

Our findings indicate that clinic staff believe individualized care is needed for older people with cancer and should be assessed differently than younger patients.

Oncology Care Providers' Perceptions and Anticipated Barriers Regarding the Use of Geriatric Assessment in Routine Clinic Practice: A mixed-method study

Sattar S^a, Sirois, A.^b, Haase K.R.^{bc}, Puts M^d, Iddrisu, M^a, Chalchal H^{e,f}, Souied O^{e,f}, Alibhai S.M.H.^{g,h,i}, †, Ahmed S^{e,f}, †

^a College of Nursing, University of Saskatchewan, Saskatoon, Canada ^b Faculty of Applied Science, School of Nursing, University of British Columbia, Vancouver, Canada ^c BC Cancer Research Institute, Vancouver, Canada ^d Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, Canada ^e College of Medicine, University of Saskatchewan, Saskatoon, Canada ^f Saskatchewan Cancer Agency ^g Department of Supportive Care, Princess Margaret Cancer Centre, Toronto, Canada ^h Department of Medicine, University of Toronto, Toronto, Canada ⁱ Institute of Health Policy, Management, and Evaluation, University of Toronto, Toronto, Canada [†]Equal contribution

INTRODUCTION

- Geriatric assessment (GA) is currently not a standard of cancer care across Canada.
- In the Canadian province of Saskatchewan, there are no known formal geriatric teams in outpatient oncology settings.
- It is not known whether, how, and to what extent GA is performed in oncology clinics, or what supports are needed to carry out a GA.

The objective of this study was to explore Saskatchewan oncology care providers' knowledge, perceptions, and practices regarding GA, and their perceived barriers to implementing formal GA.

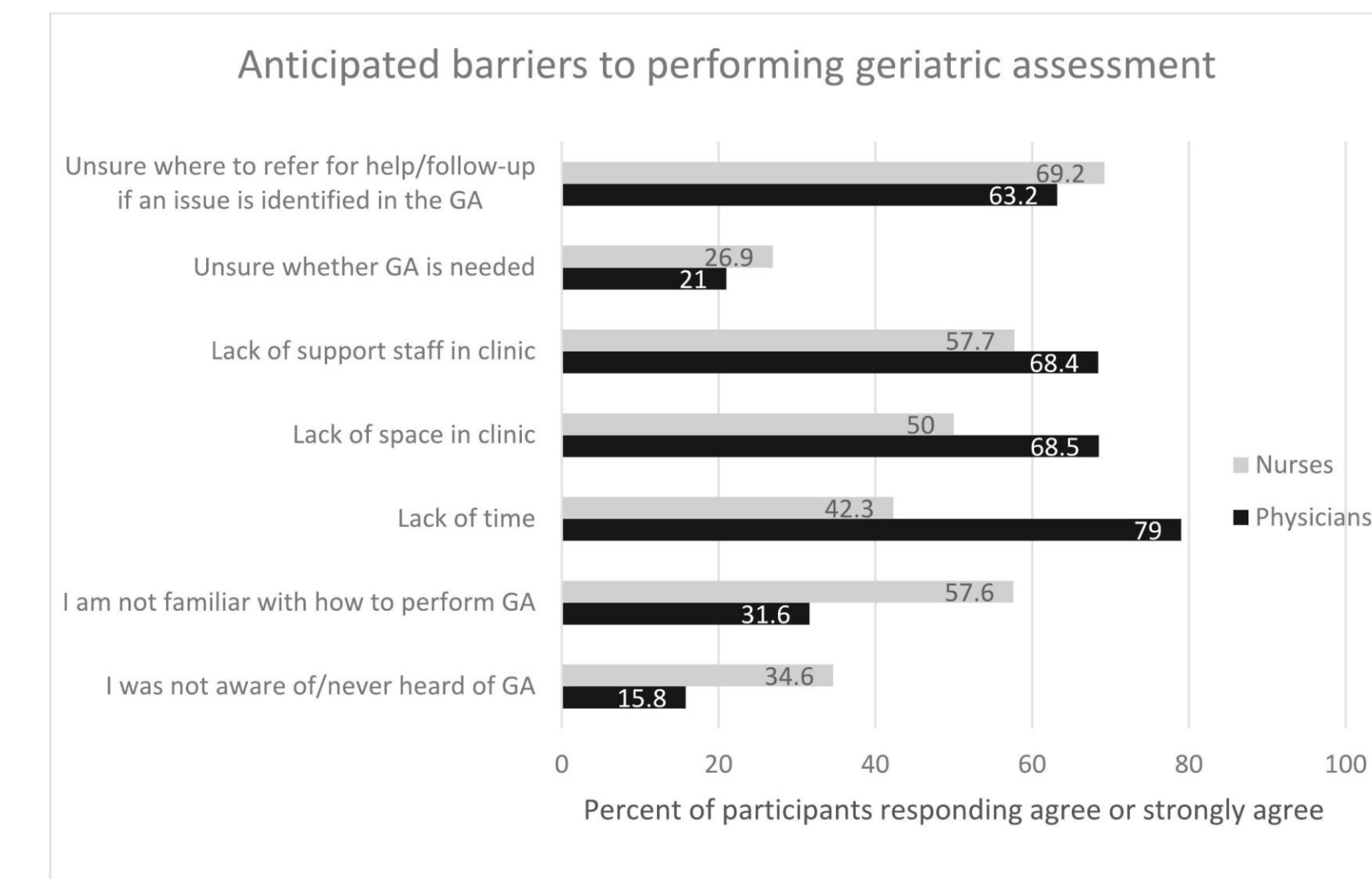
METHODS

- Oncology physicians and nurses within the Saskatchewan Cancer Agency (SCA) were invited to participate in an anonymous survey and individual open-ended interview.
- Quantitative survey data were analyzed using descriptive statistics; free-text responses provided in the survey were summarized.
- Data from interviews were analyzed using thematic analysis.

- A total of 19 physicians and 30 clinic nurses participated in the survey.
- The majority (74% physicians and 62% nurses) stated **considerations for older adults are different than younger patients** in terms of cancer treatment and management.
- **More than half (53% physicians and 58% nurses) reported making treatment and management decisions primarily based on judgement versus validated tools.**

- For physicians whose practices involve prescribing chemotherapy (16/19), **75% rarely or never use validated tools** (e.g. CARG, CRASH) to assess risk of chemotoxicity for older patients.
- Lack of time and supporting staff, and feeling unsure as to where to refer older patients for help or follow-up were the most commonly voiced anticipated barriers to implementing GA.
- Two physicians and six nurses (n=8) participated in the open-ended interviews. Main themes included: **(1) tension between knowing the importance of GA versus capacity** and **(2) buy-in.**

RESULTS



CONCLUSION

Our findings review barriers and opportunities for implementing GA in oncology care in Saskatchewan, and provides foundational knowledge to inform efforts to promote personalized medicine and to optimize cancer care for older adults with cancer in this region.

SCAN for full paper, including references



Acknowledgements

This research was funded by an Align Grant (#6405) from the Saskatchewan Health Research Foundation.



UNIVERSITY OF SASKATCHEWAN
College of Nursing
NURSING.USASK.CA