

# COSA Geriatric Oncology Group

## Submission to the

### Draft Australian Cancer Plan Consultation

#### 15 December 2022

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The **Clinical Oncology Society of Australia (COSA)** is the peak national body representing health professionals from all disciplines whose work involves the care of cancer patients. This submission is made on behalf of the **COSA Geriatric Oncology Group** which aims to improve outcomes for older people with cancer through education, support for clinical practice, advocacy, and research.

The COSA Geriatric Oncology Group is pleased that many of the recommendations in our March 2022 submission have been included within the draft Australian Cancer Plan. We provide the feedback below to the final draft plan, in addition to our online survey responses.

#### **Introduction – Current State of Cancer**

The burden of cancer in older people is high. Figure 1 and 2 provide age-standardised incidence and mortality and hide this important epidemiological information which is necessary to underpin population planning for cancer care.

In Australia, people aged 70 or older account for 16% of the population,<sup>1</sup> with a projected increase to over 20% by 2040.<sup>2</sup> Cancer incidence increases with age, with a peak in the age specific incidence of cancer in those over 85 years of age, at 2,678 per 100,000 persons.<sup>3</sup> An estimated 91,190 new cases of cancer per year will be diagnosed in people aged 65 years or older in 2021, accounting for 60% of all new diagnoses<sup>3</sup> with a projected increase to 67% of all new cancer diagnoses by 2035.<sup>4</sup> Nearly 80% of all cancer related deaths will occur in people aged 65 or older in 2021.<sup>5</sup>

#### **Guiding principles**

The guiding principles of the Australian Cancer Plan namely: Person-centred, equity focused, future focused, strength based, evidence- and data-driven, tumour agnostic, encompassing the cancer control continuum and collaborative are directly aligned with the principles of care of older adults with cancer. We believe that if the Australian Cancer Plan directly addresses the needs of older Australians with Cancer it will be transformative for all Australians with cancer.

#### **Maximise cancer prevention and early detection**

Cancer incidence increases by age so cancer prevention into older age needs to be considered as an important modifiable factor of burden of disease for older people and be driven by evidence not influenced by Ageism.

## **Enhanced consumer experience**

The document refers to 'Cancer Care' and for older Australians this will require a broader approach to assessment than currently occurs, with incorporation of geriatric assessment and management principles into mainstream cancer care. Screening should be embedded to identify older Australians with cancer who would benefit further assessment and interdisciplinary care.

Actions 2.1.1 & 2.2.1 We recommend these action points be broader than care navigation alone; Cancer services need to be supported with resources, training and investment to build multidisciplinary care teams based on successful models already operating both in Australia and overseas, working in partnership with geriatric and aged care services.

Action 2.1.2 Older people with cancer will have specific information and care needs which should be co-designed with older people with cancer and should include carer resources and information.

Action 2.1.3 Health services need to not only be culturally responsive, they also need to ensure Age friendly cancer care systems. The Australian Cancer Plan must ensure that it fosters positive attitudes toward older Australians, to ensure that prejudices and unconscious biases against older adults do not influence diagnosis and treatment recommendations.<sup>6</sup> Significant research supports that the wellbeing and quality of life of older adults are compromised by ageism.<sup>6</sup> The Australian Cancer Plan needs to ensure that its approach fosters listening to older people and involving them in the decisions that affect them.<sup>6</sup> Recommendations to combat ageism require public policy which is broad and consistent with the need of older adults, ensuring it is addressed in how we train our workforce, and encouraging intergenerational activities.<sup>7</sup>

## **World class health system for optimal care**

Actions 3.2.1 & 3.1.1 We recommend an Optimal Care Pathway for older people with cancer is developed, guided by a national expert interdisciplinary advisory group inclusive of older people with cancer, and integrated within the Optimal Care Pathways for specific tumour groups. This recommendation is in alignment with our March 2022 submission.

3.1.2 Networked cancer care must consider how they will interface and integrate with aged care, geriatrics and community services including social services, and the Australian Cancer Plan needs to also consider how those services are better equipped to meet the needs of older people with cancer.

3.2.2 We recommend key performance indicators to evaluate the implementation of Australian Cancer plan in relation to outcomes for older people with cancer be developed. KPIs will obviously be a key requisite in implementing and monitoring the Australian Cancer Plan, and including them specifically for older people with cancer will address the needs of this priority population.

3.1.3 & 3.2.3 Equitable access to evidence-based models which improve outcomes for older people with cancer is needed.

Randomised controlled trials provide evidence of improved outcomes for older people, with the incorporation of geriatric assessment and management into their oncological care, with a variety of approached to care model used. Positive outcomes included reduced chemotherapy toxicity,<sup>8-11</sup> improved mobility with reduced falls,<sup>10 11</sup> improved quality of life,<sup>8</sup> improved rates of Advanced Care Planning<sup>9 12</sup>, and reduced unplanned hospitalisations.<sup>8</sup>

### **Strong and dynamic foundations**

Action 4.2.1 Patient report outcomes and experience measures need to be inclusive of issues which affect older people with cancer; and should also consider capturing carer reported outcomes and experience.

Action 4.2.2 The needs of older Australians to ensure adequate support for digital literacy and to ensure digital strategies are co-designed with them to meet their needs will be important.

Action 4.1.1 A national cancer data framework must build in the variables for national data pertaining to the epidemiology and relevant outcomes for older people with cancer.

Action 4.1.2 Targeted research will be required in both clinical trials and clinical research to address specific questions pertinent to older Australians with cancer. It also will be important to ensure older people with cancer are included as consumer representatives in grant review panels for all major cancer research schemes.

### **Workforce to transform the delivery of cancer care**

5.1.1 & 5.2.1 Cancer workforce planning processes should consider the projected population of older people with cancer and the required workforce.

5.2.2 To be at the top of scope, the cancer workforce will need to be equipped with specific competencies in the care of older people with cancer. This will require:

- Geriatric oncology training should be embedded within the training programs for medical oncology, radiation oncology, haematology and geriatric medicine. Within nursing it should be included in speciality cancer and geriatric postgraduate and nurse practitioner degrees, and the equivalent degrees and vocational training for allied health.
- Continuing professional development opportunities in geriatric oncology should be available for health professionals caring for older people with cancer.
- Forums to exchange ideas and learn best practice should be available for Australian practitioners of geriatric oncology.

### **Achieving equity in cancer outcomes for Aboriginal and Torres Strait Islander people**

When considering the needs of Aboriginal and Torres Strait Islander people, it should be noted Aboriginal and Torres Islander populations have an increased incidence of frailty and medical and age-related conditions at younger ages, and therefore are eligible to access

Aged Care Services from 50 years of age. This should be taken into account to ensure that they receive the appropriate tailored support.

**This submission was authorised by:**

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