

Chemotherapy Follow-Up in Older Adults: Results of a Quality-Improvement Project

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Caring for older adults with cancer receiving chemotherapy may present a number of challenges. Complications from chemotherapy are more common among older patients, and prevention and early detection of toxicities can improve treatment adherence, decrease costs, and improve treatment outcomes in this population. Over 12 months, 18 older adults with cancer (aged 65 years or older) participated in a quality-improvement project that provided telephone follow-up and intervention after chemotherapy administration; first-time chemotherapy recipients received telephone calls that followed assessment and referral guidelines over 10 days. Several characteristics of patients with increased toxicity were noted, including poor functional status, limited support at home, and significant comorbid disease. Recommendations for identifying patients at high risk are included so that services may be targeted for the most appropriate use of resources.

People aged 65 years and older are the fastest-growing segment of the U.S. population and will account for 20% of all Americans by 2020 (American Geriatrics Society, 2010). The prevalence of cancer in the United States and Europe is higher among older adults, accounting for 60% of new cancer diagnoses and 70% of all cancer deaths (Terret, 2005). Complications of chemotherapy are more common in older patients with cancer (aged 65 years and older) than in younger patients (Balducci & Extermann, 2000; Repetto, 2003). Comorbidities are common in older patients with cancer, but little is known about the impact of comorbidities on cancer treatment because older patients have been excluded from clinical trials historically (Yancik, Ganz, Varricchio, & Conley, 2001). In addition, age-related differences in pharmacokinetics can increase the toxicity of chemotherapy drugs (Balducci & Extermann, 2000; Lichtman & Villani, 2000). Therefore, providing a safe experience for older patients with cancer is particularly important and challenging. Prevention and early detection of toxicities can improve treatment adherence, decrease costs, and improve treatment outcomes among older adults.

Living Well: A Program for Older Adults, a geriatric oncology program based in an urban community cancer center at the Joan Karnell Cancer Center (JKCC) at Pennsylvania Hospital in Philadelphia, aims to improve cancer care for older adults. The program began in 2005 with specific goals to identify issues unique to this patient population and to implement a coordinated multidisciplinary approach to their care. A number of quality-improvement projects have been developed through the program to improve care for older adults. This article reports on a quality-improvement project developed

At a Glance

- ◆ Older adults receiving treatment for cancer are at increased risk for developing toxicities related to chemotherapy; prompt recognition and treatment of the toxicities are crucial for optimal outcomes.
- ◆ Older adults may not report chemotherapy-related toxicity to their treatment team appropriately.
- ◆ Proactive telephone follow-up may help manage side effects early and improve treatment outcomes.

by a geriatric oncology team that aimed to understand several adverse events experienced by older patients who received chemotherapy and to better service the needs of this population after chemotherapy. Clinical staff noted several cases of older adults with adverse outcomes (e.g., dehydration, falls, confusion) that may have been preventable with earlier intervention. A telephone follow-up protocol was created by

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