



# Senior Adult Oncology Center Update

Fall 2013 Volume 2, Number 1

## Our Impact on Patient Care

To date we have seen over **200** patients.

Average age **80.7** years

Top **3** diagnoses:

1. Breast
2. Colorectal Cancer
3. Lung

**24 percent** of patients screened as FIT, defined as having highest level of health and are at the top of their life expectancy tables. These patients should receive standard therapies for their cancer.

**47 percent** of patients screened as VULNERABLE, defined as having some dependence instrumental activities of daily living, have some comorbidities, or mild geriatric syndromes. These patients are at risk for side effects and treatment modifications should be considered.

**29 percent** of patients screened as FRAIL, defined as having dependence in activities of daily living, multiple comorbidities or a clinically significant geriatric syndrome. These patients are at high risk for side effects and the decision for cancer treatment should take into consideration patient goals and overall life expectancy.

ECOG performance status is the standard in assessing functional status amongst oncologists. **21 percent** of patients screened as Frail and **83 percent** screened as Vulnerable had an ECOG performance status of 0 or 1. Comprehensive Geriatric Assessment more thoroughly evaluates functional status than ECOG alone.

**27 percent** of patients were determined to have some degree of significant cognitive impairment, six of these had no previous diagnosis of dementia or memory problems.

Patients with **pre-existing cognitive issues** are at significant risk for treatment related worsening of their memory.

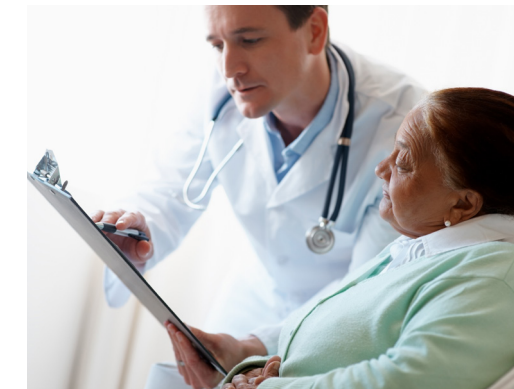
### Inside

The Kimmel Cancer Center at Jefferson established the region's only geriatric oncology multidisciplinary program in August 2010. A joint effort between The departments of Medical Oncology and Family and Community Medicine, the clinic provides comprehensive assessment, usually during a single visit, to identify problems related to aging and cancer. Based on this assessment, the team develops a personalized plan of treatment taking into consideration the person's risks, potential for complications and personal preferences to help ensure autonomy, dignity, and quality of life.

Our core team consists of a medical oncologist, geriatrician, registered nurse, pharmacist, social worker, and a registered dietician. We also have radiation oncologists, physiatrists, and surgeons available for individualized consultation.

Every member of the team brings a different perspective and knowledge base to the care of this unique population. Here is what they have to say about their contribution to clinic.

## Why Geriatric Oncology?



Cancer is a disease of the elderly. Sixty percent of new cancer patients are over the age of 65 and the median age of all cancer patients is now 71. Chronologic age is less important in risk assessment, prognosis and treatment decisions than "functional" age for geriatric patients. Common geriatric syndromes, including frailty, depression, cognitive impairment, poor nutrition and falls, make

prediction of treatment response and outcomes significantly more complex.

Routine oncologic assessment includes a basic evaluation of functional assessment, usually in the form of ECOG or Karnofsky performance status. Many believe this may not be enough to identify geriatric syndromes such as frailty or cognitive impairment that will influence treatment.

**For more information about the Senior Adult Oncology Center or to make an appointment, please call 215-955-8516 or visit [www.jeffersonhospital.org/cancer](http://www.jeffersonhospital.org/cancer).**



## Patient Navigator

Jillian Brown  
215-955-7539



As our Patient Navigator, I function as the patient's primary contact. Building a trusting relationship and communicating with the patient in order to facilitate

cancer treatment is essential to my role as the navigator. Having one contact person to explain and help organize the multiple issues related to treatment, reduces the stressors for the patient and instills confidence they are receiving quality, competent care.

## Pharmacists

Ginah Nightengale, PharmD, BCPS  
Emily Hajjar, PharmD, BCPS, CGP

The geriatric population offers several unique challenges including polypharmacy, altered pharmacokinetics, the prescribing cascade and effects on geriatric syndrome.

**Over 75 percent of patients have had a recommendation for medication optimization.**

## Locations

Senior Adult Oncology at Jefferson is offered at our Methodist and Center City campuses.



## Medical Oncology

**Andrew Chapman, DO**  
Director, Division of Regional Cancer Care  
Co-Director, Jefferson Senior Adult Oncology Center



As a practicing medical oncologist for nearly 20 years I am amazed at the value of the multidisciplinary evaluation of the elder with cancer. By bringing together each member of the multidisciplinary team in a patient management conference, we are able to personalize the treatment plan utilizing the expertise of each health care professional. The senior adult oncology patient population is highly complex, necessitating this multidisciplinary approach to fully understand and address their needs and the needs of their caregivers. I can say unequivocally, that the evaluation and management of these patients in the Senior Adult Oncology

Center at Jefferson continues to be the most rewarding experience of my career.

**70 percent of treatment plans were altered as a result of the interdisciplinary team meeting.**

## Geriatric Medicine

**Christine Arenson, MD**  
Co-Director, Jefferson Senior Adult Oncology Center  
Vice Chair, Academic Affairs

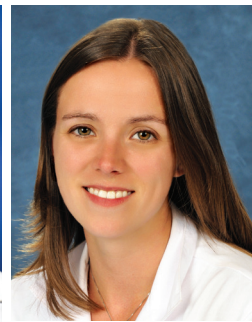
**Kristine Swartz, MD**  
Instructor, Family and Community Medicine

**Lauren Hersh, MD**  
Instructor, Family and Community Medicine

*Division of Geriatric Medicine and Palliative Care  
Department of Family and Community Medicine*



Christine Arenson, MD



Kristine Swartz, MD

A complete geriatric assessment fully evaluates a patient's function, cognition, and comorbidities and places their cancer diagnosis in perspective of their estimated overall life expectancy. This information can assist oncologists in formulating individualized treatment plans.

**Over 80 percent of our evaluations led to some recommendation regarding referrals, medicine changes, etc.**

## Radiation Oncology

**Maria Werner-Wasik, MD**  
Professor, Radiation Oncology

**Voichita Bar-Ad, MD**  
Associate Professor, Radiation Oncology

**Jeffrey Rosenstock, MD**  
Associate Professor, Radiation Oncology



Maria Werner-Wasik, MD



Voichita Bar-Ad, MD



Jeffrey Rosenstock, MD

Considering the increasing life expectancies seen in western populations, the care of elderly cancer patients is becoming more and more important. A professional geriatric assessment helps clinicians decide on the best treatment program for elderly patients. Radiation Oncology is an essential part of the multidisciplinary treatment approach of this group of cancer patients. We also support the design of clinical trials for elderly patients, studies which will help to clarify the correct drugs and treatment schedules for older patients.

**Radiation Oncology remains a key part of geriatric oncology, one of the youngest disciplines in the medical field.**

## Research

There is limited cancer research available for this population. Our clinic is working to expand our portfolio of clinical trials specific to elders with cancers of all types.



## Social Work

Carolyn Davis, MSW  
Suzanne Barch, MSW

Oncology social workers provide counseling, support groups and community resource information which can reduce stress for patients and families through all phases of their cancer.

**80 percent of all new patients have received some form of social work assistance.**

## Dietitian

Monica Crawford MA, RD, LDN  
Rebecca Scofield, MS, RD, LDN

This clinic provides a unique opportunity for nutrition assessment and intervention that can help patients and their families handle issues that may arise with cancer and treatment such as decreased appetite, taste changes, weight loss, nausea, vomiting, or diarrhea. For those patients with an inability to prepare meals, I am able to set them up with healthful home-delivered meals. Helping patients remain as well-nourished as possible is giving them that extra advantage as they battle against cancer.

**62 percent of our patients screened at risk for malnutrition or malnourished.**

## Contact Us

Senior Adult Oncology Center  
215-955-8516  
JeffersonHospital.org/cancer

