

# Never too old to learn new tricks: surveying Canadian health care professionals about learning needs in caring for older adults with cancer

M. Puts RN PhD,\* T. Hsu MD,<sup>†</sup> E. Szumacher MD,<sup>‡</sup> D. Dawe MD MSc,<sup>§||</sup> M. Fitch RN PhD,<sup>\*#</sup> J. Jones PhD,\*\* T. Fulop MD PhD,<sup>††</sup> S. Alibhai MD MSc,<sup>‡‡§§</sup> and F. Strohschein RN<sup>||||##</sup> on behalf of the Canadian Network on Aging and Cancer

Cancer is the leading cause of death in Canada<sup>1</sup>. More than 60% of Canadians diagnosed and more than 70% of those dying of cancer are 65 years of age or older. Aging of the population means that the proportion of those 65 years of age and older is expected to increase to 27% by 2050, and the cancer incidence is projected to increase by 79% between 2003 and 2030<sup>1</sup>. Older adults often have numerous medical conditions (“multimorbidity”), and many older patients take several medications daily, both of which influence cancer treatment tolerability and outcomes. The current available evidence with respect to how to best care for older adults with cancer has gaps because of underrepresentation of the older population in research.

Older adults currently experience both overtreatment and undertreatment, which affects cancer outcomes and health care resource consumption. In addition, oncology care providers might not be adequately prepared to identify issues of health and well-being that can affect cancer treatment decisions or treatment delivery in older adults. For example, unaddressed cognitive impairment can impede a person’s ability to adhere to oral medication regimens, to attend treatment appointments, and to appropriately judge when to reach out to health care providers in case of symptoms—all while lowering life expectancy. It is therefore crucial that all health care providers have basic geriatric knowledge and skills to care for older patients.

The 2018 American Society of Clinical Oncology Geriatric Oncology guideline recommends that geriatric assessment should be implemented for older adults (70 years of age and older) for whom chemotherapy is planned<sup>2</sup>. It recommends that, at a minimum, geriatric assessment should evaluate function, comorbidity, falls, depression, cognition, and nutrition. Such an evaluation requires knowledge and basic expertise in geriatrics for all health care providers.

Most health care providers have not received sufficient training in geriatrics<sup>3–5</sup>. Geriatric oncology is an even newer area of expertise. A survey of Canadian radiation

oncology residents showed that 73% had geriatric oncology learning needs<sup>6</sup>. An American Society of Clinical Oncology survey of Canadian and U.S. hematology–oncology fellows also showed limited training in geriatrics and geriatric oncology, although most respondents expressed an interest in enhancing their geriatric oncology knowledge and skills<sup>7</sup>. No similar national surveys of other Canadian health professionals have been conducted. However, other health professionals are likely not to have received adequate training in caring for older adults with multiple chronic conditions, numerous medications, and psychosocial issues. The available numbers of geriatric experts, such as geriatricians and geriatric nurses, to care for all older Canadians with cancer are insufficient. We therefore believe that there is a need to enhance the knowledge and expertise of all health care providers about how to appropriately care for older adults with cancer.

In 2016, we established the Canadian Network on Aging and Cancer<sup>8</sup> to foster national collaboration that will enhance clinical care for older adults with cancer through research and education. At the 1-day inaugural workshop in 2016, several short-term and long-term education priorities were identified by the attendees present, including development of interprofessional geriatric oncology education based on the learning needs of Canadian health care providers.

Thus, to assess geriatric oncology learning needs, we invite all Canadian health care providers involved in the care of older adults with cancer to participate in a survey to examine their learning needs. Please consider completing the survey no matter when or where you see older adults in their cancer journey—from diagnosis to treatment, to survivorship, to end of life, and in hospitals or community settings. The Canadian Network on Aging and Cancer and the Oncology and Aging Special Interest Group of the Canadian Association of Nurses in Oncology are aiming to develop education resources addressing the needs identified from the findings of the survey.

**Correspondence to:** Martine Puts, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, 130–155 College Street, Toronto, Ontario M5T 1P8.  
 E-mail: martine.puts@utoronto.ca ■ DOI: <https://doi.org/10.3747/co.26.4833>

The survey is anonymous and your participation is completely voluntary. Completion of the survey should take less than 10 minutes. More information, and the survey itself, can be found at <https://surveys.nursing.utoronto.ca/267377>. We will share our findings—and invitations for any educational events—with Canadian health care providers. We thank you in advance for your participation in this survey.

#### CONFLICT OF INTEREST DISCLOSURES

We have read and understood *Current Oncology's* policy on disclosing conflicts of interest, and we declare the following interests: DD has participated on advisory boards for Merck and AstraZeneca and received an honorarium from Boehringer–Ingelheim for education content; TH has participated on advisory boards for Celgene and Apobiologix. The remaining authors have no conflicts to disclose.

#### AUTHOR AFFILIATIONS

\*Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, ON; †The Ottawa Hospital Cancer Centre and Department of Medicine, University of Ottawa, Ottawa, ON; ‡Odette Cancer Centre, Sunnybrook Health Sciences Centre, Toronto, ON; §Department of Medical Oncology and Hematology, CancerCare Manitoba, Winnipeg, MB; ||Department of Internal Medicine, University of Manitoba, Winnipeg, MB; #Canadian Partnership Against Cancer, Toronto, ON; \*\*Cancer Rehabilitation and Survivorship Program, Princess Margaret Cancer Centre, University Health Network, Toronto, ON; ††Department of Medicine, Université de Sherbrooke, Sherbrooke, QC; ††Medicine, Toronto General Hospital, University Health Network, Toronto, ON; §§Faculty of Medicine and Institute of Health Management, Policy and

Evaluation, University of Toronto, Toronto, ON; |||Ingram School of Nursing, McGill University, Montreal, QC; ##Oncology and Aging Special Interest Group, Canadian Association of Nurses in Oncology, Vancouver, BC.

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