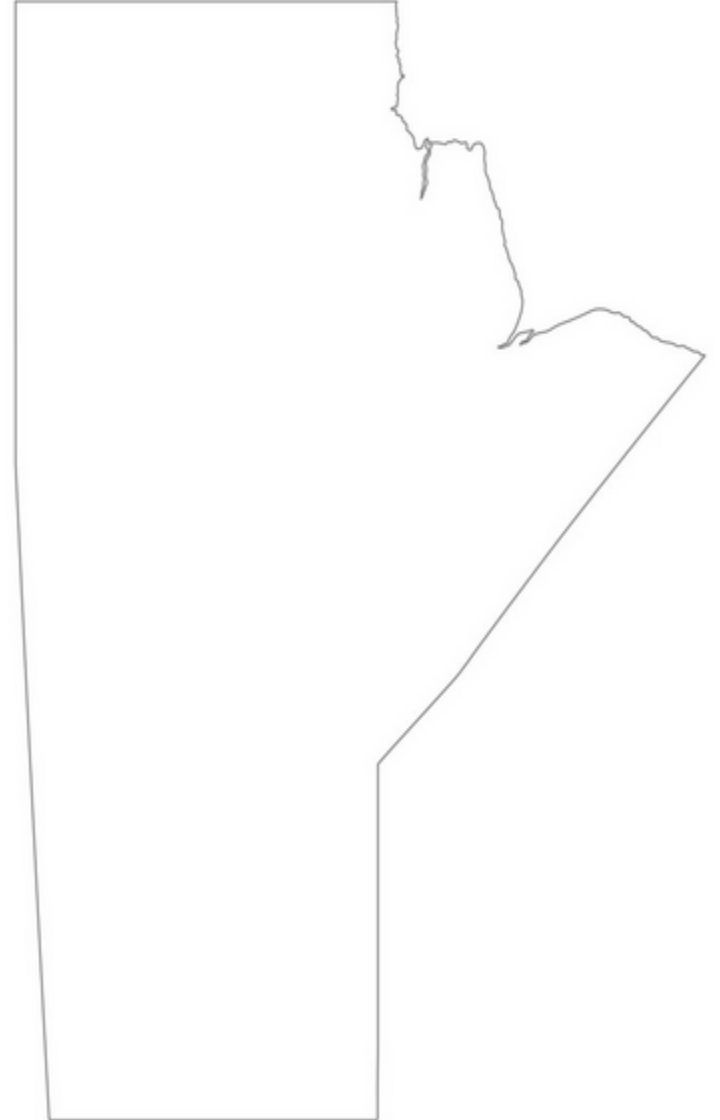


# **T**he Experiences of Older Adults with Cancer and their Caregivers across Manitoba

Morgan Stirling, M.Sc  
March 15<sup>th</sup>, 2019



# Presenter Disclosure

- **Faculty / Speaker's name: Morgan Stirling**
- **Relationships with commercial interests:**
  - None

# Mitigating Potential Bias

- Not applicable

# Learning Objectives

- Discuss the landscape of geriatric oncology in Manitoba
- Describe some of the challenges older adults with cancer face in accessing services in Manitoba
- Describe regional differences in the challenges faced by older adults across Manitoba

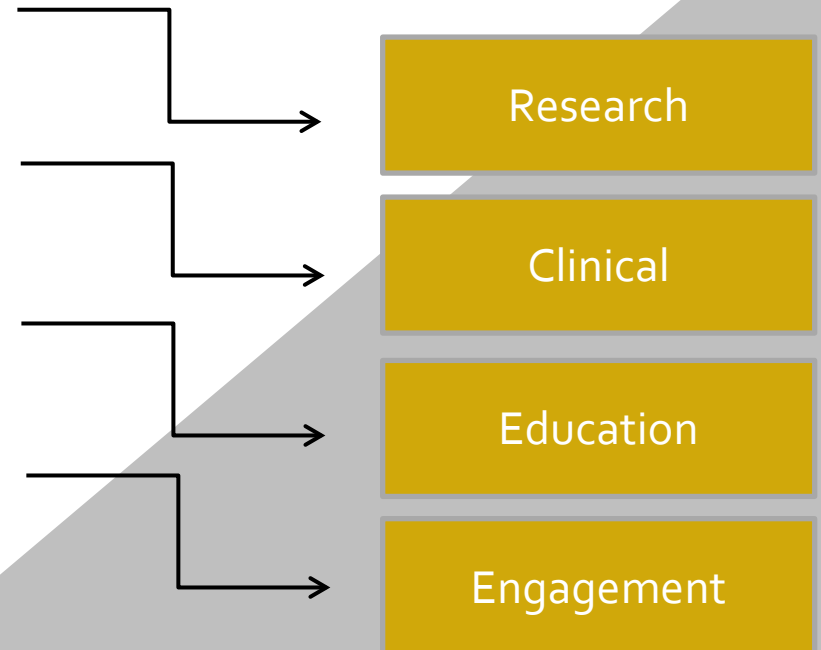
# Geriatric Oncology at CancerCare Manitoba

## What are we doing?

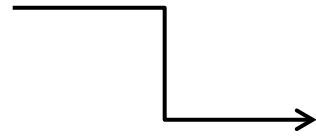
- CCMB Frailty Investigation & Treatment Selection (FITS) Initiative

### Goal:

To improve experiences and outcomes of older adults with cancer

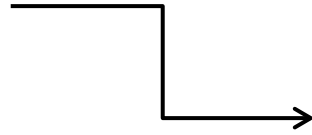


Research



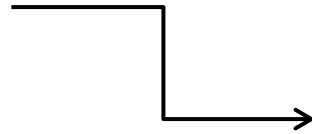
Engage in research that enhances both organizational awareness and planning around patients who may be frail and/or are older adults with cancer.

Clinical



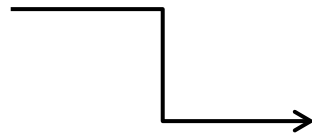
Improve care providers' ability to screen for frailty and apply geriatric oncology principles in their practice

Education



Increase care providers knowledge of geriatric oncology principles

Engagement



Expand understanding of the needs of frail and/or older adults with cancer, their families, and their caregivers to inform cancer services for this population

# Geriatric Oncology at CancerCare Manitoba

## Where are we at?

- Needs Assessment
- Screening tool pilot project
- Repository of supportive resources
- Scoping review on Integration of Geriatric Principles
- Geriatric Oncology Day x **2**
- Understanding landscape of cancer & older adults in Manitoba

# Geriatric Oncology at CancerCare Manitoba

## Where are going?

- Diagnosis and Treatment
- Experiences of Older Adults with Cancer & their Caregivers



# Older Adults with Cancer in Manitoba

## Trends in incidence & treatment

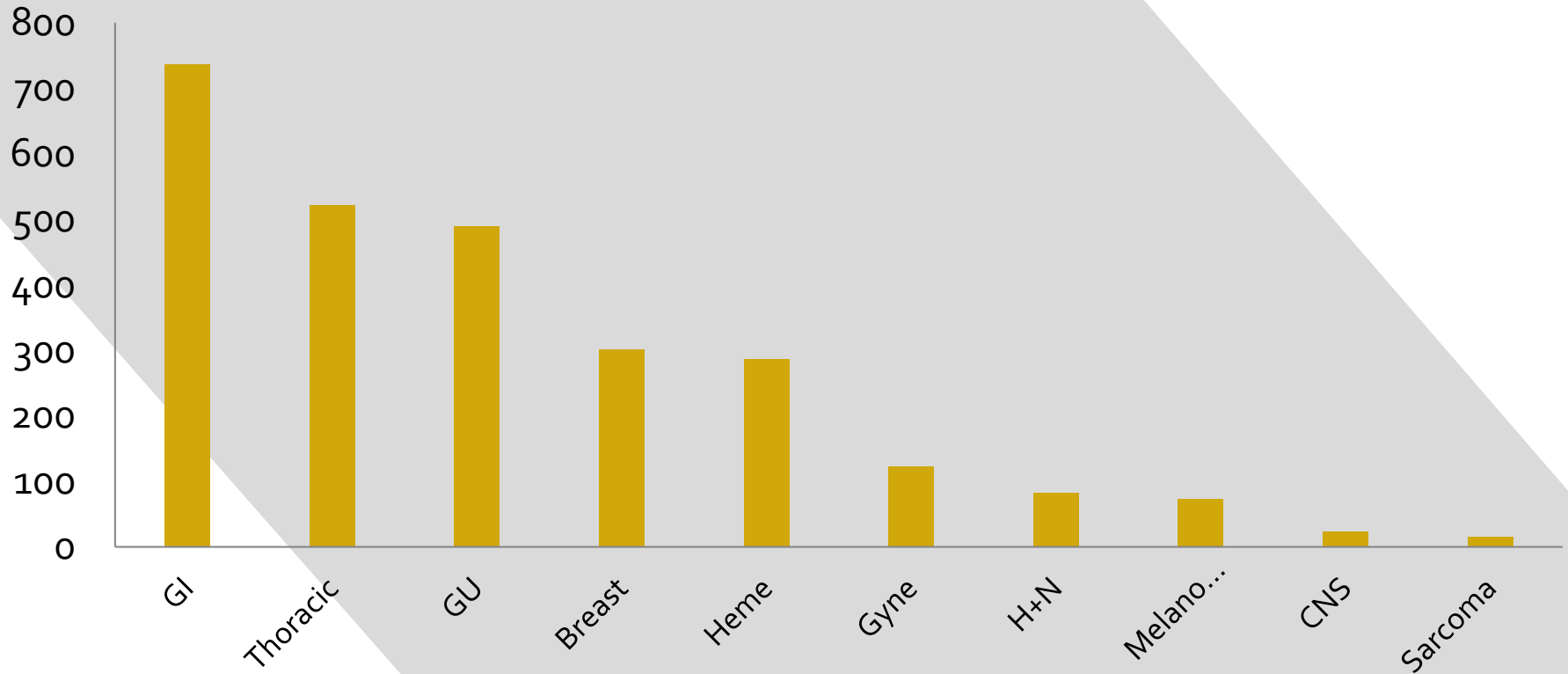
	Age										Total N
	<50		50-59		60-69		70-79		80+		
	N	%	N	%	N	%	N	%	N	%	
<b>Sex</b>											
<b>Male</b>	1632	37.78	2986	46.18	5457	53.83	5072	54.4	3585	46.01	18732
<b>Female</b>	2688	62.22	3480	53.82	4680	46.17	4251	45.6	4207	53.99	19306
<b>Total</b>	4320	11.35706	6466	17	10137	26.65	9323	24.51	7792	20.48	38038

- Manitoba is aging
  - By 2038, around 20% of population will be over 65; in 2013 it was 14.4% (Statistics Canada, 2015)
- Advancements in outcomes and treatment resulting in increasing prevalence among older adults (Buntinx, Campbell & van den Akker, 2014)

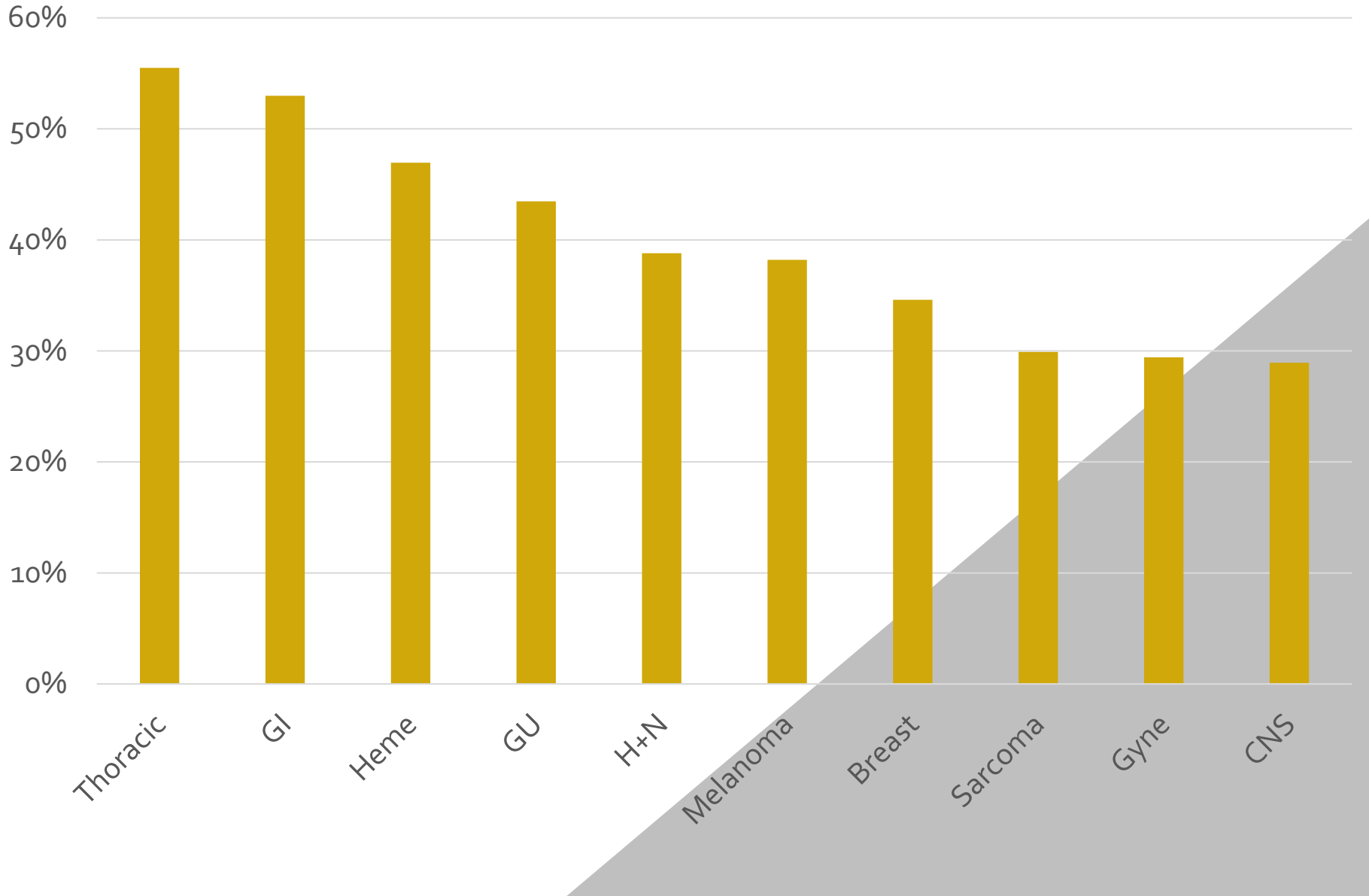
# Older Adults with Cancer in Manitoba

Trends in incidence & treatment

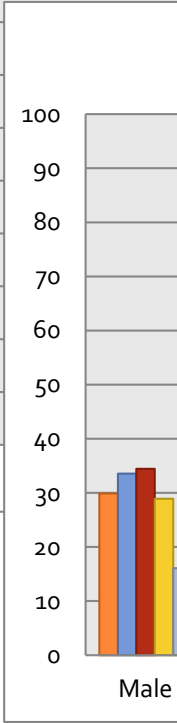
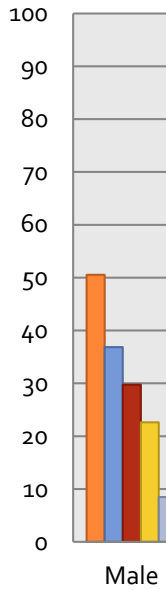
Number of Elderly (70+) patients diagnosed



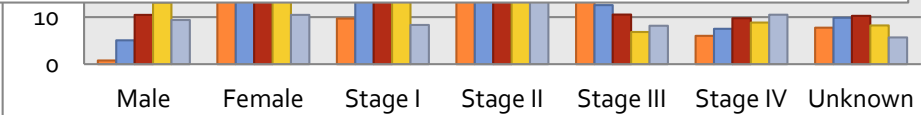
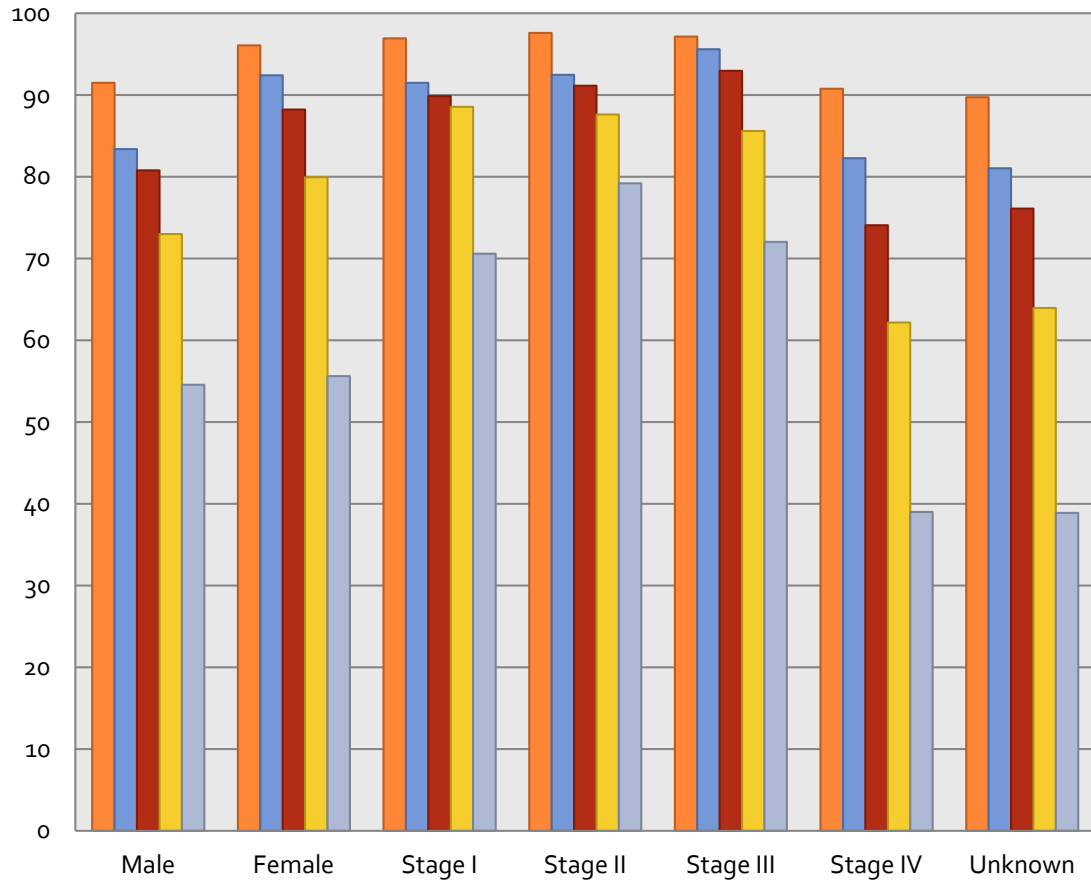
# Proportion of Diagnoses in Patients 70+ by DSG



# All Diagnoses - Chemo



# All Diagnoses - Any Treatment



- <50
- 50-59
- 60-69
- 70-79
- 80+

# Older Adults with Cancer in Manitoba

## Experiences of Older Adults with Cancer & their Caregivers

- Conducted 5 Focus Groups
  - 1/RHA
- Sought ethics approval from various research boards
  - University of Manitoba; CCMB; SHSS; PMH
- Recruitment:
  - Community Cancer Programs
  - Posters, interdepartmental news
  - Networked individuals
  - Word of mouth
- Inclusion criteria
  - Be a self-identified older adult with or who had cancer ; or
  - Be a caregiver to older adult with cancer
  - Receive diagnosis in Manitoba

# Focus Group Demographics

- 23 participants
  - 12 – patients
  - 6 – caregivers
  - 5 - **both**
- Ages
  - Patients: 62-89
  - Caregiver: 54-76
  - Age @ dx: 78.2; SD 11

- Cancer Type

- Patients

Breast	10
Colon	2
Prostate	1
Melanoma	1
Bone	1
Ovarian	1

- Caregivers

Bladder	2
Prostate	1
Pancreatic	1
Colon	2
Soft Palete	1
Ovarian	1
Esophageal	1

# Data collection & analysis

- Focus Groups lasted approx 1.5hrs
- Questions:
  - What does it mean to be an older adult with cancer?
  - What are the cancer-related experiences and needs of older adults with cancer and their caregivers?
  - What services/resources did older adults with cancer and caregivers access during their journey?
- Analysis is guided by two principles that emerged from data
  - Older adults are heterogeneous
  - There are age-related differences in treatment & care

# Preliminary findings

- **Receipt of care inattentive to needs of older adults**

“She was experiencing a little bit of pain kind of in her hip here and went to, she went to like Pan Am Clinic, and they couldn’t do an x-ray there, I had to go to emergency with her because they, they thought that there was a mass there and it turned out that her uterine cancer had actually spread into the hip. And she had just been given a clear, all clear”. Sonia, WRHA



# Preliminary findings

- **Communication is bidirectional: consider age-related needs and generational differences**
  - Participants indicated clinicians should consider communication styles of older adults to facilitate engagement

“They need to speak in plain simple language, rather than in medical terminology in order to help explain the diagnosis, treatment and procedures... as we get older to give that terminology to us is very disconcerting because sometimes we're totally blank at the end of it and we've listened, it has to be put in layman's terminology.”

“I know this was true with my mom, we would get out of an appointment, you know I would have said, mom are you comfortable with that, do you have anything, you know I would kind of prompt her because she had kind of grown up in a era where, I think this is another thing for older adults where you, you don't question doctors” – Sonia, WRHA

# Preliminary findings

- **Lack of team approach was noticeable and affected patient and caregiver experience**
  - Insufficient follow-up increased responsibility on caregiver

“My husband and I were beginning to become aware that his memory was starting to fail. So we were just beginning to think about, okay how are we going to move things along when he was diagnosed. So on the records of CancerCare he is listed as competent and so all the phone calls would go to him. He, he would say to the, radiation would sometimes call because there was an emergency need to change the appointment for the next day. And then he'd call me and he'd say, I just got the weirdest call, someone at Health

“My dad was having trouble with his ostomy bag, it was, the skin was getting irritated, so I was, I did the change, so I got her [the nurse], talked to her and she had to get permission from the powers that be here to come and do it, so she came and checked it and then she, she came and checked him every few days, like every day actually for a while till it was all better” – Gillian, NRHA

# Preliminary findings

- **Inequity of services in rural communities**

- Participants outside Winnipeg felt acutely how the distribution of resources and services in rural northern areas impacted care and recovery

Another thing that impacted me is follow-up. At the end of all your treatment there really isn't very much that's available to you in the city, like in Winnipeg or in a larger area you have access to so many resources, whether it is... ongoing emotional you know, because at the end of it I think that's when I was actually

Before my husband passed he was getting hiccups, which were uncontrollable, and when we told her this she [the doctor] came out and she talked to us, told us that these hiccups are something with this nerve here and they would just keep getting worse and worse and there's no way she could prescribe anything, that it had to be done in the hospital. She explained that all to my family, then she went into the bedroom, she put her, my husband's lying in bed, she got down on her knees, put her arm around his neck and said, its time to go, and she kissed him on the forehead, and he says, okay I'm ready...And she made those arrangements like within a half an hour the hospital knew exactly what, what to get ready and the ambulance, half an hour and it was, but like she's a real loving doctor 'cause I had never heard of many doctors doing that... house calls. Liv, IERHA

# Next steps

- Polypharmacy & deprescribing workshop - 2020
- Greater integration of screening & assessment tools
- Exploring options around navigation
- Research & QI on older adult patient experience
- Recruitment – **JOIN US!**

# Questions



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# References

- Buntinx, F., Campbell, C., van den Akker, M. (2014). Cancer in the Elderly. *J Cancer Epidemiol*, 2014.
- Statistics Canada. (2015). *Population Projections for Canada (2013 to 2063), Provinces and Territories (2013 to 2038) – Section 3 – Results at the provincial and territorial levels, 2013-2038*. Retrieved from: <https://www150.statcan.gc.ca/n1/pub/91-520-x/2014001/section03-eng.htm#a9>