Evaluation of Webinar for the Dissemination of Japanese Geriatric Oncology Guideline and Extraction of Challenges for Implementation

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Projects to Promote Multidisciplinary Team-based Care and Regional Medical Collaboration for Cancer Patients in Japan

BACKGROUND

Cancer can be considered a chronic malignant disorder predominantly affecting older patients. Nevertheless, the pursuit of standardized cancer treatments tailored specifically for this demographic, particularly vulnerable individuals, remains a priority. Despite the urgent need, progress in cancer treatment for older adults is still limited.

Advances are limited due to the low inclusion of older adults in clinical trials, often excluded by study protocols or physicians' choices.

Clinical trials specifically for older populations are needed. Exclusion often results from multiple age-related conditions: organ dysfunction, comorbidities, poor nutrition, cognitive impairment, and psychosocial needs. Significant individual differences exist among older patients, leading to overtreatment of vulnerable adults and undertreatment of healthy ones. Performance status (PS) scores are inadequate for predicting chemotherapy adverse events in older adults, necessitating new evaluation methods.

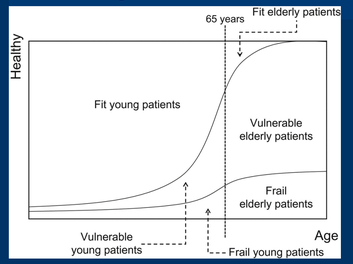

Figure 1. Conceptual classification to define patient populations for geriatric research 1)

INTRODUCTION/AIM

In response to the increasing prevalence of cancer among the elderly and the complexities of managing comorbidities and age-related declines, we developed the Japanese Geriatric Oncology Guideline in 2022. This guideline aims to enhance the quality of care for elderly patients by incorporating geriatric assessment (GA) and promoting multidisciplinary care approaches. The primary objective is to provide high-quality medical and supportive care to these patients through the application of the guideline and GA.

METHODS

In March 2023, a webinar was organized for healthcare professionals in Japan's cancer-designated hospitals. The webinar focused on three key objectives: elucidating essential aspects of cancer care for the elderly, demonstrating the use of GA in healthcare and caregiving, and highlighting the significance of multidisciplinary teams in elderly patient care. Feedback from participants, gathered through pre and post surveys, was analyzed to discern prevalent concepts and themes related to geriatric cancer care.

Competence (Ability)
A. Ability to implement patient-centered treatment and care (From a patient-centered perspective)
B. Ability to use communication skills when providing treatment and care (Communication)
C. Ability to provide safe treatment and care (Safe treatment and care)
D. Ability to implement treatment and care based on social systems and related laws and regulations (Social systems and related laws and regulations)
E. Acquirement of the knowledge necessary to promote typical health and medical care (Knowledge of health and medical care)
F. Ability to implement typical treatment and care (Implementation of treatment and care)
G. Ability to implement / conduct research on treatment and care based on evidence based medicine (EBM/Research)

Table 1. Core Competencies to Promote Multidisciplinary Team-based Care and Regional Medical Collaboration for Cancer Patients in Japan (Watanabe #MASCC/JASCC23)

Objectives of the Webinar:
Attendees
#1 Can explain the necessary elements for cancer care practice in older adults.
#2 Can propose initiatives to utilize geriatric assessments in medical and care settings.
#3 Can explain the significance of multidisciplinary team care for supporting older adults with cancer.
Target audience: Medical professionals such as doctors, nurses, pharmacists, medical social workers, rehabilitation staff, dietitians, psychologists, as well as caregivers, welfare workers, and those interested in cancer care for older adults.

Agenda:
Introduction
Seminar : GA, introduction of GA in care setting, patient-public involvement
Topics : rehabilitation and nutrition / sarcopenia

RESULTS

There were 1,351 attendees, with 655 completing the survey. Of these, 67% were women, 60% had over two decades of experience, and 94% were healthcare professionals, including nurses(48%), doctors(29%), pharmacists(5%), and rehabilitation specialists(4%). The webinar's effectiveness was rated at 5.9 out of 7 on the Likert scale. Analysis of the feedback underscored GA's value, the need for more education and training, the significance of incentives for implementation, and the importance of aiding patient and family decision-making. To effectively implement GA, suggestions included gathering clinical trial data, discussing case studies, developing a comprehensive assessment system, incorporating patient perspectives, offering treatment and support guidance, and creating tools for assessment and staff support.

Feedback from the audience:

Informative, helpful, and useful ... 69 responses
Applicable to future work (aiming for implementation) ... 21 responses
Gained a good understanding of the importance of geriatric assessment (elderly care) ... 21 responses
Feel the necessity (importance) ... 9 responses
Easy to understand ... 7 responses
Difficult to implement in practice ... 6 responses
Want to consider (try) using it in actual clinical practice ... 6 responses
Difficult to establish evidence (learned about the challenging current situation) ... 5 responses
Want it to continue in the future, would like to attend again ... 5 responses
Clarified the issues ... 5 responses

Proposal for a program themed on geriatric oncology guideline:
- Establishing a safe management system for cancer treatment through collaboration with cancer designated hospitals
- Creating a system where elderly cancer patients can live with peace of mind in the community, supported by a multidisciplinary care team
- Collaboration in cancer treatment and care: local network
- Provision system for palliative care in the community: good practices of hospitals, clinics, local administration and residents
- Rehabilitation for cancer patients and multidisciplinary care
- Towards the safe use of anticancer drugs (including management of chemotherapy-induced nausea and vomiting, and peripheral neuropathy)

CONCLUSIONS

GA is projected to improve cancer care quality for elderly patients. Successful implementation requires establishing systems for assessments throughout the cancer journey and building experience and evidence.

FUNDING SOURCE

This project has been funded with support from
-Quality Improvement Grant RFP by Japan Society of Clinical Oncology and Pfizer Inc.(Project Leader: Kiyotaka Watanabe)
-Geriatric Oncology Guideline-establishing & spreading (GOGGLES) Study group, Health Labour Sciences Research Grant (Project Leader: Toshiaki Saeki)

REFERENCES

1. Geriatric Research Policy: Japan Clinical Oncology Group (JCOG) policy, Jpn J Clin Oncol, 49(10) 901-910. https://doi.org/10.1093/jjco/hyz093
2. Guideline preparation committee for the elderly in cancer / Geriatric Oncology Guideline-establishing & spreading (GOGGLES) Study group, Clinical practice guideline for the elderly in cancer 2022 http://www.chotsg.com/saekigroup/goggles_cpg_2022.pdf (accessed : Jun 7, 2024)
3, Significance of the comprehensive geriatric assessment in the administration of chemotherapy to older adults with cancer: Recommendations by the Japanese Geriatric Oncology Guideline Committee
J Geriatr Oncol 2023 Jun;14(5):101485. doi: 10.1016/j.jgo.2023.101485

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