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Sidney Kimmel Cancer Center at Jefferson

Background

Jefferson Multidisciplinary Senior Adult Oncology Center

History

- Established September 2010
- First multidisciplinary geriatric oncology evaluation center in the tristate area

Demographics

- 890 patients evaluated to date
- All tumor types
- Age 70 and above & Pre-transplant (Bone Marrow) evaluation age 65 and above

Format

- Consultative service
- Two sessions weekly
- Average evaluation time: two hours

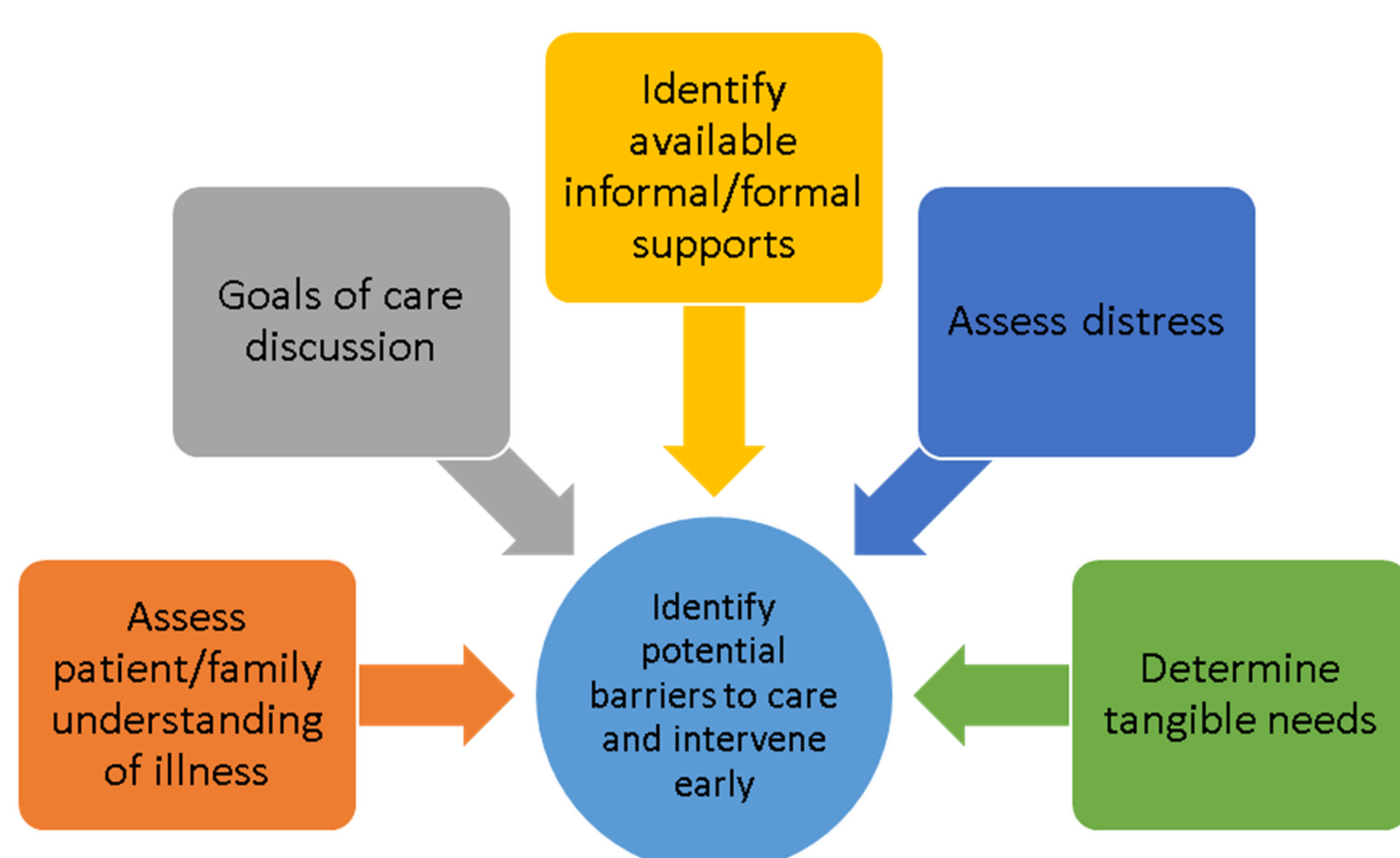
Multidisciplinary Team

- Navigator, Medical Oncologist, Geriatrician, Pharmacist, Nutritionist, Social Worker
- As needed: Psychiatry, Rehab Medicine, Radiation Oncology, Surgery

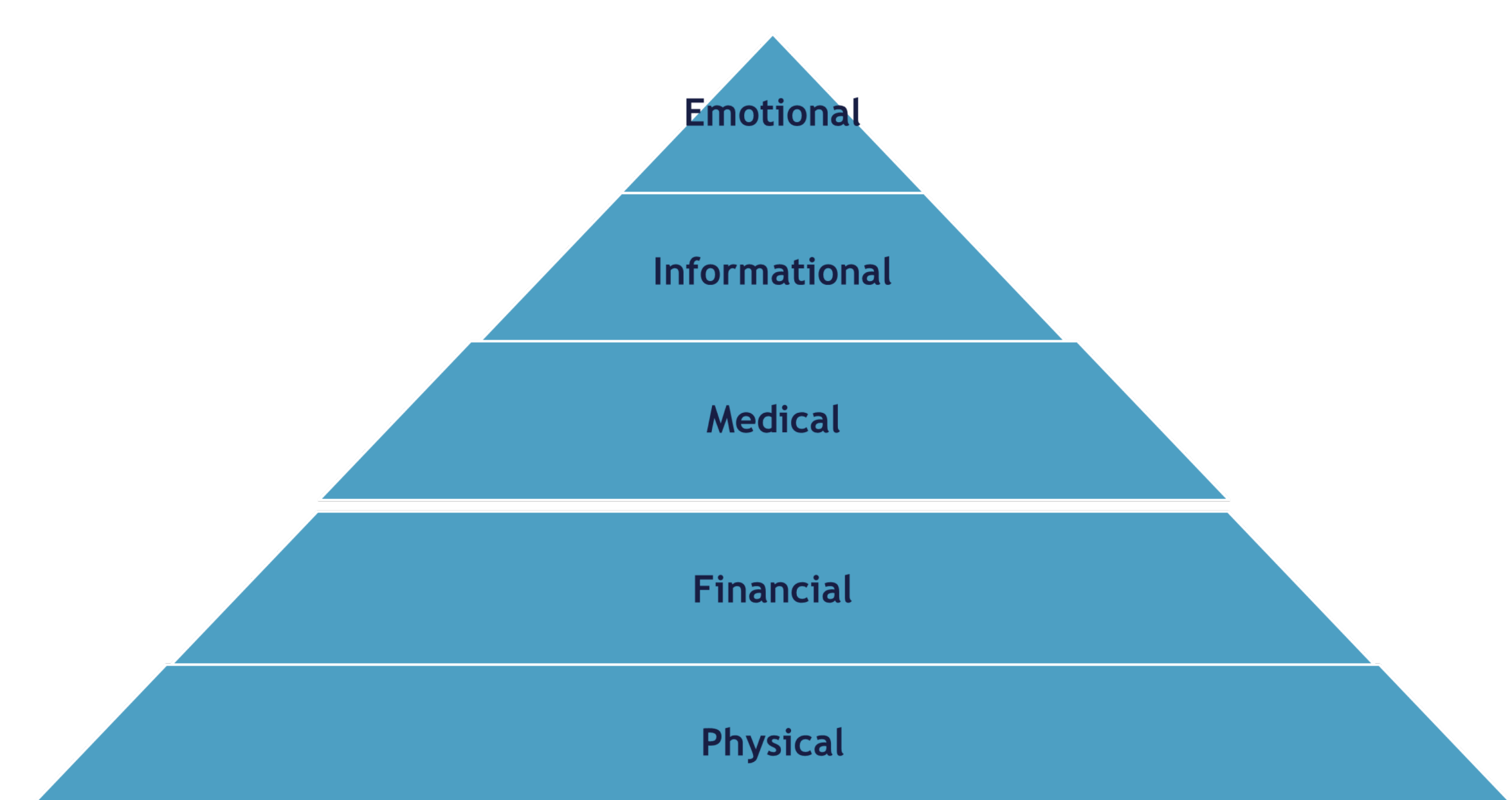


Left to right: Heather Bell-Temin, MS, RDN (Nutritionist); Lora Rhodes, LCSW (Social Worker); Ginah Nightingale, PharmD (Pharmacist); Erica Uditsky (Cancer Care Coordinator); Andrew Chapman, DO (Medical Oncologist, Co-Director, Jefferson Senior Adult Oncology Center); Kristine Swartz, MD (Geriatrician, Co-Director, Jefferson Senior Adult Oncology Center); Gina Keiffer, MD (Medical Oncology Fellow)

Introduction: Role of Social Work in Senior Adult Oncology



Psychosocial Needs of Older Adults with Cancer



Methods

100 patients assessed by social worker in Senior Adult Oncology Center over a 12- month period

Assessment tools to measure psychosocial needs:

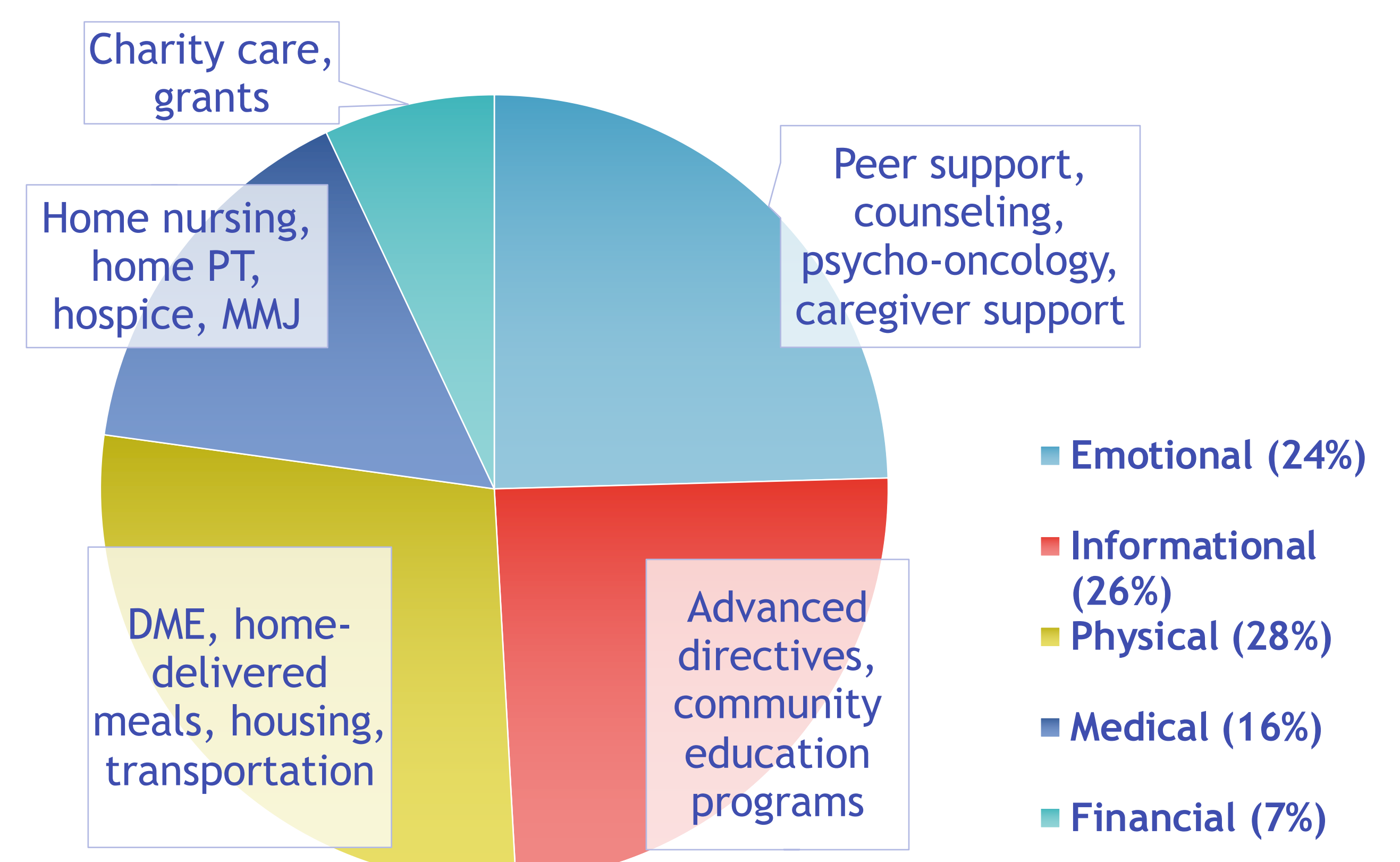
- Interview with patient and family
 - Advanced care planning
 - Understanding of disease/treatment
 - Living situation
 - Need for additional services
- NCCN Distress thermometer
- Vulnerable Elders Survey (VES-13)
- Geriatric Depression Score (GDS)

Results

Of 100 patients assessed by a social worker:

- Average Distress -3/10
- Living Situation:
 - With Family-69% (majority with an elderly caregiver)
 - Alone-26%
 - In a Facility-4%
 - With a Friend-3%
- 55% did not have an advanced directive
- 52% were referred for or provided additional services

Social Work Interventions



Conclusion

In our large urban center, barriers to treatment commonly include logistical issues with transportation or housing, lack of available caregiver, lack of access to food, misunderstanding or misinterpretation of disease prognosis or treatment goals, mental health issues and/or psychosocial distress. Including a social worker in the multidisciplinary geriatric oncology team helps to ensure that these barriers are recognized early, appropriately assessed, and addressed within the multidisciplinary team.

References

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- Jayani R(2012). Caregivers of Older Adults with Cancer. *Semin.Oncol.Nurs*; 28(4): 221–225.
- Weiss (2012). Falling through the cracks: A review of psychological distress and psychosocial service needs in older Black and Hispanic patients with cancer. *Journal of Geriatric Oncology*;3(2):163 – 173.