Supportive care screening in the older adult with cancer

TCRN Conference Grants series

Member spotlight: Dr Christopher Steer

Dr Christopher Steer was recipient of a TCRN International Conference Grant for attendance at the annual Multinational Association of Supportive Care in Cancer (MASCC) symposia, held in New York in June 2012, where he presented the Border Medical Oncology and Hume RICS research: Care Coordination in the Older Adult with Cancer (CCOAC) – a pilot study of supportive care screening and intervention in an Australian regional oncology practice.

Christopher is a medical oncologist with Border Medical Oncology in Albury-Wodonga, and the lead clinician for geriatric oncology in the region. He is the inaugural chair of the geriatric oncology interest group of COSA.

The Multinational Association for Supportive Care in Cancer (MASCC) is the principle global organisation dedicated to this cause. Its motto is “supportive care makes excellent cancer care possible”. MASCC is not only multinational but multidisciplinary. The core scientific work is led by 16 study groups in fields such as infection/myelosuppression, mucositis, psychosocial, palliative care, neurological complications, antiemetics, and paediatrics. The geriatric oncology study group was formed this year and I had the honour of being asked to co-chair the first meeting. The aim of this group is to improve supportive care specifically for older adults with cancer. We look forward to collaborating with other organisations such as the International Society of Geriatric Oncology to continue to foster education and research in this field.

The MASCC 2012 Symposium (June 28–30) provided insight into recent research in the management of issues such as neuropathy, bone health, psychological support and prevention of infectious complications. Key learnings that I took from this year’s meeting include:

1. Duloxetine has been found to be useful in the management of peripheral neuropathy but its impact seems to be restricted to improvement in pain associated with this condition, rather than numbness or paresthesia.

2. A randomized trial of dexamethasone (4mg BD for 2 weeks) versus placebo demonstrated a significant improvement in fatigue in patients with advanced cancer.

3. A study of oxygen therapy versus air flowing over patients’ faces revealed that symptomatic relief from dyspnoea was achieved with air flowing over the face alone. This lead to the comment that use of a simple fan may be as effective as the more expensive option of domiciliary oxygen in patients with this symptom.

The beauty of attending a meeting like this is that the data presented has a wide applicability to my patient population. In this era of molecular medicine, where cancer is becoming a set of 1000 different rare diseases, it is a refreshing change to learn of research which can potentially be applied to all patients.

I attended this year’s MASCC Symposium to present our experience at Border Medical Oncology in supportive care screening. In collaboration with Cancer Australia and Hume Regional Integrated Cancer Service (RICS), we completed a pilot study of supportive care screening in all patients over the age of 70 presenting to our service. A questionnaire aimed at screening for supportive care needs and geriatric issues was sent to this group of patients who comprised 50% of all new patient referrals. Patients were then called by a cancer care coordinator who used the questionnaire as a guide for discussion of patient needs. This enabled streamlined referrals to existing community-based services in the cancer and aged care sectors.

We showed that this system using supportive care needs questionnaire and a cancer care coordinator was feasible and inexpensive ($42.40 per patient screened). A total of 73 referrals for supportive care services were made in the 155 patients screened in a 12 month period. Despite our initial fears, we found that we did not overwhelm existing community services (e.g. Home and Community Care and carer support) and they actually welcomed referrals from oncology directly.

After presenting this data at MASCC, it became clear that this approach is relatively unique. Geriatric oncology is a small field globally and each centre approaches the management of their increasing population of older patients in a slightly different way. As distinct from units in teaching hospitals, our approach was tailored for a regional centre without the ready availability of in-house aged care services. A key aspect of our model is that these services in our region are already funded to provide care and happy to do so for patients in their own homes.

Our next challenge is to prove the efficacy of this model – a task requiring a large, Phase III randomised trial, probably with a cluster trial design. Under the lead of my TCRN colleague Professor Jane Phillips, we are currently exploring the feasibility of such a trial through the geriatric oncology interest group of COSA. We look forward to future endeavours in this field and welcome the involvement of interested TCRN members.
Economics and cost-effectiveness – an integral part of translational research

The University of Technology, Sydney TCRN member group comprises a number of talented individuals from the Centre for Health Economics Research and Evaluation (CHERE) – a centre emphasising the importance of considering the economic implications of developments in health policy and changes to health services. Learn more about the activities of CHERE below, including how you can utilise their economic expertise in your research.

The Centre for Health Economics Research and Evaluation (CHERE)
University of Technology, Sydney

The Centre for Health Economics Research and Evaluation (CHERE) is part of University of Technology, Sydney (UTS) and recognised nationally and internationally as a centre of excellence in health economics and health services research. CHERE's aim is to contribute to the development and application of health economics and health services research through research, teaching and policy support. CHERE is strongly engaged with health policy makers, health care agencies and clinicians to facilitate the use of research findings in the development of health policy and practice, and contributes this expertise to the TCRN.

CHERE is an independent research unit affiliated with UTS. Since its establishment in 1991, the Centre has developed a strong reputation for excellence in research and teaching in health economics and public health, and for providing timely and high quality policy advice and support. Its research program is policy-relevant and concerned with issues at the forefront of the sub-discipline.

CHERE has extensive experience in evaluating health services and programs, and in assessing the effectiveness of policy initiatives. It has been the only recipient to-date of an NHMRC Program Grant in the social sciences. The Centre currently holds an NHMRC Program Grant in Health Services Research, an NHMRC Capacity Building Grant in Health Economics and a Centre for Research Excellence grant in the Economics and Finance of Primary Health Care from the Australian Primary Health Care Research Centre.

The Cancer Research Economics Support Team (CREST), funded by Cancer Australia, has been set up at CHERE to develop resources to assist the Cancer Collaborative Clinical Trials Groups in incorporating health and pharmaco-economic analyses into trial protocols, as well as to build capacity for health economics.

The People

CHERE comprises a group of health economists and health services researchers. Members hold many years’ experience in undertaking economic, econometric and biostatistical analysis of administrative, survey and trial data, and are skilled in the evaluation of interventions, programs and policies. Specific areas of expertise include financing and the use of health care services; economic evaluation and health outcomes measurement; preferences and decision making in health care; and the health workforce.

Research Focus

The research conducted by CHERE encompasses the financing, organisation and delivery of health services, and is broadly based on two themes:

- Economic evaluation and health outcomes measurement
- Quantitative evaluation of health policy

Economic evaluation and health outcomes measurement: These are both important components of the application of economics research to health care decision making. Increasingly, health care funders and providers wish to assess the cost-effectiveness (efficiency) of interventions, not just their safety and effectiveness. Methods in economic evaluation are developing rapidly and CHERE has a strong focus on the application of rigorous and up to date economic evaluation methods, and extending these applications to complex interventions. The assessment of health outcomes relevant to end users, sensitive to differences in alternative interventions, and valid in comparing across health care services, remains a major challenge in applying economic evaluation. CHERE is also involved in work that explores how different decision-makers use and can use the results of such evaluations.

Quantitative evaluation of health policy: Financing the health system and the incentives generated for how health services are used is a key concern in Australia as in other countries. Developments in medical technology and increasing community expectations make it more difficult to ensure that health services deliver value for money. Australia has a unique combination of public and private sources of finance for health care, and public and private sector providers. CHERE has undertaken considerable work investigating the impact of these, particularly around private health insurance. There are substantial data sets, collected for administrative purposes and surveys, which have been under-used for research. The increasing availability of panel studies are presenting new opportunities to investigate how individuals respond to changes in personal circumstances, how past experiences within the health system impact on present choices and how changes in the policy setting shape decisions and impact on outcomes.

Economics does not work optimally if it is an “add-on” to the research, as the necessary data are unlikely to have been collected.
How TCRN members can collaborate with CHERE

There are a number of avenues TCRN members can explore if they wish to utilise the expertise and advice of CHERE. It is very important that members approach CHERE as early as possible in the development of a research project, as advice about whether an economics component is appropriate (or not) is best decided early. If the project is deemed to be suitable for the inclusion of an economics element, the design of this aspect of the research needs to be integrated with the overall research design. Economics does not work optimally if it is an “add-on” to the research, as the necessary data are unlikely to have been collected.

Message from CHERE

- We are always pleased to provide brief advice and assistance via email or a meeting (e.g. up to one hour)
- If TCRN members are also members of one of the Cancer Collaborative Clinical Trials and their research is also approved by the Trials Group, they can utilise the resources provided by CREST and also approach us through CREST, see www.chere.uts.edu.au/crest.
- For more extended assistance, we are happy to discuss membership of a research team (e.g. in relation to a funding application) and the appropriate budget for the health economics aspect of the research.

Professor Marion Haas is the Deputy Director of CHERE and a member of the TCRN Leadership Council.

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What does ‘translational cancer research’ mean to you?

Professor Marion Haas, Deputy Director of CHERE

Many people working in “translational” research direct their efforts towards ensuring that advances in basic science are converted into a change in clinical practice, or that other clinical research which is shown to be effective is translated into accepted “best practice”. However, my understanding of “translational” goes one step further. Every time a decision is made about a new technology or treatment, a decision is also made about resource allocation. Even small changes to clinical practice have an opportunity cost and most practice doesn’t change unless resources are allocated towards incentivising the changes. Such resources may not be financial; they may involve acceptance of a new clinical pathway – which requires that the old one be abandoned, at some (psychological) cost to clinicians. However, the introduction of new diagnostic tests, surgical procedures or drugs all require funding to be allocated by the MBS, PBS or at a health facility level, and are example of changes to clinical practice driven by financial incentives. Determining whether such changes represent good value for money (i.e. whether the benefits gained are worth the cost) requires the use of economics techniques and tools. In many cases, this involves the use of economic evaluation, defined as the formal and systematic comparison of the costs and benefits associated with two or more interventions.

Cancer Institute NSW accolades for TCRN members

Congratulations to two of our TCRN members who received awards at the Cancer Institute NSW annual cancer awards ceremony on Friday 20th July.

Emma Ramsay

Emma is the recipient of the Cancer Institute NSW 2012 Pfizer Studentship Award for her research on the use of a tumour enzyme to predict patient response to the mitochondrial toxin and angiogenesis inhibitor, GSAO – a drug that inhibits the growth of tumours by inhibiting proliferating endothelial cells. Emma is a TCRN PhD Scholarship Top-up awardee, currently in her third year of studies at the Prince of Wales Clinical School, UNSW.

Further information about Emma’s research can be found on the TCRN website here.

Dr Craig Underhill

Craig received the 2012 Premier’s Award for Innovation in Cancer Clinical Trials. Craig is a member of the TCRN Leadership Council and Director of the Greater Southern Area Health Service Regional Trials Network and Border Medical Oncology Research Unit. Based in Albury, Craig is a practicing medical oncologist and conjoint Senior Lecturer at the UNSW Rural Clinical School.

Well done to both Emma and Craig for these well-deserved accolades.

DID YOU KNOW THAT THE TCRN IS ON TWITTER?

We’ve been tweeting – did you hear us? Follow @TCRNetwork to be the first to learn our latest news and announcements

Innovation in Cancer Treatment and Care NSW Conference

The Cancer Institute NSW will be hosting the first ever Innovation in Cancer Treatment and Care NSW Conference on Friday September 7, 2012 which will showcase innovation in NSW cancer services.

For further details and registration, visit the Cancer Institute NSW events page here.
The TCRN launches our new Website

We are very pleased to announce that the new TCRN website is functional, live and ready to be inundated with web traffic!

CHECK IT OUT AT www.tcrn.unsw.edu.au

The website will serve as the central ‘hub’ of the Network:

- Enabling the Operations & Projects Team to provide members and interested stakeholders with the latest news on relevant activities, events, research updates, and collaboration and funding opportunities of relevance to Translational Cancer Research.
- Facilitating improved communications and networking between individual members and member groups, and between members and the Operations & Projects Team.

Each TCRN member has a unique login to the website’s member portal, within which you can share your professional interests and achievements with other members; search the network for specific expertise or research interests; log activities including publications, grants awarded, and congresses attended; and submit event notifications, resource requests and grant applications.

We ask that all members update their public profile page and account details with as much information as possible – this is one of the most direct ways to share your skills and expertise with other members, and potentially identify and pursue new collaborations. Each year, we will draw on your member activity details to assist us in meeting the reporting requirements of our funder – the Cancer Institute NSW – so please assist by regularly updating your activities and achievements.

A very big thank you to all members who have already began to populate their profile. Remember that your profile is searchable and visible to members only, so don’t be shy in sharing your experience, interests and successes.

Please direct any website enquiries or troubleshooting issues to tcrn@unsw.edu.au

CANCER GRAND ROUNDS 2012
Details of the August Grand Rounds:
PRESENTER: Department of Haematology, Prince of Wales Hospital
WHEN: Thursday 30th August, 8–9am; breakfast provided from 7:30am
WHERE: John Dwyer Lecture Theatre, POWH, Randwick. Click here for directions

Note: From next month, the venue of the monthly Prince of Wales Cancer Centre Grand Rounds will be changing due to the commencement of works for the new Cancer Centre. The venue from September will be the Lecture Theatre, Royal Hospital for Women.

Keep up to date with the details of the monthly Grand Rounds series in each edition of Nexus, and on the TCRN website.

Cancer Challenge of the Year 2012: Project update
The 2012 CCY Research Team have been working behind the scenes to progress the online pain assessment and management tool project in time for an October start:

- The project has been submitted for ethics review and site specific applications have been initiated.
- Site visits are underway to explore the logistics of implementing the project at each site and identify Clinical Champions to lead the program; the response from the departments that are participating has been very enthusiastic!
- A Project Advisory Group has been established to monitor the implementation of the project and provide strategic advice on project related activities. The first meeting was held in early August where members provided valuable feedback on the proposed study tools (participant survey and chart audit tool) and were updated on project progress. The next step is a review of the case study content before the module goes ‘live’.

Learn more about the 2012 CCY project on our website here.

The TCRN Operations and Projects Team is based at the Lowy Cancer Research Centre, UNSW, Sydney.
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