees from the workshop. This publication will report on how the group approached the expert analysis of the draft research

proposals and address the common themes arising in undertaking research in the area of geriatric oncology.

COSA Geriatric Interest Group: All attendees from the Concept Development Day will receive correspondence from the COSA Geriatric Oncology Interest Group on all upcoming projects, research articles of interest, and future opportunities to participate in educational or networking days.

Engagement with COSA: Participants were encouraged to connect with COSA and inform COSA of additional support the Geriatric Oncology Group can provide to the further development or support of their research. COSA will continue to focus on membership driven priorities in the projects it undertakes to strengthen the care and treatment of cancer in the elderly. The COSA Geriatric Oncology Group has international connections and will continue to utilise this and research discoveries in other populations.

Conclusion

As geriatric oncology is an emerging focus in Australia, the Concept Development Day provided a forum for interested clinical researchers to present and seek feedback on their preliminary research ideas and to meet potential multi-disciplinary collaborators. Within geriatric oncology, research and care management requires multi-disciplinary input including; medical and radiation oncology, nursing, psycho-oncology, palliative, allied health and other disciplines providing care to the elderly cancer patient. The workshop demonstrated that in Australia there is a dedicated and core group of clinicians, professionals and service providers interested in the progress of geriatric specific oncology assessment and care.

Geriatric Oncology Concept Development Day Program

Friday 22nd March 2013



Cancer Council Australia and COSA Boardrooms
Sydney Central Building
Level 14, 477 Pitt St, Sydney
Ph: 02 8063 4100 (reception from 9am)

9:30 am	Welcome	Marie Malica
9:35 am	Format of the day	Jane Phillips
9:40 am	International and Australian research Integrating Geriatrics into Oncology	Christopher Steer Kheng Soo
9:55 am	Introductions	Jane Phillips
10:10 am	<i>A longitudinal, prospective study of clinical, functional and supportive care outcomes of older patients referred to specialist cancer settings.</i>	Mei Krishnasamy
10:50 am	Morning break	
11:10 am	<i>Implementation of a comprehensive geriatric assessment program at the Royal Perth Hospital for newly diagnosed elderly (≥ 70 years) Cancer Patients.</i>	Adnan Khattak
11:50 pm	<i>INTEGRATE – Is INTEgrated GERiatrics Assessment and Treatment Effective in Older Adults with Advanced Cancer?</i>	Kheng Soo
12:30 pm	Lunch	
1:00 pm	<i>A pilot study exploring the impact of nursing case management and comprehensive geriatric assessment on patients with Myelodysplastic Syndromes (MDS).</i>	Devendra Hiwase
1:40 pm	<i>Health outcomes in the older adult with cancer receiving chemotherapy are positively influenced by early clinical intervention and symptom management through an oncology nurse practitioner led model of care.</i>	Louise Nicholson
2:20 pm	Small break	
2:30 pm	<i>Predicting treatment outcomes in older patient: prospective longitudinal, observational cohort study.</i>	Christopher Steer Robyn Berry, on behalf of Sandie McCarthy
3:10 pm	Afternoon break	
3:30 pm	<i>Development and validation of a simplified screening tool for older patients with cancer to predict morbidity from active treatment.</i>	Bianca Devitt Heather Lane
4:10 pm	Close and finish at 4:30 pm	Jane Phillips

Appendix 2: Attendance List

Name	Organisation	State	Country
<u>Meera Agar</u>	Braeside Hospital; Ingham Institute of Applied Medical Research	NSW	Australia
Margaret Bedford	Princess Alexandra Hospital	QLD	Australia
<i>#Robyn Berry</i>	Princess Alexandra Hospital	QLD	Australia
<u>Sungwon Chang</u>	University of Technology, Sydney	NSW	Australia
<i>Bianca Devitt</i>	St Vincent's Hospital, Melbourne	VIC	Australia
Haryana Dhillon	University of Sydney	NSW	Australia
Cris Hartopeanu	Waikato Hospital		New Zealand
<i>Devendra Hiwase</i>	Royal Adelaide Hospital	SA	Australia
<i>Adnan Khattak</i>	Royal Perth Hospital	WA	Australia
<u>Andrew Kilberu</u>	Royal Perth Hospital	WA	Australia
<i>Meinir Krishnasamy</i>	Peter MacCallum Cancer Centre	VIC	Australia
<i>Heather Lane</i>	St Vincent's Hospital, Melbourne	VIC	Australia
Judith Lees	Royal Adelaide Hospital	SA	Australia
<u>Liz Lobb</u>	Calvary Health Care; Cunningham Cancer Centre for Palliative Care	NSW	Australia
<i>Alexandra McCarthy*</i>	Princess Alexandra Hospital	QLD	Australia
<u>Vasi Naganathan</u>	Concord Hospital	NSW	Australia
John Newsom	Independent consumer	NSW	Australia
<i>Louise Nicholson</i>	Royal Hobart Hospital	TAS	Australia
Jane Phillips	Sacred Heart Hospice	NSW	Australia
Janette Prouse	Royal Adelaide Hospital	SA	Australia
<u>David Sibbritt</u>	University of Technology, Sydney	NSW	Australia
<i>Kheng Soo</i>	Eastern Health	VIC	Australia
<i>#Christopher Steer</i>	Border Medical Oncology	VIC	Australia
<u>Timothy To</u>	Repatriation General Hospital	SA	Australia
Kate Whittaker	Clinical Oncological Society of Australia	NSW	Australia
<u>Wei Xuan</u>	Ingham Institute of Applied Medical Research	NSW	Australia

Key:

Italics = presenter

*= did not attend the workshop, but research was presented by colleagues

#= presented research on behalf of colleague

Underlined = invited expert

Appendix 3: Workshop demographic

In what discipline do you currently work? (tick all that apply)

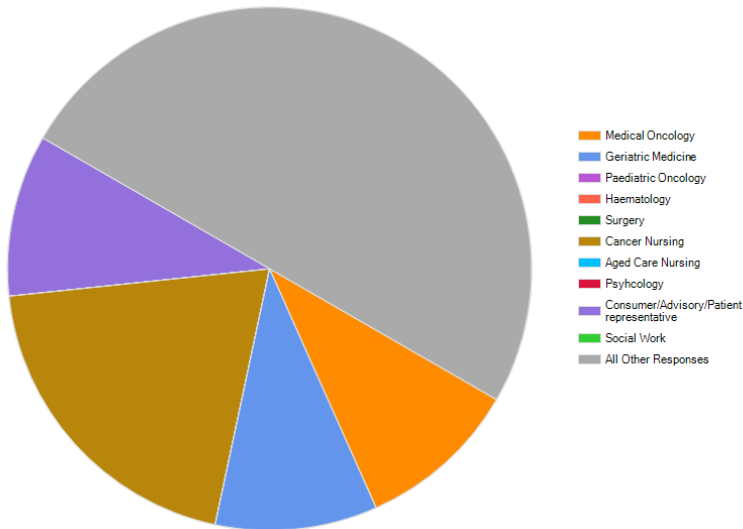


Figure 1.1 Discipline: Audience

Figure 1.1 shows the distribution of disciplines to which the audience group who completed the survey identify. All respondents were COSA Members, with only one respondent currently worked in a dedicated geriatric service, with others noting their peripheral involvement with geriatric patients.

In what discipline do you currently work? (tick all that apply)

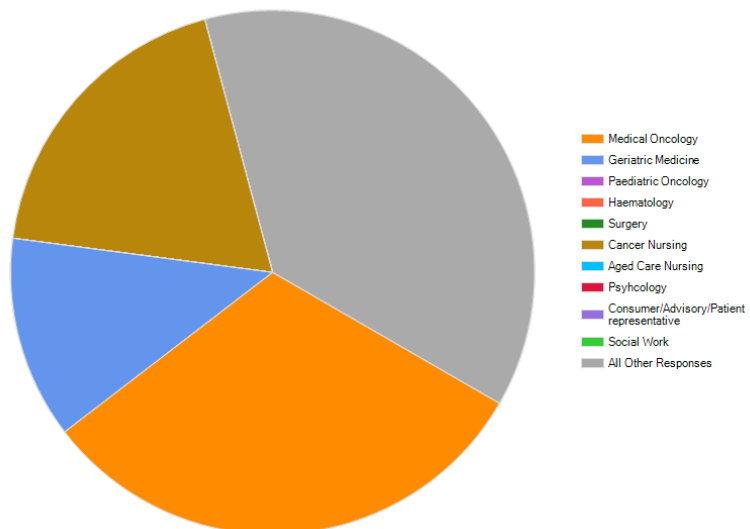


Figure 1.2 Discipline: Presenters

Figure 2.1 shows the distribution of the disciplines represented by the presenters. Of those who responded, three presenters worked in a dedicated geriatric service and six of the presenters were current COSA member.