Geriatric Oncology Statewide Scoping Project

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The Integrated Cancer Services are supported by the Victorian Government

Contents

Authorship

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Abbreviations

ADL	Activities of Daily Living
CCV	Cancer Council Victoria
CDU	Chemotherapy Day Unit
CGA	Comprehensive Geriatric Assessment
CIRS-G	Cumulative Illness Rating Scale-Geriatric
COSA	Clinical Oncology Society of Australia
CSNAT	Carers Support Needs Assessment Tool
DHHS	Department of Health & Human Services
ECOG	Eastern Cooperative Oncology Group
EWG	Expert Working Group
GA	Geriatric Assessment
GP	General Practitioner
IADLS	Instrumental Activities of Daily Living
ICS	Integrated Cancer Services
KPS	Karnofsky Performance Scale
MDT	Multidisciplinary Team
MMSE	Mini Mental State Examination
MNA	Mini Nutritional Assessment
MOOC	Massive Open Online Course
MPCCC	Monash Partners Comprehensive Cancer Consortium
NCCN	National Comprehensive Cancer Network
NPOP	Nurse Practitioner Older Persons
QoL	Quality of Life
RCT	Randomised Controlled Trial
RUDAS	Rowland Universal Dementia Assessment Scale
SIOG	International Society of Geriatric Oncology
SMICS	Southern Melbourne Integrated Cancer Services
TUG	Timed Up and Go
VCCC	Victorian Comprehensive Cancer Centre
VES-13	Vulnerable Elders Survey
VICS	Victorian Integrated Cancer Services

Acknowledgements

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Key messages

- There are currently very few Geriatric Oncology specific services/models of care in Victoria, particularly ongoing initiatives, despite the mounting evidence of the need for geriatric oncology screening and services
- Establishing a Geriatric Oncology service is feasible but requires significant resourcing
- A multi-disciplinary approach is required to address the various needs of the older person with cancer
- A geriatric assessment is recommended to evaluate a patients' overall health, supportive care needs and identify potential areas of vulnerability of older adults with cancer
- The use of geriatric oncology screening tools is inconsistent across Australia, thus suggesting the need for standardisation so that comprehensive data sets can be established and maintained, which can be used as evidence for future funding initiatives
- Clinicians lack confidence in the management and referral of older patients with cancer, yet currently, clinicians caring for patients with cancer receive little to no formal training in caring for older adults with cancer
- The high level of attendance and engagement in the project's statewide stakeholder workshop indicates the need for formalising a statewide response to better address the needs of older Victorians with cancer and the health professionals caring for them
- Limited quantitative data is available to support the adoption of geriatric oncology screening and services in Health Services

Executive summary

The key recommendations derived from the Geriatric Oncology Statewide Scoping Project are:

1. The use of geriatric oncology screening tools becomes standardised across Victoria
2. Wherever possible, a multi-disciplinary approach be provided in services for older people with cancer
3. More educational opportunities are offered for both clinicians and older patients with cancer

Background

Treatment of cancer in older adults is more complex than in younger persons because of comorbidities, competing risks of death, potentially altered treatment tolerance, and variable patient preferences (Singh & Lichtman, 2015). Cancer in older patients may exist or occur with one or more comorbidities. This can influence the older oncology patient's physical and psychological ability to cope with treatment (Maddison, Wong & Gibbs, 2013).

A high proportion of geriatric oncology patients who are prescribed chemotherapy suffer significant side effects and toxicity (Hurria et al, 2016). There remains a lack of evidence to guide best practice for prescribing chemotherapy and the dosage required for effective treatment whilst reducing the likelihood of toxicity and complications. (Shachar, Hurria & Muss, 2016).

A geriatric assessment (GA) is recommended for oncologists to evaluate a patients' overall health, supportive care needs and identify potential areas of vulnerability of older adults with cancer. It can determine a patient's fitness for cancer treatment and develop targeted, holistic interventions to address impairments and optimise quality of life. (Magnuson et al, 2016).

As there is mounting evidence of the need for geriatric oncology screening and services and with increasing interest from the oncology sector, the VICS required a comprehensive understanding of the current geriatric oncology guidelines, the services available to older patients, and the various screening and assessment tools available for use. The Southern Melbourne Integrated Cancer Service (SMICS) was subsequently funded by the Victorian Integrated Cancer Services (VICS) to undertake a statewide scoping project. The project findings were used to inform a proposal to VICS for statewide project funding.

Aim

The project aim was to gain comprehensive understanding of the current geriatric oncology services/models of care, guidelines and other resources available for use with older persons with cancer to inform future geriatric oncology initiatives in Victoria.

Methods

The Geriatric Oncology Statewide Scoping Project was undertaken by SMICS with funding from the VICS. The methodology used for the project comprised the following:

- a high-level international literature review comprising geriatric oncology guidelines, models of care, multidisciplinary geriatric oncology approaches, geriatric assessments, health professional and consumer education and current/recent Victorian research studies
- national mapping of current geriatric oncology services/models of care and associated resources, including screening tools
- a stakeholder workshop designed to receive feedback on the scoping results and generation of

future geriatric oncology project ideas
- VICS funding proposal project prioritisation process

Program of work outcomes

Literature review

The literature review identified that pockets of research have been undertaken in Australia in recent years and some studies are currently being undertaken. There are a handful of current guidelines for geriatric oncology, with the major guideline being developed by the American Society of Clinical Oncology (ASCO) in 2018. It provides advice regarding the practical assessment and management of vulnerabilities in older patients undergoing chemotherapy. The National Comprehensive Cancer Network (NCCN) *Clinical Practice Guidelines in Oncology: Older Adults Oncology (2019)* are a comprehensive set of guidelines that include algorithms for the approach to decision-making in the older adult, and considerations of older adults undergoing cancer treatments, including the use of systemic therapy.

The literature suggests that there are several existing international models incorporating geriatrics into oncology care, including a consultative geriatric assessment, a geriatrician 'embedded' within an oncology clinic, and primary management by a dual-trained geriatric oncologist (Magnuson, Dale & Mohile, 2014). There are also newer clinical roles which have emerged in more recent years that can facilitate the implementation of geriatric oncology interventions, such as the nurse practitioner. A number of 'nurse-led' geriatric oncology models of care currently exist within Australia (Morgan & Tarbi, 2016).

The literature reviewed overwhelmingly identified that a multidisciplinary approach to the care of older persons with cancer is preferable to single or dual-clinician approaches. Establishing a multidisciplinary geriatric oncology service was considered feasible but its requirement for significant resourcing was noted in more than one study.

A Geriatric Assessment (GA) is recommended to evaluate a patient's overall health, supportive care needs and identify potential areas of vulnerability of older adults (Magnuson, et al., 2016). However, the literature varied as to what a GA and a CGA specifically refers to. For the purposes of this review, GA is used as a generic reference for screening or a CGA, and a CGA refers to a more comprehensive geriatric assessment involving more formal testing with a clinician. The majority of studies reviewed involved GA screening.

Currently, clinicians caring for patients with cancer receive little to no formal training in caring for older adults with cancer (Hsu, 2016), yet physicians lack confidence in the management and referral of older patients with cancer. There were no specific studies identified in the literature on the education needs and practical strategies for older persons with cancer. However, it was noted in some of the literature that even simple supportive care interventions and education provided to older persons with cancer can improve their wellbeing and assist them in their treatment decisions and acceptance of treatments to which they consent.

Services and resources mapping

The project Services and Resources Mapping consisted of a review of eleven current or recently operating Australian geriatric oncology models of care. Of these, nine are still operating, with two operating in part following their original establishment. The models of care implemented varied considerably, particularly in terms of their staffing structures and their processes for undertaking GAs. Some comprised a single nurse only, or a medical oncologist and a geriatrician; whilst others comprised these clinicians, as well as allied health clinicians. GAs were undertaken prior to the patient's hospital appointment via post or telephone, whilst others were performed in the waiting room or in the consultation with the clinician. Three models of care were implemented as survivorship grant projects, with interventions taking place post active

treatment. Feedback received advised that geriatric oncology care needs to be implemented earlier in the patient's care plan. In Victoria, the only geriatric oncology service currently operating is at Monash Health.

In terms of GAs, the majority of the services mapped used either the Vulnerable Elders Survey (VES-13), the G8 and/or the Screening Questionnaire for Assessment of Older People with Cancer (the 'Adelaide Tool') as screening tools, or a combination of these. At Monash Health, additional tools were used to assess the level of social support and physical activity, risk of falls, diagnostic understanding, assessment of future planning and caregiver strain as part of a CGA. The vast number of screening tools available for use with older persons with cancer and the inconsistency of their use across the services mapped, highlights the challenge of standardising the screening tools to be used in the future as more geriatric oncology services become available in Australia.

Some Australian educational resources for health professionals and consumers were also identified in the geriatric oncology scoping, suggesting a limited number were available. Resources for health professionals included an online geriatric oncology educational resource for oncology nurses hosted by Cancer NSW on the eviQ platform. In it, four web-based interactive modules were developed which included topics on screening, CGA, pathophysiology of ageing, polypharmacy and communication. This resource, which hasn't been taken up well, will be reviewed in light of the release in June 2020 of a Massive Open Online Course (MOOC) developed by the Victorian Comprehensive Cancer Centre (VCCC). This is a 4-week course which will include a module on "Cancer in the Lifespan" that will include a focus on older people. Although open to anyone, it will be micro-credentialed and will accrue relevant health professional member organisation CPD points.

In terms of consumer education resources, Cancer Council Victoria (CCV) offers 'Living with Cancer' programs and two video resources are also available: one with a specific geriatric oncology focus and another aimed at rural persons with cancer and their carers, which includes a focus on older persons. A web portal for consumer/carers of cancer resources, particularly supportive care related, and information about services is available at www.wecan.org.au. With an ageing population facing an increased risk of developing cancer, there is clear need for more educational opportunities for health professionals and for consumers and carers on the field of geriatric oncology.

Statewide stakeholder workshop

A statewide stakeholder workshop was undertaken in November with fifty-five attendees, who were seated around tables in small groups to workshop responses to a series of discussion questions/prompts provided by a professional facilitator. The information gathered further informed the scoping activities to date and a series of project ideas for future funding were developed, refined and then prioritised. Seven specific project ideas were generated at the workshop, which were then considered by the project's Expert Working Group (EWG) for inclusion in a VICS funding proposal.

Future actions

The EWG used a prioritisation process to agree on a single project to be submitted to VICS for further funding. The project, titled *Implementation of routine geriatric screening for people over 70 with cancer* forward, incorporates components of five of the other projects: Project 1: *Forum/analysis of the lived experience of patients and carers*; Project 3: *Health professional education*; Project 4: *Informing, educating and empowering patients and carers;* Project 6: *Identifying existing services that could add value for people with cancer over 70 years;* and Project 7: *Data project, understanding the cancer experience of people over 70, diagnosis, treatment, outcomes.*

Future consideration of the remaining project ideas is recommended once additional data is available to support implementation.

The ICS are recommended to keep abreast of emerging evidence and services.

Geriatric Oncology Statewide Scoping Project

Background

Treatment of cancer in older adults is more complex than younger persons because of comorbidities, competing risks of death, potentially altered treatment tolerance, and variable patient preferences (Singh & Lichtman, 2015). Cancer in older patients may exist or occur with one or more comorbidities. The Australian National Health Survey estimates that 80% of older patients have three or more chronic comorbidities that require active management and impact health outcomes and mortality. This can influence the older oncology patient's physical and psychological ability to cope with treatment (Maddison, Wong & Gibbs, 2013).

A high proportion of geriatric oncology patients who are prescribed chemotherapy suffer significant side effects and toxicity (Hurria et al, 2016). There remains a lack of evidence to guide best practice for prescribing chemotherapy and the dosage required for effective treatment whilst reducing the likelihood of toxicity and complications. (Shachar, Hurria & Muss, 2016).

A geriatric assessment (GA) is recommended for oncologists to evaluate a patients' overall health, supportive care needs and identify potential areas of vulnerability of older adults with cancer. It can determine a patient's fitness for cancer treatment and develop targeted, holistic interventions to address impairments and optimise quality of life. (Magnuson et al, 2016).

A GA in the cancer setting can ensure that:

- those individuals who are amenable to intensive chemotherapy (after their deficits are identified and remedied) are appropriately treated;
- vulnerable patients more suited to modified or supportive regimens are determined;
- frail individuals who would benefit most from palliative regimens, or no treatment at all, are also identified and offered the appropriate level of care (Singhal & Rao, 2008; Massa et al, 2008).

As there is mounting evidence of the need for geriatric oncology screening and services and with increasing interest from the oncology sector, the VICS recognised a need to explore possible initiatives to improve outcomes and experiences for older people diagnosed with cancer and subsequently submitted a VICS funding proposal ***(Appendix A)***, which enabled this project.

In order for the Integrated Cancer Services (ICS) to have a comprehensive understanding of the current geriatric oncology guidelines, the services available to older patients, and the various screening and assessment tools available for use, SMICS was funded by the VICS to undertake a statewide scoping project. The project findings will inform a planned proposal for statewide project funding, to ensure that existing efforts and activity are not duplicated and that learnings from previous work undertaken in this area are not overlooked.

Aim

The overall aim of the project was to gain comprehensive understanding of the current geriatric oncology services/models of care, guidelines and other resources available for use with older persons with cancer to inform future geriatric oncology initiatives in Victoria.

Objectives

The objectives of the project were to:

1. Bring together clinicians and consumers who have an interest in the management of older patients with a cancer diagnosis to develop and drive a statewide initiative to provide best practice in treatment and care of older persons in the oncology setting
2. Scope existing geriatric oncology guidelines, services and resources
3. Engage with key stakeholders, including GPs, community health, aged care and consumers to explore existing and possible new referral pathways between sectors
4. Identify education opportunities for oncology clinicians, GPs, community health, aged care and patients

Methods

The Geriatric Oncology Statewide Scoping Project was undertaken by SMICS with funding from the VICS. A senior project manager was employed by SMICS for 6 months, who commenced in July 2019. The methodology used for the project comprised a literature review, services and resources mapping, a stakeholder workshop and a VICS funding proposal project prioritisation process.

Literature review

The project commenced with a high-level international literature review to highlight the major initiatives that have been undertaken in geriatric oncology to date and to assist with identification of the gaps in geriatric oncology care and potential solutions to address them.

The inclusion criteria for the literature review were:

- Geriatric oncology related publications
- International publications
- Publications from 2014 onwards

The exclusion criteria were:

- Publications not relevant to cancer in older people
- Publications prior to 2014

The literature review comprised 31 sources of literature, of which 8 were Australian or included an Australian focus. The Monash Health library databases were used for the initial literature search, which yielded 72 results, of which 28 were examined in detail. Of these 28, 5 were included in the literature review. As this was a high-level review, several articles found in each literature theme were not included as they did not add new information to that already collated. Four articles were included from the final report of an earlier Monash Health project: *Specialised Oncology Care and Research of the Elderly (SOCARE) at Monash Health.* General online keyword searching for published research and 'grey' literature was also conducted, of which 14 publications were also included in the literature review, including relevant guidelines. The project EWG members and other stakeholders consulted with also provided literature sources, including research studies and reports/reviews, of which 5 were included, as were three current (not yet published) studies involving stakeholders consulted with in the project.

The relevant literature was analysed according to the following themes:

1. Geriatric oncology guidelines
2. Geriatric oncology models of care
3. Multidisciplinary geriatric oncology
4. Geriatric assessments
5. Geriatric oncology education

6. Victorian research studies

Services and resources mapping

The services and resources mapping was undertaken concurrently with the literature review. Australian geriatric oncology services/models of care, relevant tools and other resources were included. The mapping comprised a desktop review of health services/models of care, screening assessment resources and consultation with relevant staff identified in geriatric oncology services and the health and education sectors, including the EWG members. These various stakeholders either provided information about current services/models of care and/or resources, and/or recommended additional stakeholders.

The inclusion criteria for the mapping were:

- Australian services/resources only
- Current or recently operating geriatric oncology services/models of care, including those established as time-limited projects e.g. survivorship grant projects
- Geriatric oncology pilot projects
- Geriatric oncology screening tools and referral guidelines
- Geriatric oncology focused educational resources for health professionals
- Geriatric oncology educational resources for consumers/carers, including face to face and online programs and videos.

The exclusion criteria were:

- General oncology services/models of care that didn't have a specific older person focus
- Cancer related resources that weren't relevant/considered appropriate for older persons
- Aged care services that may or may not have integration with oncology services

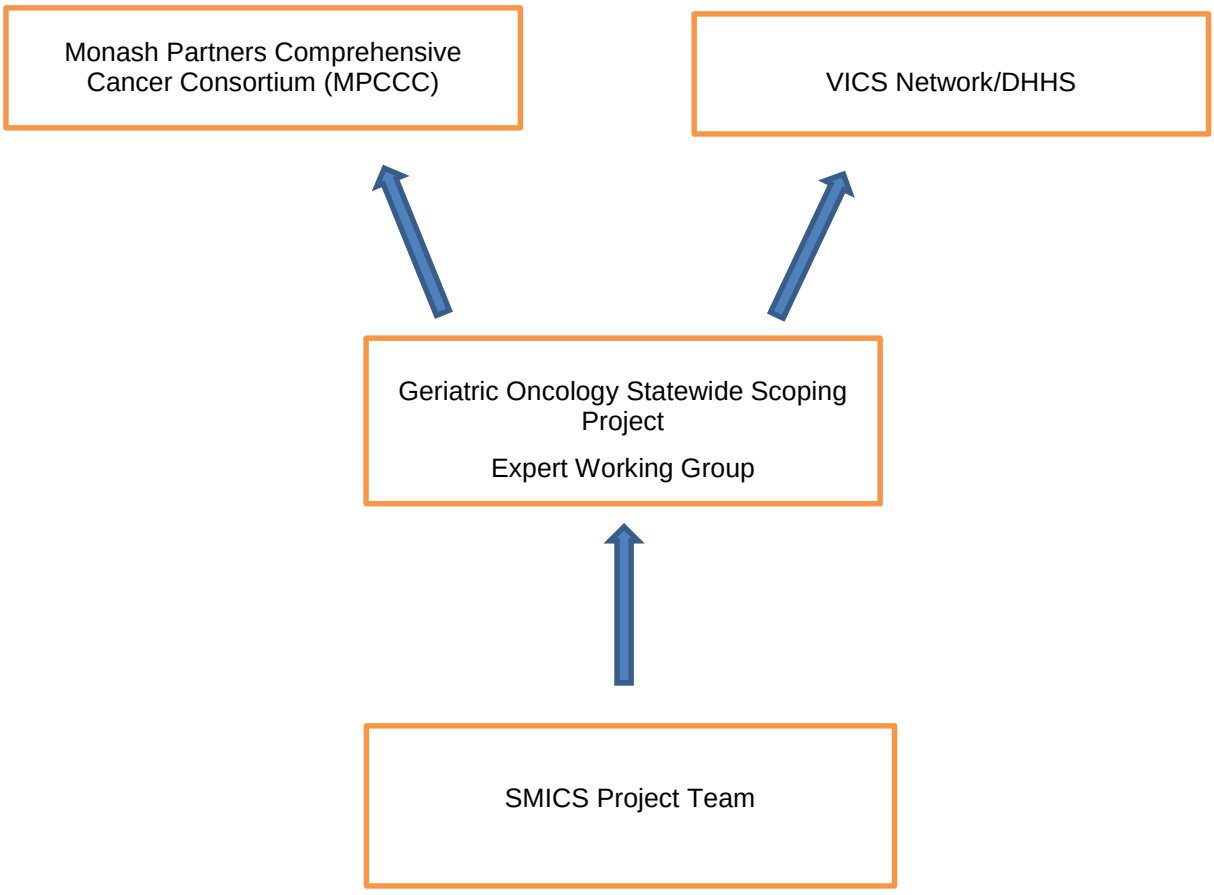
Stakeholder workshop

Following the above phases of the project, a statewide stakeholder workshop was convened in Melbourne on 28 November 2019 to further identify gaps and potential solutions in current Victorian geriatric oncology care, and to inform a VICS proposal for funding of future geriatric oncology projects. A professional facilitator was engaged for the workshop. Potential initiatives were identified and workshopped before being prioritised by attendees. Further refinement and prioritisation of projects was then undertaken by the project EWG to determine the statewide funding proposal to VICS.

Scope

In Scope	Out of scope
Establishing an Expert Working Group	Implementing screening or assessment
Consultation across the sector, including hosting of a statewide stakeholder workshop with experts and individuals with an interest in geriatric oncology	Delivery of education
Scoping of geriatric oncology services/models of care, guidelines, and other resources currently being undertaken in this area	Establishing a geriatric oncology service
Recommendations for a statewide geriatric oncology project(s)	Undertaking cost benefit analyses

Governance



SMICS team

- SMICS Manager (0.1 EFT)
- SMICS Project Officer (0.6 EFT)

Expert Working Group

An EWG was established to provide guidance on project activities and endorsement of project documentation. The EWG comprised a range of relevant Victorian clinicians, managers and a consumer representative who met via teleconference on four occasions between September 2019 and January 2020. Several members also attended the statewide stakeholder workshop held in November 2019.

Name	Position	Name	Position
Dr Ranjana Srivastava (Co-Chair)	Geriatric Oncologist, Monash Health & Safer Care Victoria Care of Older People Clinical Network Representative	Dr Zee Wan Wong (Co-Chair)	Clinical Director, Southern Melbourne Integrated Cancer Services (SMICS) & Director Oncology, Peninsula Health
Ms Helen Bolger-Harris	Senior Project Manager, Geriatric Oncology Statewide Scoping Project, SMICS	Ms Jude Bulten	Older Persons Nurse Practitioner, Castlemaine Health
Ms Joanne Gell	Strategic Manager, GICS	Dr Sachin Joshi	Clinical Director, Gippsland Regional ICS (GRICS)
Ms Lea Marshall	Cancer Service Improvement Coordinator, Grampians ICS (GICS)	Ms Eleanor Sawyer	Project Lead, Care of Older People Clinical Network, Safer Care Victoria
Ms Seleena Sherwell	Program Manager, SMICS	Ms Ilana Solo	Strategic Manager, Loddon Mallee ICS (LMICS)
Dr Christopher Steer	Medical Oncologist, Border Medical Oncology	Mr Ian Storey	Consumer Representative – metropolitan Victoria
Dr Irene Wagner	Geriatrician, Monash Health		

Implications and recommendations

Current evidence and stakeholder feedback warranted formal scoping of the current Victorian geriatric oncology services/models of care, guidelines and other resources, to inform further work in this emerging specialty. Specifically, the identification of the needs of older persons diagnosed with cancer, as well as the gaps and issues in their service delivery, was required. The undertaking of subsequent projects is recommended to address the needs and issues identified in this project.

Communication and collaboration

As this was a scoping project, communication and collaboration were key mechanisms used to source relevant information about existing services, resources and stakeholder feedback. Communication occurred with many stakeholders, including the VICS; ICS managers; the EWG; and various other clinicians, non-clinicians, including consumer representatives, researchers and managers. The communication was either in person, or via email or telephone, with individuals and groups, such as was the case with the Statewide Stakeholder Workshop.

Formal written communication occurred via the following:

- VICS Newsletter
- VICS Network
- MPCCC Newsletter
- Reports to MPCCC Governance
- MPCCC Annual Report
- COSA Newsletter

Program of work outcomes, lessons, challenges and enablers

Literature Review

The literature review ***(Appendix B)*** identified that pockets of research have been undertaken in Australia in recent years and studies are currently being undertaken (see Theme 6 below for details). The majority of the international studies identified were carried out in the U.S. where much of the geriatric oncology research has been undertaken to date. Other international studies were from Europe, South America, Canada and New Zealand.

The types of literature included published research studies, including a systematic literature review and pilot studies, guidelines, series papers, consensus papers, reports and reviews. Three current or recently completed Victorian research studies not yet published were also included.

Findings from review of the literature are discussed per review theme:

Theme 1: Geriatric oncology guidelines

The major guideline for geriatric oncology was developed by the American Society of Clinical Oncology (ASCO) and released in 2018. It provides advice regarding the practical assessment and management of vulnerabilities in older patients undergoing chemotherapy. An expert panel was convened to develop clinical practice guideline recommendations based on a systematic review of the medical literature (Mohile, Dale, Somerfield, et al., 2018).

The guideline stipulates that a GA should be performed to identify vulnerabilities that are not routinely captured in oncology assessments in patients sixty-five years or older receiving chemotherapy. GA results should be applied to develop an integrated and individualised plan that informs cancer management and to identify non-oncologic problems amenable to intervention (Mohile, Dale, Somerfield, et al., 2018).

The guidelines' minimum criteria for management of older patients with cancer are:

- Predict chemotherapy toxicity
- Estimate non-cancer life expectancy
- Perform a functional assessment
- Assess burden of co-morbidities
- Perform falls screening
- Undertake malnutrition screening
- Assess cognitive capacity

The National Comprehensive Cancer Network (NCCN) *Clinical Practice Guidelines in Oncology: Older Adults Oncology (2019)* are a comprehensive set of guidelines detailing the sequential management decisions and interventions that currently apply to 97 percent of cancers affecting patients in the United States. They include algorithms for the approach to decision-making in the older adult, and considerations of older adults undergoing cancer treatments, including the use of systemic therapy. The NCCN believes that the best management for any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

In France, a consensus paper was developed by the Taskforce of the International Society of Geriatric Oncology (SIOG) which recommends and encourages all healthcare professionals involved in cancer care to place greater focus on the quality of life (QoL) of older people living with cancer (Scotte, Bossi, Carola, et al., 2018). The paper advocates that the principles of geriatric evaluation and care should include:

- Obtaining diagnostic certainty (disease & domains of QoL)
- Identify comorbidities and estimate their severity
- Identify and manage any geriatric syndromes
- Assess and address medical-social factors
- Identify required resources
- Estimate survival prognosis
- Prioritise issues
- Propose a therapeutic program (oncology and non-cancer)
- Establish a comprehensive care plan

No studies were found in the literature which identified the implementation rates of these guidelines and the impact of their use.

Theme 2: Geriatric Oncology Models of Care

A geriatric oncology model of care consists of constructing a multi-level clinical and organisational system that:

- Provides cancer-specific, fitness appropriate, and individualised geriatric care
- Provides strong integration between medical care, supportive care, and social services
- Can design and implement age-appropriate health care policies and practices (Dale, Chow & Sajid, 2016)

The literature suggests that there are several existing models of incorporating geriatrics into oncology care, including a consultative geriatric assessment, a geriatrician 'embedded' within an oncology clinic, and primary management by a dual-trained geriatric oncologist (Magnuson, Dale & Mohile, 2014). There are also newer clinical roles which have emerged in more recent years that can facilitate the implementation of geriatric oncology interventions, such as the nurse practitioner, in both care of older persons and

oncology. In addition, a number of 'nurse-led' geriatric oncology models of care currently exist within Australia (Morgan & Tarbi, 2016).

Some studies conducted in the U.S. suggested that the cost and burden of older persons from rural areas with cancer travelling to and from metropolitan based health centres, can result in them not receiving medical care, leaving them more vulnerable to under treatment (Chien, Roberts, Soto-Perez-de-Celis, et al, 2019). A few studies trialed the use of telehealth to counteract this, which included providing electronic tablets to older patients with cancer who did not have access to computers, allowing them to interface with providers through telehealth. The results of one such study showed a reduction in costs and a decrease in hospital readmission rates (Chien, Roberts, Soto-Perez-de-Celis, et al., 2019). The authors concluded that providing multidisciplinary care through telehealth is an alternative requiring further exploration. Barriers include the availability of a reliable internet service, privacy concerns, scepticism, and cost to institutions.

Currently, there is no evidence that geriatric oncology services per se reduce cost or healthcare utilisation for patients. However, healthcare utilisation can be better directed via the identification of patients at increased risk of chemotherapy toxicity receiving more appropriate chemotherapy dosing; avoidance of unnecessary aggressive therapy; medical education; and provision of patient-centred care, which includes focus on identifying and addressing unmet supportive care needs (Magnuson, Dale & Mohile, 2014). These services also facilitate the opportunity for holistic patient care; improved doctor-patient communication; and services can become standard bearers for other services.

The consensus in the literature appears to be that it is not feasible to have individual geriatric oncology clinics provide cancer care for all older patients, although ideally, this would be the case. This then suggests the need instead for global cooperation in education, research, and training, so that the care of all older patients with cancer can be improved worldwide, given aged disease forms part of usual care (Soto-Perez-de-Celis, de Glas, Hsu, et. al., 2017).

Theme 3: Multidisciplinary Geriatric Oncology

A systemic literature review in New Zealand found that a lack of information on comorbidity in multidisciplinary teams (MDT) impedes the ability of MDT members to make treatment recommendations, and for those recommendations to be implemented among patients with comorbidity. MDT members are likely to be unaware of the extent to which issues such as comorbidity are ignored (Stairmand, Signal, Sarfati et al., 2015). Thus, MDTs need to undertake decision making that appropriately addresses comorbidity in a systematic way.

The literature reviewed overwhelmingly identified that a multidisciplinary approach to the care of older persons with cancer is preferable to single or dual-clinician approaches. There was a range of preferred clinician types indicated with the majority identifying collaboration between medical oncologists, surgeons, radiation oncologists, nurses, geriatricians, allied health professionals such as occupational therapists, physiotherapists and other rehabilitation specialists, social workers, dieticians, pharmacists and psychosocial support professionals. It was considered that these allied health professionals contribute expertise, particularly in areas such as functional status, malnutrition, polypharmacy and psychosocial support. Social support professionals are able to link the older adult and caregivers to resources and support e.g. transport, medical equipment, financial services, insurance resources, and provide counselling and referrals to support groups and psycho-educational programs (Nightingale, Burhenn, Puts, et al., 2019).

Establishing a multidisciplinary geriatric oncology service was considered feasible, but its requirement for significant resourcing was noted in more than one study. Challenges in establishing collaboration in geriatric oncology were largely considered to include evaluating the resources required for a geriatric oncology service; confirming the role of each member of the team; establishing good communication both within the team and with the patients; determining referral criteria; and using screening tests to select which patients can benefit the most from multidisciplinary evaluation and a more thorough geriatric assessment (Karnakis, Gatas-Vernaglia, Saraiva , et al., 2016).

Theme 4: Geriatric Assessments

A GA is recommended to evaluate a patient's overall health, supportive care needs and identify potential areas of vulnerability of older adults with cancer (Magnuson, et al., 2016). However, the literature varied as to what a GA and a CGA specifically refers to. For the purposes of this review, GA is used as a generic reference to screening or a CGA, whereas a CGA refers to a more comprehensive geriatric assessment involving more formal testing with a clinician.

Incorporating GA into the care of the older patient with cancer was shown in several studies to be feasible and predictive of outcomes. It can assist with and/or prevent under-treatment in those older persons with cancer who are otherwise well and over-treatment of frail older persons, particularly via chemotherapy and surgical treatments (Magnuson, Dale & Mohile, 2014). The literature findings did vary in relation to the degree that GA results actually altered treatment plans, from not at all to up to a third of patients. Schmidt, Boese, Lampe, Jordan, et al., (2017) state that in several studies, it triggered further diagnosis and/or specific supportive therapy e.g. nutritional counselling, high caloric supplements, physiotherapy or psycho-oncologic counselling.

The most frequent model of care which incorporates GA into oncology practice is its administration as screening in the outpatient setting, in an attempt to minimise the impact of acute illness on functional and cognitive measures (Magnuson, Dale & Mohile, 2014). The majority of studies involved nurses administering the GA screening and undertaking data collection to provide input into integrated care plans, implementation and monitoring of the care plan, coordinating referrals and providing patient and family education regarding the GA results (Nightingale, Burhenn, Puts, et al., 2019).

Some studies recommended that any CGA should be performed by geriatricians only to avoid under-interpretation. Other models considered that any MDT member can perform the CGA, such as a nurse practitioner or allied health clinician and that the team thus does not require a fully dedicated geriatrician (Karnakis, Gatas-Vernaglia, Saraiva, et al., 2016). Due to lack of time & resources, performing a CGA in all older patients with cancer is not feasible in many services. Referral criteria can help define eligible patients but even this must be well established by geriatricians and oncologists to avoid unnecessary or futile evaluations (Karnakis, Gatas-Vernaglia, Saraiva, et al., 2016).

Theme 5: Geriatric Oncology Education

Currently, clinicians caring for patients with cancer receive little to no formal training in caring for older adults with cancer (Hsu, 2016) and physicians lack confidence in the management and referral of older patients with cancer. One study conducted in Canada involved undertaking a Geriatric Oncology and Frailty Needs Assessment to identify the perceived learning needs of provincial cancer staff when caring for older patients. The questions included current and desired knowledge level and opinions on barriers to care. The results identified a large variation between current and desired level of knowledge in relation to treatment toxicities, polypharmacy, cognitive changes, symptom management, geriatric services and assessments, geriatric syndromes, and dietary needs. Specific topics of educational interest included time-efficient GA tools, dementia and cognitive decline with ageing, community supports and resources, and polypharmacy (Rittberg, Sutherland, Huynh, et al., 2018).

Nurses were a particular focus for educational needs and provision in the literature, suggesting that an educational need exists for oncology nurses regarding the special needs of older patients as nurses are the key healthcare professional who interface with older patients. Currently, the education of oncology nurses focuses primarily on oncology itself rather than geriatric information and geriatric oncology training is not part of the standard nursing curriculum (Burhenn, 2019).

A U.S. report analysed the development and implementation of a national education curriculum in geriatric oncology for four hundred oncology nurses delivered via national workshops in the U.S. This curriculum filled the gap in knowledge through a multidisciplinary, interactive, targeted curriculum, which culminated

in nurse teams developing their own plans to integrate geriatric oncology principles and practices into their home organisations. The majority of teams met their goals (Burhenn, 2019).

There were no specific studies identified in the literature on the education needs and practical strategies for older persons with cancer. However, it was noted in some of the literature that even simple supportive care interventions and education provided to older persons with cancer can improve their wellbeing and assist them in their treatment decisions and acceptance of treatments to which they consent.

Theme 6: Victorian Research Studies

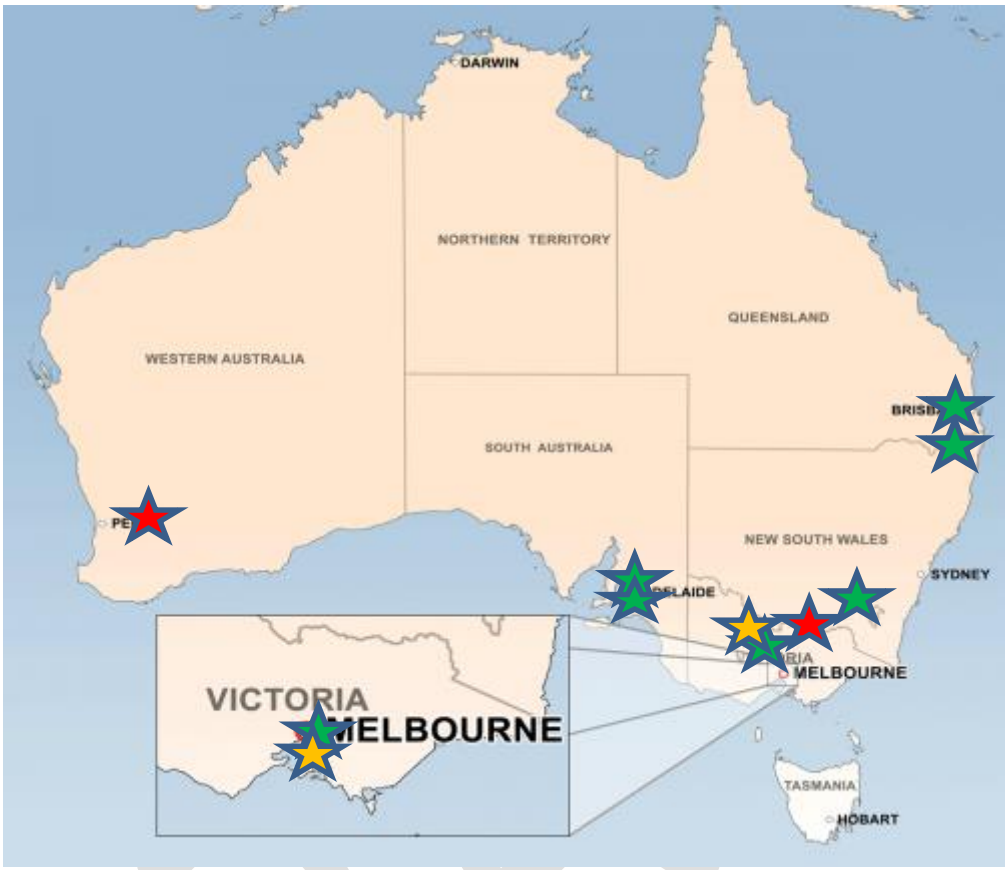
Three current or more recently completed Victorian research studies were identified as part of the project's stakeholder consultation. One project conducted at Eastern Health involved a randomised controlled trial (RCT) in which patients receiving cytotoxic chemotherapy, targeted therapy or immunotherapy in the intervention arm received a CGA and management, integrated with their standard oncology care. In addition to seeing their oncologists, these patients were also seen by a geriatrician at specific times during their treatment, whilst the control arm received standard care with their oncologist. The results were positive and publications are pending.

Another research study currently underway at Melbourne University involves the development of an online supportive care resource for older cancer patients, co-designed with representative older cancer patients. Accessible information and tools to help older adults communicate important aspects of their health and wellbeing are being developed and provided to participants to communicate to members of their health care team. The aim is to promote their health, wellbeing and self-management capability through tailored evidence-based resources.

Another current study conducted by Melbourne University and Melbourne Health, which commenced in 2018, involves a prospective 3-year random controlled trial (RCT) to assess the utility of CGAs in older patients in terms of their quality of life, functional abilities, survival, rates of admission to hospital and health care related costs. Patients over the age of sixty-five years with a new diagnosis of advanced lung cancer receiving treatment at the Royal Melbourne Hospital are randomly allocated to receive current clinical care or a CGA and intervention plan.

Services and resources mapping

Geriatric oncology services



Current/Recently operating Australian Geriatric Oncology Services
(Green stars – current services; Amber stars – services partially ongoing;
Red stars – services not currently operating)
(Map source: mapsof.net)

The project Services and Resources Mapping **(*Appendix C)*** consisted of a review of eleven current or recently operating Australian geriatric oncology models of care (see map above). Three of these are/were located in the regional areas of Albury/Wodonga, Castlemaine and the Wimmera in Victoria and one operates in the Gold Coast region. Seven services are/were offered in the capital cities of Melbourne, Brisbane, Adelaide, Perth and Canberra, with two services operating in each of Melbourne and Adelaide. The mapping process did not identify geriatric oncology services in Sydney, Tasmania or Northern Territory.

Of the eleven models of care, seven are currently operating, as per the table below:

Geriatric Model of Care Location	Model of Care Site	Operating Status
Adelaide	Royal Adelaide Hospital	Ongoing
Adelaide	Flinders Medical Centre	Ongoing
Albury/Wodonga	Border Medical Oncology	Ceased operation
Brisbane	Royal Princess Alexandra Hospital	Ongoing
Canberra	Canberra Hospital	Ongoing
Castlemaine	Castlemaine Health	Ongoing
Gold Coast	Gold Coast University Hospital	Ongoing
Melbourne	Monash Health	Ongoing
Melbourne	Peninsula Health	Elements ongoing
Perth	Royal Perth Hospital	Ceased operation
Wimmera	Wimmera region	Elements ongoing

The geriatric oncology models of care implemented across Australia vary considerably, particularly in terms of their staffing structures and their processes for undertaking GAs. The first geriatric oncology service established in Australia was at the Royal Adelaide Hospital. Beginning twelve years ago, it was staffed by a multidisciplinary team but due to reduced funding over time, the service has now become a nurse-led clinic staffed by two registered nurses. In this clinic, the nurses screen the patients during the consultation prior to the patient being seen by a medical oncologist from the general oncology department. The nurses follow up patients via telephone indefinitely and make referrals as needed to other services including palliative care, GPs, etc.

In contrast to this model is the multidisciplinary geriatric oncology service offered at the Gold Coast University Hospital, which provides care for patients over eighty years. The clinical nurse consultant (CNC) performs the screening test the day prior to the clinic appointment, and then at the clinic appointment the patient is seen by the nurse, the oncology registrar, pharmacist and the dietician if required. These clinicians regularly meet for MDT meetings to discuss the patients and the treating oncologist then discusses the MDT results treatment/outcome plan with the patient, who is then followed up in their usual clinic. Different again, is the service provided at Canberra Hospital, in which a social worker coordinator conducts the GA and then meets with fellow multidisciplinary team members. Patients are reviewed by both medical oncologists and geriatricians on the same day. This service operates with existing funding and staff resourcing.

The model of care established in Perth was located at the Royal Perth Hospital and was the second established in Australia, operating between September 2013 and October 2014 as part of a prospective pilot study. Treatment plans for patients incorporated the expertise of a physiotherapist, pharmacist,

dietician, occupational therapist, and social worker along with specialised oncology and geriatric input. The model of care utilised a process whereby the GA screen was posted to patients before their first clinic review.

Another geriatric oncology pilot project was that undertaken by Border Medical Oncology, a specialist medical practice in Albury/Wodonga which also ceased operation due to lack of ongoing funding post the project. In the *Care Coordination in the Older Adult with Cancer (CCOAC) Project* undertaken in 2010-2011, a model of supportive care screening of newly diagnosed cancer patients over 70 yrs, was developed, linking them, where appropriate, to assessment by aged care or community services. The model was shown to be feasible, accessible and provided evidence that it made a positive difference to the patient's cancer journey.

Three geriatric oncology models of care in Victoria were initiated as survivorship grant projects funded via the Australian Cancer Survivorship Centre. The service established in the Wimmera has some ongoing elements: the regular supportive care MDT meeting, which forms part of the local geriatric care service. The service at Peninsula Health involved the development of an individualised survivorship care program for each patient, with the aim of helping them regain pre-treatment levels of functionality in terms of both physical and psychosocial levels. This service also has some ongoing elements, in terms of patients in the hospital's chemotherapy day unit (CDU) undergoing GA screening.

The third project funded as a survivorship grant project involved the establishment of a cancer rehabilitation and survivorship service at Castlemaine Health. This was achieved by reorienting and upskilling existing allied health and nursing resources into a cancer-specific stream within the community rehabilitation centre. In this ongoing service, patients seventy years and older are referred into the Nurse Practitioner Older Persons (NPOP) Clinic via central intake. Referral into the NPOP Clinic is in addition to usual care. If needs are identified, a comprehensive needs assessment is performed and interventions are developed to address these needs. Therapeutic intervention, education and information is provided by the NP.

As part of the consultation process, common feedback received from staff involved in models of care established via the survivorship grants has been that geriatric oncology interventions should be offered at the time of diagnosis rather than later in the clinical pathway, for example in the survivorship phase. The staff considered that earlier intervention for geriatric as well as cancer-related issues could potentially improve the outcomes for older people with cancer.

In Victoria, the only identified ongoing geriatric oncology service operates at Monash Health. The service began as a twelve-month pilot project undertaken in 2017- 2018, which was able to demonstrate the feasible and effective implementation of a CGA within the clinic and the value of CGA-guided care processes for older cancer patients.

Older patients seventy years and above attend the clinic. Patients under seventy years with multiple complex chronic comorbidities may also be referred to the clinic. The GA paperwork is undertaken by patients at the time of their appointment whilst waiting to be seen by the medical oncologist. Over the last three years, approximately 1000 older patients with cancer have been managed in the clinic, which comprises a medical oncologist and a consultant geriatrician. However, further resourcing is required including dedicated space and additional staff to be able to deliver a more comprehensive, multidisciplinary, stand-alone geriatric oncology service.

Geriatric oncology screening tools

In addition to mapping Australian geriatric oncology services/models of care, geriatric oncology resources such as screening tools used in the various services and relevant educational resources were also mapped. The majority of the services used either the Vulnerable Elders Survey (VES-13), the G8 and/or the Screening Questionnaire for Assessment of Older People with Cancer (the 'Adelaide Tool') as screening tools, or a combination of these.

The VES-13 is a simple function-based tool for screening community-dwelling populations to identify vulnerability in persons aged sixty-five and older at increased risk of death or functional decline. The components of the 13-item questionnaire include age, self-rated health, limitations in physical function and functional disabilities. Whilst the VES13 can be administered by a clinician, it tends to rely on patient self-reporting and takes less than five minutes to complete. A score of three or more is considered at risk for vulnerability.

The G8 is a brief clinician-administered tool comprising eight questions which takes approximately five to ten minutes to perform. It assesses age, appetite, weight loss (BMI), mobility, mood and cognition, the number of medications used and patient-related health. Abnormal scores are fourteen or less out of a possible score of seventeen, which suggests vulnerability and the need for further assessment.

The Screening Questionnaire for Assessment of Older People with Cancer (the 'Adelaide Tool') was developed by the Royal Adelaide Hospital. It comprises a number of screening tools to collect information on patient demographics, comorbidities, medications and physical function, which includes hearing, vision, falls, social supports, exhaustion, pain and psychological distress. It uses the Karnofsky Performance Scale (KPS) to assess functional ability and assesses for Instrumental Activities of Daily Living (IADLs) and Activities of Daily Living (ADLs).

Components of the Adelaide Tool were used individually in several of the geriatric oncology services e.g. the ADL and IADL. The Adelaide Tool is used at the Royal Adelaide Hospital; a modified version is used in the Wimmera Supportive Care MDM; and the Border Medical Oncology pilot project in Albury/Wodonga also used a modified self-administered version of the Adelaide Tool.

Other screening tools used by some of the services included:

- the Eastern Cooperative Oncology Group (ECOG) to assess level of functioning in terms of self-care and physical ability
- Geriatric Depression Scale (GDS15)
- Mini Mental State Examination (MMSE) to evaluate for cognitive difficulties
- Mini Nutritional Assessment (MNA) to assess nutritional levels
- Timed Up and Go (TUG) to assess mobility and Cumulative Illness Rating Scale-Geriatric (CIRS-G) used to assess for additional medical and psychiatric needs (comorbidities) of older adults
- Chemotherapy toxicity prediction model tools

A validated chemotherapy toxicity prediction tool is used at Monash Health. The service also uses others of these tools, including the VES-13 and the Rowland Universal Dementia Assessment Scale (RUDAS). In addition, tools to assess the level of social support and physical activity, risk of falls, diagnostic understanding, assessment of future planning and caregiver strain are also used e.g. at Monash Health as part of a CGA.

Flinders Medical Centre in Adelaide uses the G8 as an initial screen and then, if required, additional screens as per those listed above are administered. A polypharmacy screen is also used whereby use of five or more medications is a trigger for referral for optimisation.

Peninsula Health in its Survivorship Grants project used a variety of screens to make up a CGA 'pack'. This included several of the above screens, a Quality of Life (QoL) tool and the Short Physical Performance Battery Protocol, which assesses balance, gait speed and ability to stand from sitting, similar to the TUG test. The screen now used in the hospital's CDU is the G8.

The NPOP Clinic at Castlemaine Health performs routine screening using the Edmonton Frail Scale, to identify frailty and carer needs. If needs are identified, a comprehensive needs assessment is performed using the Carers Support Needs Assessment Tool (CSNAT) and interventions developed to address these needs.

The vast number of screening tools available for use with older persons with cancer and the inconsistency of their use across the services mapped, highlights the challenge of standardising the screening tools to be used in the future as more geriatric oncology services become available in Australia. One of the reasons

this standardisation is required is so that comprehensive data sets can be established and maintained, which can be used as evidence for future funding initiatives.

Geriatric oncology educational resources

Some Australian educational resources for health professionals and consumers were also identified in the geriatric oncology mapping, suggesting a limited number were available.

Health professional education resources

A resource for nurses was developed as part of the 2015 WCMICS project: *Development of an online education resource to improve nursing care of older people with cancer.* The project involved the development of an online educational resource for oncology nurses hosted by Cancer NSW on the eviQ platform. In it, four web-based interactive modules were developed which comprised screening tools, patient videos, case studies and interactive self-assessment quizzes.

Topics included screening, CGA, pathophysiology of ageing, polypharmacy and communication. The learning outcomes were mapped to the individual learner's needs and best available evidence guidelines. End user pilot testing was undertaken to assess usability and satisfaction amongst nurses in a variety of settings across Melbourne. Unfortunately, the uptake of this resource has been low, largely thought to be due to a lack of marketing of the course. It is planned for this resource to be reviewed in terms of either updating it and marketing it more extensively or replacing it with the geriatric oncology MOOC currently in development by the VCCC, which is open to anyone.

This MOOC, due for completion in June 2020, will be a 4-week course which will include a module on "Cancer in the Lifespan" that will include a focus on older people. It will be micro-credentialed and will accrue relevant health professional member organisation CPD points. This is one of four MOOCs that together will form a subject in the Master of Cancer Services program at Melbourne University, which will incur an enrolment fee. The MOOC is likely to include a series of patient case studies, interactive presentations, interviews, readings, online discussions, quizzes and peer reviewed assessments.

Consumer education resources

The CCV offers some educational resources suitable for older persons with cancer, although not specifically for use by them. One is their *Living with Cancer Education Program* delivered by health professionals, carers and survivors. The health professionals are trained by CCV as program facilitators. Currently there are two hundred and fifty trained facilitators across seventy Victorian health services. The program supports those recently diagnosed or undergoing oncology treatments and provides participants with useful skills, validated resources and the opportunity to connect with others.
Another relevant CCV program is the *Cancer Wellness and Exercise Program,* which links exercise and education sessions together over eight weekly sessions. Programs are offered at community and acute health services across Victoria and sessions are delivered by exercise specialists, health professionals and program facilitators at the health service. The program can also be delivered via telehealth in regional areas.

A video, *A Common Path: Facing Cancer Later in Life,* has been produced by North Eastern Melbourne Integrated Cancer Services. It provides an overview of geriatric oncology issues from the consumer perspective, including strategies they found useful to help them cope with their cancer later in life. The video is available for viewing at https://www.youtube.com/watch?v=clvfUdmMIXA. Another video resource suitable for older persons with cancer, although not specifically geriatric oncology focused, is *Rural Cancer Stories:* a series of videos developed by the University of South Australia with funding from Cancer Council South Australia. Rural patients, survivors and their carers, share their stories about their cancer

experiences, and practical advice for those living in a rural areas with a new cancer diagnosis. The video series is available at https://www.youtube.com/channel/UCFsw52vCWSdxUnkCdNLNx7A/videos.

Another general consumer focused cancer resource is the website, *WeCan,* an Australian supportive care initiative designed to help people affected by cancer find the information, resources and support services they may need following a diagnosis of cancer. The site provides easy 'one stop shop' access to various services, evidence-based information and specific resources developed by other organisations who specialise in cancer and community support (Cancer Nursing Research Group, n.d., accessed from www.wecan.org.au on 31/01/2020).

With an ageing population facing an increased risk of developing cancer, there is clear need for more educational opportunities for health professionals and for consumers and carers on the field of geriatric oncology.

Stakeholder workshop

A key component of the project was convening a statewide stakeholder workshop, which aimed to bring together a wide range of clinicians, managers and consumers with an interest in geriatric oncology, to consider the findings from the initial stages of the project and to discuss perspectives on cancer care for older people in Victoria.

The workshop was attended by fifty-five stakeholders from across Victoria who comprised the following:

- Consumer advocates with a lived experience of cancer
- Health professionals, including medical (oncology, geriatrics and rehabilitation medicine), nursing and allied health from services across the health sector
- State government (cancer, aged care, Safer Care Victoria) and local government representatives (community services)
- ICS representatives from rural and metropolitan Victoria
- Cancer and other non-government organisation representation (Victorian Comprehensive Cancer Centre; Cancer Council Victoria; Southern Melbourne Regional Palliative Care Consortium).

Prior to the workshop, attendees received a one-page 'Main Messages' information sheet ***(Appendix D)*** as preparation for the workshop discussions.

The attendees were seated around tables in small groups to workshop responses to a series of discussion questions/prompts provided by the facilitator. Responses to some of the questions were then prioritised by the whole group via an online polling tool (table below).

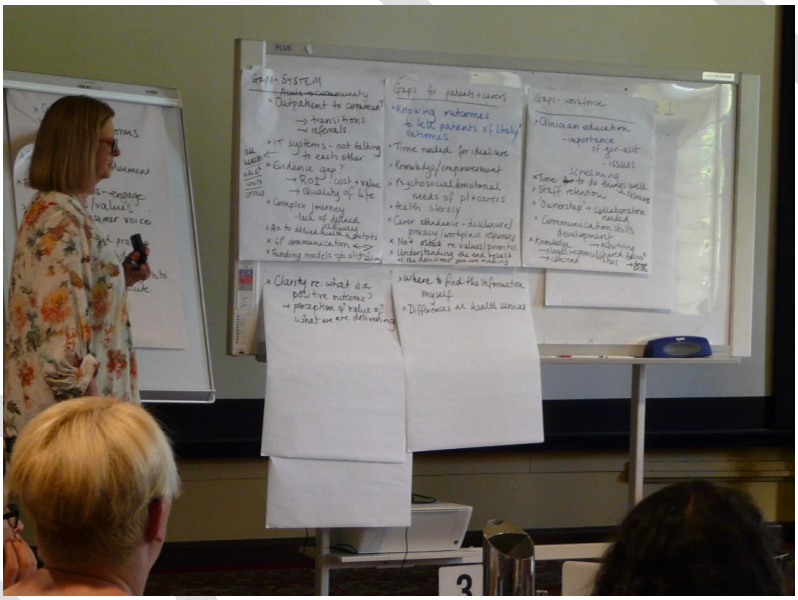
Question	Most Popular Theme Identified	Response Rating
1. What are the most important gaps or unmet needs of people over 70 with cancer?	Holistic individualised care	43% of attendees
2. What is your vision for cancer care in older Victorians?	An integrated multidisciplinary geriatric oncology program for cancer patients over 70 years and older across all health services	19 'likes'

Stakeholder Workshop Polling of Discussion Questions & Responses

Open-ended questions for discussion that weren't polled included:

1. What are other practice examples or sources of evidence that need to be considered in the scoping project?
2. Reflecting on the models that participants are aware of, what works well?
3. Reflecting on the models that participants are aware of, what doesn't work so well?
4. Reflecting on the models that participants are aware of, why aren't they working? What are the barriers that are encountered?
5. What are the gaps and unmet needs for patients and carers; the healthcare workforce; the system?
6. What are the opportunities to improve cancer care in older persons?
7. What should be the key principles that frame the identification of project ideas that arise from this workshop?

Whole group discussions were recorded on butchers' paper by the facilitator which, along with a summary of the table-top small group discussions, were then compiled in a workshop report ***(Appendix E)***.



Stakeholder Workshop Facilitation Process

Following these discussions, a series of project ideas for future funding were developed, refined and then prioritised. The process included:

- A tabletop discussion in small groups as an initial brainstorm of potential project ideas
- Feeding back to the whole group of each project idea
- The various project ideas were then refined into 7 ideas and allocated to a single table each and participants were invited to join the table which most interested them
- Tabletop discussions further refined each idea and considered the following dimensions:

- What is the project idea?
- It is feasible?
- If this was successfully implemented, what are the anticipated outcomes?
- What would enable this project's success?
- What would be the barriers to success?
- What would the return on investment look like i.e. the value generated relative to the scale of cost?

Stakeholder Workshop Project Idea Prioritisation

The seven project ideas were then ranked as listed in the table below:

Project No.	Project Focus	Poll Voting %
1	Forum/analysis of the lived experience of patients and carers	50%
2	Mapping gold standard services to inform a case for change, measurement and continuous quality improvement for Victoria	60%
3	Health Professional education	24%
4	Informing, educating and empowering patients and carers	43%

5	Implementation of routine geriatric screen for people over 70 with cancer	57%
6	Identifying existing services that could add value for people with cancer over 70 years – development of guidance to increase awareness of and uptake of services	50%
7	Data project – may link to a VICS Summit – what can we understand about the cancer experience of people over 70: diagnosis, treatment, outcomes	26%

Stakeholder Workshop Prioritised Project Ideas and Rankings

These projects were then discussed by the EWG for development of project proposal/s to be submitted to VICS for consideration of future funding.

The high levels of attendance and engagement in the workshop were indications of the need for formalising a statewide response to better address the needs of older Victorians with cancer and the health professionals caring for them. Thus, a submission to VICS for further project funding as a completion of this scoping project is both timely and well-supported.

VICS funding proposal project prioritisation

Following the Statewide Stakeholder Workshop, the EWG met to discuss the seven project ideas generated in the workshop and their rankings. The group agreed that the projects that scored less than 50% i.e. Projects 3,4, and 7 would not be included in the VICS proposal as discreet projects. However, if appropriate, elements of them may be incorporated in other projects e.g. health professional education. The group also decided not to progress with Project 2 at this stage due to current insufficient 'sector readiness' in terms of the infrastructure required for establishing gold standard services.

The group overwhelmingly voted Project 5: *Implementation of routine geriatric screening for people over 70 with cancer* as the appropriate next project to progress. The group also considered that it should be supported with elements of Project 1: *Forum/analysis of the lived experience of patients and carers*; Project 3: *Health professional education*; Project 4: *Informing, educating and empowering patients and carers; and* Project 6: *Identifying existing services that could add value for people with cancer over 70 years* and Project 7: *Data project, understanding the cancer experience of people over 70, diagnosis, treatment, outcomes.*

Recommendations and future actions

Key recommendations

The key recommendations derived from the Geriatric Oncology Statewide Scoping Project are:

1. The use of geriatric oncology screening tools becomes standardised across Victoria
2. Wherever possible, a multi-disciplinary approach be provided in services for older people with cancer
3. More educational opportunities are offered for both clinicians and older patients with cancer

Future actions

The EWG used a prioritisation process to agree on a single project to be submitted to VICS for further funding. The project, titled *Implementation of routine geriatric screening for people over 70 with cancer* forward, incorporates components of five of the other projects: Project 1: *Forum/analysis of the lived experience of patients and carers*; Project 3: *Health professional education*; Project 4: *Informing, educating and empowering patients and carers;* Project 6: *Identifying existing services that could add value for people with cancer over 70 years;* and Project 7: *Data project, understanding the cancer experience of people over 70, diagnosis, treatment, outcomes.*

Future consideration of the remaining project ideas is recommended once additional data is available to support implementation.

The ICS are recommended to keep abreast of emerging evidence and services.

Appendices

Appendix A: Geriatric Oncology Statewide Scoping Project VICS Proposal

Appendix B: Literature Review

Appendix C: Services and Resources Mapping document

Appendix D: Pre-Statewide Stakeholder Workshop ‘Main Messages’

Appendix E: Statewide Stakeholder Workshop Facilitation Notes

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