City of Hope

CARG
CANCER & AGING RESEARCH GROUP

NATIONAL CANCER INSTITUTE

Geriatric Oncology:

Educating Nurses to Improve Quality Care

July 25-27, 2016
Anaheim, California

Funded by the National Institute of Health #R25CA183723-01A1

Geriatric Oncology: Educating Nurses to Improve Quality Care

Abstract

The overarching goal of this R25 grant is to develop and implement a national educational curriculum in geriatric oncology for oncology nurses. There is an urgent need for this initiative because cancer is a disease associated with aging. The number of "baby boomers" age 65 and older is expected to double by the year 2030 leading to a projected 67% increase in cancer incidences in this age group. The Institute of Medicine highlights the current and projected future shortages of nurses with experience in geriatrics who will be needed to care for this growing population of older adults. Less than 1% of nurses and less than 3% of advance practice nurses are certified in geriatrics. This grant will fill this gap in knowledge through a multidisciplinary, interactive, targeted curriculum in geriatric oncology for competitively selected oncology nurses nationwide. It will culminate in teams of nursing participants developing their own plans to integrate geriatric oncology principles and practices into their home organizations.

The specific aims of this grant are:

1. To develop a comprehensive geriatric oncology curriculum for nurses, with input from top-level multidisciplinary faculty from around the country, which will advance nurses' knowledge, attitudes, and skills related to caring for older adults with cancer.
2. To implement this geriatric oncology curriculum with national workshops for competitively selected nurses nationwide.
3. To evaluate the effectiveness of a comprehensive interactive geriatric oncology curriculum for nurses based on knowledge acquired from pre- to post-conference.
4. To evaluate the impact of a comprehensive geriatric oncology curriculum on the development of geriatric oncology nursing initiatives nationwide by measuring the progress and outcomes of workshop activities and changes initiated by the participants in their home settings.
5. To disseminate the findings from these conferences.

These aims will be achieved through four annual conferences (followed by monthly conference calls open to all participants) which will train a total of 400 competitively selected oncology nurses across the nation who will attend in teams (a manager, educator, and direct care provider) from their institution. This 2 ½ day conference consists of a comprehensive yet targeted educational curriculum delivered by nationwide experts in geriatrics, oncology, and nursing education. Conference attendees will use this information and develop plans for integration of this knowledge into their own organizations. We will follow their progress at 6, 12, and 18 months post-conference. This grant unites the fields of nursing, geriatrics, and oncology through the creation of an educational curriculum of geriatric principles geared to oncology nursing professionals who are caring for an aging oncology population with the ultimate goal of improving the knowledge of evidence-based care of older adults with cancer.

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Geriatric Oncology: Educating Nurses to Improve Quality Care
Day One
Magic Kingdom Ballroom 1 & 4

Time	Topic	Presenter
7:00-7:45	**BREAKFAST**	
7:45-8:15	Welcome and Opening Remarks and Pre-Test	Peggy Burhenn, MS, CNS, AOCNS
8:15-9:00	Lessons from a Career in Geriatric Nursing	Mathy Mezey, EdD, RN, FAAN
9:00-9:30	Aging Trends and Comprehensive Geriatric Assessment	Arti Hurria, MD
9:30-10:15	Physiological Changes and Comorbidities Associated with Aging: Relation to Risk of Cancer Therapy Toxicity	Supriya Mohile, MD, MS
10:15-10:30	**BREAK**	
10:30-11:00	Assessing Functional Status, Frailty, and Fall Risk in the Older Adult with Cancer	Janine Overcash, PhD, ARNP, BC
11:00-11:30	Exercise Screening and Prescription for Older Adults with Cancer	Karen M. Mustian, PhD, MPH
11:30-12:00	Functional Assessment Practice Session	Group Breakout
12:00-1:00	**LUNCH**	
1:00-1:45	Nutrition and Aging throughout the Cancer Journey	Wendy Demark-Wahnefried, PhD, RD
1:45-2:15	Interactive Case Study and Q & A	Group Breakout
2:15-3:00	Nursing Initiatives at Hartford Institute: Nursing Making a Difference	Mathy Mezey, EdD, RN, FAAN
3:00-3:15	**BREAK**	
3:15-4:00	Navigating the Medical-Legal Concerns in the Care of Older Adults	June McKoy, MD, MPH, JD, MBA
4:00-4:30	Community Legal Resources for the Older Adult with Cancer	Stephanie Fajuri, JD
4:30-5:00	Panel Discussion: Legal Issues with Q&A	McKoy and Fajuri
5:00-5:15	Introduction to Goal Implementation	Peggy Burhenn, MS, CNS, AOCNS
5:15-5:30	Day One Evaluations Adjourn	Group

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Geriatric Oncology: Educating Nurses to Improve Quality Care
Day Two
Magic Kingdom Ballroom 1 & 4

Time	Topic	Presenter
7:00-8:00	**BREAKFAST**	
8:00-8:15	Review Implementation Plan Direction	Peggy Burhenn, MS, CNS, AOCNS
8:15-8:45	The Path to Implementing Change: Integrating Geriatrics into Oncology	Sarah Kagan, PhD, RN
8:45-9:45	Assessment and Management of Cognitive Impairment in Older Adults	Beatriz Korc-Grodzicki, MD, PhD
9:45-10:15	Interactive Case Study and Cognitive Assessments	Group Breakout
10:15-10:30	**BREAK**	
10:30-11:10	Identifying and Addressing Distress in the Older Adult	Matthew Loscalzo, LCSW
11:10-11:50	Sleep Management in the Older Adult	Jaroslava Salman, MD
11:50-12:10	Group Breakout: Setting Specific Distress Measures	Loscalzo and Salman
12:10-1:10	**LUNCH**	
1:10-1:55	Polypharmacy and Medication Adherence in the Older Adult	Timothy Synold, PharmD
1:55-2:40	Predicting Chemotherapy Toxicities in Older Adults	Arti Hurria, MD
2:40-3:00	Case Study: Application of Polypharmacy and Chemotoxcicity	Group Breakout
3:00-3:15	**BREAK**	
3:15-3:45	Pain Management and EOL Care in the Older Adult	Bonnie Freeman, RN, DNP, ANP, ACHPN
3:45-4:15	Empowering Nurses to Advocate for the Older Adult	Sarah Kagan, PhD, RN
4:15-4:45	Working with Leadership to Impact Positive Change	Shirley Johnson, RN, MS, MBA
4:45-5:00	Interactive Panel Q & A	Freeman, Kagan, Johnson
5:00-5:15	Goal Development Discussion	Group Breakout
5:15-5:30	Day Two Evaluations Adjourn	Group

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Geriatric Oncology: Educating Nurses to Improve Quality Care
Day Three
Magic Kingdom Ballrooms 1 & 4

Time	Topic	Presenter
7:00-7:45	**BREAKFAST**	
7:45-8:15	Responsible Conduct of Research	Arti Hurria, MD
8:15-8:45	The Interdisciplinary Team: Implementing an Evidence-Based Model in Cancer Care	Betty Ferrell, PhD, MA, FAAN, FPCN
8:45-9:15	Supporting the Caregiver of the Older Adult with Cancer: Lessons Learned	Denice Economou, RN, MN, CHPN
9:15-9:45	Tapping into Community Resources Tailored to the Older Adult	Peggy Burhenn, MS, CNS, AOCNS
9:45-10:15	Interactive Panel Q & A	Ferrell, Economou, Burhenn
10:15-10:30	**BREAK**	
10:30-11:00	Accessing Web-Based Resources in Gerontology	Peggy Burhenn, MS, CNS, AOCNS
11:00-11:45	Review Goals and Sharing of Individual Plans	Hurria and Economou
11:45-12:15	Final Draft of Goals/ Post-Test Day 3 Evaluations	Peggy Burhenn, MS, CNS, AOCNS
12:15	**LUNCH AND ADJOURN**	

Speaker Bios

Peggy Burhenn, MS, CNS, AOCNS
Professional Practice Leader
City of Hope

Peggy Burhenn is a Clinical Nurse Specialist (CNS) in geriatric oncology. She holds certifications as an Oncology Certified Nurse (OCN), Advanced Oncology CNS (AOCNS) and is a board certified RN in gerontology. She is a co-investigator for the R25 grant that supports this educational conference. In her current role as Professional Practice Leader for Geriatric Oncology at City of Hope in Duarte California, she is involved in education, research, and care management of the older adult with cancer. Her focus has been to teach nurses about caring for the older adult with cancer. She has developed a group of geriatric resource nurses. She is the principal investigator for a study to evaluate nurses' knowledge, attitudes and perceptions of caring for older adults. She is also co-investigator for a protocol evaluating reasons for readmissions in the older adult with cancer. Her work focuses on a diversity of geriatric related issues such as: geriatric assessment, delirium, sleep promotion, fall prevention, cognition, pain in the older adult, and guided imagery. She serves as a preceptor for CNS students at local universities. In 2013 she received the Margo McCaffery Excellence in Pain Management award and the Values in Action award at City of Hope for Intellectual Curiosity and in 2014 the Advanced Oncology Certified Nurse of the Year from the Greater Los Angeles Oncology Nursing Society. In April 2015 she received the Oncology Nursing Society national award for Excellence in Caring for the Older Adult with Cancer.

Disclosures: None

Wendy Demark-Wahnefried, PhD, RD
Professor and Webb Chair of Nutrition Sciences
Associate Director, UAB Comprehensive Cancer Center

Wendy Demark-Wahnefried, PhD, RD is Professor and Webb Endowed Chair of Nutrition Sciences. Dr. Demark-Wahnefried began her career as a cancer researcher at Duke University where she was on faculty for 17 years, then was recruited to MD Anderson and then came to UAB in 2010 as the Associate Director for Cancer Prevention and Control in the Cancer Center. Her research in nutrition and cancer control and survivorship has produced over 200 scientific publications, and recognition as a Komen Professor of Survivorship and an American Cancer Society Clinical Research Professor. Dr. Demark-Wahnefried serves on several committees, including the American Cancer Society's Guidelines Panel for Nutrition and Physical Activity, World Cancer Research Fund, American College of Sports Medicine Guidelines Panel for Physical Activity in Cancer Survivors, American Society of Clinical Oncology Committee on Cancer Survivorship and Energy Balance, and the National Cancer Policy Forum of the Institute of Medicine. Dr. Demark-Wahnefried was PI of the Reach-Out to ENhancE Wellness in Older Cancer Survivors trial - a telephone and tailored mailed material intervention which effectively improved diet quality, physical activity, weight status and physical functioning in 641 older cancer survivors (the largest behavioral intervention trial among older cancer survivors to date).

Disclosures: None

Denice Economou, RN, MN, CNS, CHPN
Senior Research Specialist
City of Hope

Denice Economou has been in oncology nursing for 35 years and has focused her clinical expertise and research in pain management, palliative care and Cancer Survivorship. Denice is a senior research specialist at the City of Hope and the Project Director for the NCI grant funded *Survivorship Education for Quality Cancer Care* educational program, P.I.- Dr. Marcia Grant. Denice has participated in the training of over 200 teams and 420 nurses in survivorship care. Denice lectures to healthcare professionals as well as cancer survivors on components of care and survivorship care planning. She was formerly with Aptium Oncology in the Department of Clinical Affairs where she oversaw pain & palliative care activities for the company. Denice was the nurse coordinator for the cancer pain management service at Cedars-Sinai Comprehensive Cancer Center for seven years, and an Oncology Nurse Educator providing education to nurses, patients and administrators on specific symptoms and pain management. Denice is an oncology faculty member for the End of Life Nursing Education Consortium (ELNEC). She is a lecturer for the Genentech Speakers Program in Cancer Survivorship and Oncology Case Management. Denice is a past president of the Greater Los Angeles chapter of the Oncology Nursing Society. She has authored chapters in the Oxford Textbook of Palliative Nursing and Oncology Nursing Advisor. Denice is an Associate Editor for the Journal of the Advanced Practitioner in Oncology. Ms. Economou is an Assistant Clinical Professor for the School of Nursing-UCLA, Los Angeles.

Disclosures: None

Stephanie Fajuri, JD
Supervising Attorney
Disability Rights Legal Center – Cancer Legal Resource Center

Stephanie Fajuri is the Supervising Attorney of the Disability Rights Legal Center's Cancer Legal Resource Center (CLRC) in Los Angeles, California. As CLRC Supervising Attorney, Ms. Fajuri provides legal services to people with cancer-related legal issues, and has presented nearly 100 educational trainings on behalf of the CLRC, primarily focusing on topics such as health care reform, employment rights, access to health care and government benefits, and advance planning. Furthermore, she has overseen the counseling of thousands of cancer patients, caregivers, and health care professionals on the CLRC's national telephone assistance line.

Prior to this position, Ms. Fajuri was a Staff Attorney with the CLRC, Development Coordinator with Disability Rights Legal Center, and spent summers in law school working at the Illinois Human Rights Commission and at the US Department of Housing and Urban Development's Office of Fair Housing and Equal Opportunity. Ms. Fajuri is a member of the American Bar Association's Breast Cancer Advocacy Task Force, the American Cancer Society's Los Angeles Regional Leadership Council, the Orange County Cancer Coalition, and was selected as a 2015-2016 health team fellow in the Women's Policy Institute, a leadership and public policy training program sponsored by the Women's Foundation of California.

Ms. Fajuri earned her J.D. at Chicago-Kent College of Law, and her B.A. in History at the University of Michigan- Ann Arbor. She is a member of the State Bars of California and New York.

Disclosures: None

Betty Ferrell, PhD, MA, FAAN, FPCN, CHPN
Professor and Director, Division of Nursing Research & Education
City of Hope

Betty Ferrell, RN, PhD, MA, FAAN, FPCN, CHPN has been in nursing for 37 years and has focused her clinical expertise and research in pain management, quality of life, and palliative care. Dr. Ferrell is the Director of Nursing Research & Education and a Professor at the City of Hope Medical Center in Duarte, California. She is a Fellow of the American Academy of Nursing and she has over 370 publications in peer-reviewed journals and texts. She is Principal Investigator of a Research Project funded by the National Cancer Institute on "Palliative Care for Patients with Solid Tumors on Phase 1 Clinical Trials" and Principal Investigator of the "End-of-Life Nursing Education Consortium (ELNEC)" project. She directs several other funded projects related to palliative care in cancer centers and QOL issues. Dr. Ferrell is a member of the Board of Scientific Advisors of the National Cancer Institute and was Co-Chairperson of the National Consensus Project for Quality Palliative Care. Dr. Ferrell completed a Masters degree in Theology, Ethics and Culture from Claremont Graduate University in 2007. She has authored ten books including the Oxford *Textbook of Palliative Nursing* published by Oxford University Press (4th edition published in 2015). She is co-author of the text, *The Nature of Suffering and the Goals of Nursing* published in 2008 by Oxford University Press and *Making Health Care Whole: Integrating Spirituality into Patient Care* (Templeton Press, 2010). In 2013 Dr. Ferrell was named one of the 30 Visionaries in the field by the American Academy of Hospice and Palliative Medicine.

Disclosures: None

Bonnie Freeman, RN, DNP, ANP, ACHPN
Supportive Care Medicine Nurse Practitioner
City of Hope

Bonnie Freeman is a Nurse Practitioner in Supportive Care Medicine which is part of the Department of Supportive Care at City of Hope. She has a Doctorate in Nursing Practice from Azusa Pacific University, adult NP post-masters degree from Vanderbilt University, and an advanced certification in Hospice and Palliative Care Nursing through HPNA. Bonnie was awarded the AACN ELNEC Critical Care Achievement award in 2009, the Award of Excellence in Pain Management from the Southern California Cancer Pain Initiative (SCCPI) in 2012, the Margo McCaffery Award for Excellence in Pain Management in 2014, and her reference book: Compassionate Person-Centered Care of the Dying published by Springer Publishing, received a 2015 Book of the Year award from the Journal of American Nursing Association. This book focused on an educational method Bonnie developed to address the most common symptom management needs of the dying called the CARES tool which continues to grow in popularity and has been instituted by over 50 hospitals in the United States, and Canada.

Disclosures: None

Arti Hurria, MD
Professor and Director of the Cancer and Aging Research Program
City of Hope

Arti Hurria, MD is a geriatrician and oncologist and is Director of the Cancer and Aging Research Program at City of Hope. The overall goal of Dr. Hurria's research program is to improve the care of older adults with cancer. Under Dr. Hurria's leadership, the Cancer and Aging Research Program has developed and executed over 22 geriatric oncology protocols, enrolling over 3100 participants on studies focused on cancer and aging. Dr. Hurria is principal investigator on 6 NIH-funded grants, including the R25 grant that supports this educational conference. Additionally, she has received research support from the Breast Cancer Research Foundation and UniHealth Foundation. Dr. Hurria leads national and international efforts to improve the care of older adults with cancer. She served on the Institute of Medicine, Committee on "Improving the Quality of Cancer Care: Addressing the Challenges in an Aging Population." Since 2010, Dr. Hurria has served as the Editor-in-Chief for the *Journal of Geriatric Oncology*. She was the recipient of the B.J. Kennedy Award from the American Society of Clinical Oncology, which recognizes scientific excellence in geriatric oncology. In 2016, Dr. Hurria was elected to the Board of Directors for the American Society of Clinical Oncology.

Disclosures: Dr. Hurria serves as a consultant for Boehringer Ingelheim Pharmaceuticals, Carevive, Sanofi, and GTx, Inc. and has received research funding from Celegene, Novartis, and GSK.

Shirley Johnson, MS, MBA, RN
Senior Vice President and Chief Nursing and Patient Services Officer
City of Hope

Shirley Johnson, R.N., M.S., M.B.A., chief nursing and patient services officer, guides the strategic direction of nursing and patient-care services and leads City of Hope's efforts to continually enhance care provided to patients, giving special attention to the humanistic aspects of medicine. Johnson joined City of Hope from Barnes-Jewish Hospital and Washington University School of Medicine in St. Louis, where she was executive director of Siteman Cancer Center. She was responsible for the strategic direction of the cancer center's clinical programming initiatives. During her tenure with Barnes-Jewish Hospital, Johnson accomplished a variety of improvements, including the planning of a 24-hour outpatient oncology clinic and assistance with the planning of an offsite facility for medical oncology and radiation oncology. She also expanded the inpatient cancer program from a 16-bed bone marrow transplant unit to a 166-bed entity with 420 full-time employees and an operating budget of $32 million. Johnson is a past president of the Association of Cancer Executives and chair of the BMT Program Administrator's Steering Committee for the American Society of Blood and Marrow Transplantation. She recently completed a six-year term on the Commission on Cancer of the American College of Surgeons and was a member of its Program on Approvals Committee. Johnson received her Master of Business Administration degree, Master of Science degree in management and bachelor's degree in nursing from Maryville University in St. Louis.
Since joining City of Hope, Shirley has fostered the expansion of 54 in-patient beds and was instrumental in the design and opening of the Out-Patient Surgery Center and the Hematology and HCT Day Hospital, which is now providing bone marrow transplants and first in human stem cell products in the out-patient setting. Shirley has implemented a strategic plan for the Division of Nursing with a milestone of achieving Magnet status for Nursing through the American Nursing Credentialing Center in 2017. She was the 2013 Healthcare category winner for the California Women of the Year Award bestowed by the State of California. She is a frequent invited speaker on topics of cancer care delivery and nursing practice and has authored numerous papers related to strategies to reduce falls and cancer program development. While Shirley may no longer be geographically close to her mid-western roots, she has enjoyed becoming an urban farmer and has welcomed a flock of chickens into her garden. Married to Gary, a human resource and leadership development consultant, she enjoys spending time with her two daughters, one in the Los Angeles area, and one Montana.

Disclosures: None

Sarah Kagan, PhD, RN
Lucy Walker Honorary Term Professor of Gerontological Nursing
School of Nursing, University of Pennsylvania

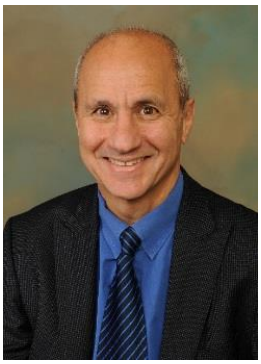
Sarah H. Kagan is the Lucy Walker Honorary Term Professor of Gerontological Nursing at Penn, Gerontological Clinical Nurse Specialist in the Living Well Program at the Joan Karnell Cancer Center – Pennsylvania Hospital. She is currently holds several international appointments in Nursing and in Public Health including Visiting Professor at the School of Nursing and Midwifery, University College Dublin; Honorary Professor at Queen Margaret University in Edinburgh; Adjunct Professor at the American University of Armenia; Visiting Professor at the Oxford Brookes University Faculty of Health and Life Sciences; and Honorary Professor in Public Health and in Nursing at the University of Hong Kong. Professor Kagan is Editor in Chief of the *International Journal of Older People Nursing Professor* http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1748-3743 . She serves on the Editorial Boards of four journals – *Cancer Nursing, Geriatric Nursing, Research in Gerontological Nursing, and PTJ: Physical Therapy*. Additionally, Professor Kagan writes regularly for the lay press as a contributor to Calkins Media, writing the monthly column *Myths of Aging* for newspaper and online content. Professor Kagan's education and training includes a Bachelor of Arts in Behavioral Science from the University of Chicago, a Bachelor of Science in Nursing from Rush University, and a Master's Degree in Gerontological Nursing and a PhD from the University of California San Francisco. Since arriving at the University of Pennsylvania some two decades ago, Professor Kagan has focused her scholarship on undergraduate nursing education, care of older people, and qualitative research. She currently directs the University of Pennsylvania Undergraduate Nursing Honors Program and two clinically-based undergraduate international exchange programs in nursing – one in the United Kingdom and one in Australia. In addition, Professor Kagan teaches short term study abroad for the University of Pennsylvania in partnership with the University of Hong Kong. Professor Kagan maintains an active program of clinical scholarship and practice in gero-oncology which serves as a wellspring for her undergraduate pedagogy and anchors her understanding of the clinician-patient relationship and provision nursing care. Professor Kagan's work is acknowledged nationally and internationally as innovative, sophisticated, and clinically relevant. She is a fellow of the Gerontological Society of America and the American Academy of Nursing. Professor Kagan has held numerous visiting posts at many notable institutions nationally and internationally. Among the awards she has received for her practice, research, and teaching are the Sigma Theta Tau International Founders Award for Excellence in Nursing Practice and the John D. and Catherine T. MacArthur Fellowship. Professor Kagan received an Honorary Doctorate of Science from Oxford Brookes University in June 2013.

Disclosures: None

Beatriz Korc-Grodzicki, MD, PhD
Chief of Geriatrics Service
Memorial Sloan Kettering Cancer Center

Dr. Korc is currently the Service Chief of the Geriatrics at the Memorial Sloan Kettering Cancer Center (MSKCC) and Professor of Clinical Medicine at Weil Cornell Medical College, New York, NY. As an internist with a specialty in Geriatrics, she has expertise in treating complex cases with multiple health conditions, and provides comprehensive guidance that can help prevent avoidable complications. As an attending in the Geriatrics Division at University of Rochester, Director of Clinical Services at Mount Sinai Medical Center Department of Geriatrics, NY, and as the Chief of the Geriatrics Service in the Department of Medicine at Memorial Sloan Kettering Cancer Center, NY, she has been involved in the teaching of geriatric principles to multiple health care providers, students, house staff and the community. Over the last 6 years she has been dedicated to the care of older adults with cancer, has been panel member of the NCCN Senior Adult Oncology Guidelines has belonged to the Cancer and Aging Interest Group at the American Geriatric Society as well as the Geriatric Oncology Special Interest Group at ASCO. She is the recipient of a recent large Geriatric Workforce Enhancement Program (GWAP) grant which will provide funding over the next 3 years for the education of oncologists and primary care physicians about the care of the geriatric cancer patient. She both spearheads clinical research and collaborates with oncologists and geriatricians nationwide in the hunt for best practices in caring for older patients with cancer.

Disclosures: None



Matthew Loscalzo, LCSW
Executive Director and Professor – Department of Supportive Care
Professor Population Sciences
Administrative Director – Sheri & Les Biller Patient and Family Resource Center
City of Hope

Matthew J. Loscalzo is the Liliane Elkins Professor in Supportive Care Programs in the Department of Supportive Care Medicine and Professor in Department of Population Sciences. He is also the Executive Director of the Department of Supportive Care Medicine and the Administrative Director of the Sheri & Les Biller Patient and Family Resource Center at the City of Hope-National Medical Center, Duarte California.

Professor Loscalzo has held leadership positions at Memorial Sloan-Kettering Cancer Center, the Johns Hopkins Oncology Center, the Rebecca and John Moores Cancer Center at the University of California at San Diego and now at the City of Hope. He has created a number of highly integrated interdisciplinary biopsychosocial programs based on a unique staff leadership model. In, October 2014, Professor Loscalzo was recognized for a lifetime achievement award in clinical care by the International Psycho-Oncology Society. In August 2015, he received the Jimmie Holland Life Time Leadership Award from the American Psychosocial Oncology Society.

Professor Loscalzo has over 35 years experience in caring for cancer patients and their families. He is recognized internationally as a pioneer in the clinical, educational, and research domains of psychosocial aspects of cancer. Professor Loscalzo was the President of the American Psychosocial Oncology Society and the Association of Oncology Social Workers. He is highly recognized and sought after for his strategic mentorship of leaders across disciplines. Professor Loscalzo has focused pain and palliative care, the implementation of problem-based screening programs, gender-based medicine and problem solving therapies.

He is the PI on two 5 year NIH R25E training grants (teaching health care professionals how to build supportive care programs and biopsychosocial screening programs) and a site PI for a new third R25E to teach advanced cognitive behavioral skills. He is also on the editorial boards or a reviewer for a number of professional journals and has over 100 publications. His clinical interests are gender medicine; strengths based approaches to psychotherapies, problem-based distress screening and the creation of supportive care programs.

Disclosures: None

June McKoy, MD, MPH, JD, MBA
Associate Professor of Medicine
Director of Geriatric Oncology
Robert H. Lurie Comprehensive Cancer Center

Dr. June M. McKoy is an Associate Professor of Medicine and Preventive Medicine at Northwestern University Feinberg School of Medicine, an academic geriatrician on the staff of Northwestern Memorial Hospital, a licensed Illinois Attorney, and a NIH-funded clinical cancer/health services researcher whose focus is on utilizing and interweaving research into daily practice in order to ensure better health for aging individuals. As Director of Geriatric Oncology at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University, she co-founded the Senior Oncology Outcomes Advocacy and Research (SOAR) program that translates research on cancer health measures into advocacy based interventions to improve health-related quality of life and survivorship for older individuals. Dr. McKoy is a strong proponent of holistic healthy aging, believing that to age well one must balance mind, body, and spirit. She has been featured in multiple print and electronic media, including (but not limited to) the New York Times, the Chicago Tribune, Talking Points Memo, The Guardian, Public Television, and NBC news. She is the Program Director for the Geriatric Medicine Fellowship Program at Northwestern University, an NIH Study Section Reviewer and co-chair, a 2015 Impact Center Women's Leadership Fellow, a member of the NCCN Senior Adult Panel, an appointed member of the NCI's National Council of Research Advocates and most importantly, a member of the Cancer and Aging Research Group (CARG) based at *City of Hope* and led by Dr. Arti Hurria.

Disclosures: None

Mathy Mezey, EdD, RN, FAAN
Professor Emerita and Founding Director of the Hartford Institute for Geriatric Nursing
New York University College of Nursing

Mathy Mezey, hold a BSN from Columbia University Nursing (1960) and an MEd, (1973) and EdD (1977) from Teachers College, Columbia University. She has spent the last 50 years in nursing, first working in home care (at the Visiting Nurse Service of New York) and at a city hospital in New York (Jacobi Hospital, NY Health and Hospitals Corporation), and then having a career as a nurse educator, at Lehman College, City University of New York (1973 to 1980), at the University of Pennsylvania (1980-1991), and at New York University, beginning 1991. She is currently Emerita Professor at NYU.

The focus of Dr. Mezey's interest and scholarship has been on care of older adults, and assuring that nurses have the necessary skills and knowledge to provide quality care to this potentially vulnerable population. She has directed 2 major national initiatives focused on care of older adults, the Robert Wood Johnson Foundation Teaching Nursing Home Program (1981 to 1987) and the Hartford Institute for Geriatric Nursing, NYU College of Nursing (Founding Director from 1996-2009). She has written or edited 16 books and written over 75 articles on topics related to geriatric nursing, the education and practice of geriatric nurse practitioners, care in nursing homes, and ethical decision making at the end of life. Among her many recognitions, Dr. Mezey holds honorary degrees from Case Western Reserve and Fairfield University, is a Fellow of the American Academy of Nursing and the Gerontological Society of America. She is Emerita on the Board of Directors of the Visiting Nurse Service of New York, and is Trustee Emeritus, Columbia University.

Disclosures: None

Supriya Mohile, MD, MS
Associate Professor of Medicine
University of Rochester

Supriya Gupta Mohile, M.D., M.S. is a board-certified geriatrician and oncologist. Dr. Mohile has developed a clinical and research program in geriatric oncology by strengthening the links between geriatrics and oncology. She completed internship, residency and fellowships in hematology/oncology and geriatrics at University of Chicago Medical Center, where she also earned a Master's degree in health outcomes research. Mohile's fellowship was funded by an American Society of Clinical Oncology and John Hartford Foundation initiative to train oncologists in the care of the elderly. Mohile's research interests include the evaluation of patterns of care, health outcomes, and quality of life related to treatment for systemic cancer in older patients. She has previously received an American Society of Clinical Oncology Young Investigator Award and Merit Awards. Mohile was a Hartford Geriatrics Health Outcomes Research Scholar sponsored by the American Geriatrics Society and was a Clinical and Translational Science Institute K-L2 Awardee. She was awarded a Patient Centered Outcomes Research Institute Award and a NCI R01 to evaluate whether geriatric assessment can improve outcomes of older patients with cancer. She directs the Specialized Oncology Care & Research in the Elderly (SOCARE) geriatric oncology clinic at the University of Rochester/Highland Hospital and is an integral member of the University of Rochester National Community Oncology Research Program (NCORP) Research Base which is directed by Dr. Gary Morrow. She leads the Cancer Care Delivery Research (CCDR) efforts in the Research Base and is a member of the NCI's CCDR Coordinating Committee. Dr. Mohile is an expert in geriatric oncology with over 100 publications in this area. She serves on the editorial board of the Journal of Clinical Oncology and is Deputy Editor of the Journal of Geriatric Oncology. She also serves on the *American Society of Clinical Oncology* Geriatric Oncology Special Interest Group and Clinical Guidelines committees. Her contribution to moving the geriatric oncology field forward is noted in her leadership with developing research priorities and guidelines (publications below, mentees underlined).

Disclosures: Dr. Mohile is a consultant for Seattle Genetics.

Karen M. Mustian, PhD, MPH
Director PEAK Human Performance Laboratory
Deputy Director URCC NCORP Research Base
Associate Professor Department of Surgery
University of Rochester Medical Center
Wilmot Cancer Institute

Karen M. Mustian, PhD, M.S., MPH, ACSM, FSBM. Dr. Mustian is an Associate Professor in the Departments of Surgery, Radiation Oncology and Public Health Sciences and the Wilmot Cancer Institute at the University of Rochester Medical Center. Dr. Mustian is Director of the URMC PEAK Human Performance Clinical Research Lab and Deputy Director of the NCI URCC NCORP Research Base. Internationally and nationally, Dr. Mustian is Chair of the Multinational Association of Supportive Care in Cancer Fatigue Study Group and Chair of the National Cancer Institute (NCI) Symptom Management and Quality of Life Steering Committee. She is a member of the NCI Community Oncology and Prevention Trials Research Group's Community Oncology Cardiotoxicity Task Force and the NCI National Clinical Trials Network Disease Steering Committee Chairs Group.

Dr. Mustian is an international leader in the fields of Cancer Control and Survivorship, Exercise Oncology, Behavioral Oncology, Exercise Physiology and Exercise Psychology. Dr. Mustian's research is in the area of cancer control and survivorship with primary foci on investigating the influence of physical activity and exercise on toxicities and side effects (acute, chronic and late) stemming from cancer and its treatments including translational foci investigating psychoneuroimmunological (e.g., cytokines and circadian rhythm) and genetic (nuclear and mitochondrial) mechanistic pathways. Currently, Dr. Mustian has over 36M dollars in research funding, 100 peer-reviewed publications and 39 distinguished research awards and honors. Dr. Mustian also serves on editorial boards and reviews for many excellent peer-review professional journals, as well as, grant review committees for the NCI, American Cancer Society, Patient Centered Outcomes Research Institute and others.

Disclosures: None

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Janine Overcash is a Clinical Associate Professor and the Director of Adult/Gerontological Nurse Practitioner program and the Clinical Nurse Specialist programs at The Ohio State University, College of Nursing. Dr. Overcash is also a nurse practitioner in the Senior Adult Oncology Program at the Tames Cancer Hospital, Comprehensive Breast Center specializing in the care of the older person. Previously, Dr. Overcash was an Associate Professor of Nursing at the University of South Florida and assisted in the design and management of one of the first geriatric oncology programs located at the H. Lee Moffitt Cancer Center and Research Institute in Tampa, Florida. Dr. Overcash has authored over 40 peer reviewed journal articles in the area of geriatric assessment. A book entitled, *The Older Cancer Patient: A Guide for Nurses and Related Professionals* by Janine Overcash and Lodovico Balducci highlights principles of care of the older person with cancer and received Book of the Year award by the *American Journal of Nursing*. Dr. Overcash has completed a post doctorate with the John A. Hartford Building Academic Geriatric Nursing Capacity Program. Dr. Overcash participated in the Geriatric Nurse Educational Consortium sponsored by the American Academy of Colleges of Nursing (AACN) and the John A. Hartford Foundation which instructed over 500 faculty from all over the United States. Dr. Overcash research interests include understanding falls, performance status and independence in older cancer patients. Dr. Overcash speaks nationally and internationally on aspects of geriatric assessment and care of the older person diagnosed with cancer.

Disclosures: None

Jaroslava Salman, MD
Assistant Clinical Professor of Psychiatry, Department of Supportive Care Medicine
City of Hope

Dr. Jaroslava Salman, M.D., is an assistant clinical professor of psychiatry in the Department of Supportive Care Medicine at City of Hope. Double-board certified in general psychiatry & neurology and psychosomatic medicine, Dr. Salman served as Chair of the Women's Committee of the Southern California Psychiatric Society from 2009 to 2013, and is the recipient of various awards including UCLA-SFV Psychiatry Residency Program's "Polished Diamond Award" and became a 2015 Fellow of the Academy of Psychosomatic medicine. Dr. Salman also currently serves on the City of Hope Bioethics Committee and seeks to better understand patient experience and psychology to address the inner challenges patients face during all stages of care.

Disclosures: None

Timothy Synold, Pharm D.
Professor, Department of Cancer Biology
Director, Clinical Immunobiology Correlative Studies Laboratory
Co-Director, Analytical Pharmacology Core
City of Hope

Tim Synold, Pharm.D. is a Professor in the Department of Cancer Biology at the City of Hope. Following graduation from UC Santa Barbara with a bachelor's degree in chemistry, he received his doctor of pharmacy UC San Francisco. He then completed a post-doctoral fellowship at St. Jude Children's Hospital. He is a clinical and molecular pharmacologist who serves as Director of the Analytical Pharmacology and Clinical Immunology Laboratories. He is also the Scientific Leader of the COH Phase I Clinical Trial team and Director of Pharmacology for the NCI-supported California Cancer Consortium (CCC). Dr. Synold has over 25 years experience in chemistry and pharmacology, and he is an expert in the fields of pharmacokinetics and pharmacodynamics. His current focus involves the role of the blood-brain-barrier in CNS penetration of drugs. He is an expert reviewer for the Department of Defense and the National Cancer Institute, as well as for multiple medical journals. He has over 200 publications related to his research and has authored numerous book chapters.

Disclosures: None

Day 1

Lessons from a Career in Geriatric Nursing

Mathy Mezey, EdD, RN, FAAN
Professor Emerita and Founding Director of the Hartford Institute for Geriatric Nursing
New York University College of Nursing

Objectives:

1. Cite statistics about older adults
2. Evaluate the importance of life expectancy in older adults
3. State how geriatric care improves patient outcomes
4. Cite the importance of an age-friendly environment

Things I Want to Remember:

Lessons from a Career in Geriatric Nursing

Mathy Mezey, EdD, RN, FAAN
Professor Emerita and Founding Director of the Hartford Institute for Geriatric Nursing
New York University College of Nursing

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Aging Trends and Comprehensive Geriatric Assessment

Arti Hurria, MD
Professor and Director of the Cancer and Aging Research Program
City of Hope

Objectives:

1. Understand the association between cancer and aging
2. Describe the components of a comprehensive geriatric assessment
3. Describe the utility of performing a geriatric assessment in the oncology population

Things I Want to Remember:

Geriatric Assessment:
Healthcare Professional Questionnaire - Example

I. This form completed by: ***(Mark all that apply with an X.)*** Assessment Period (as applicable to this study)

☐ Physician ☐ Nurse ☐ CRA

☐ **Mark box with an "X", if form was not completed at specified timepoint and specify reason:**

(Mark one with an X.) ☐ Patient refused ☐ Patient withdrew consent ☐ Not done

☐ Other, specify _____

(For assessment date, record approximate date form was to be completed.)

I) Medical Characteristics:

a) Cancer type _____

b) Disease stage _____

c) Chemotherapy Regimen _____

NAME OF DRUG	DOSE	CIRCLE ONE
1)		mg/m^2 or mg/kg or other:_____
2)		mg/m^2 or mg/kg or other:_____
3)		mg/m^2 or mg/kg or other:_____
4)		mg/m^2 or mg/kg or other:_____

II) Karnofsky Performance Status:_____%

DEFINITION	%	CRITERIA
Able to carry on normal activity and able to work. No special care is needed.	100	Normal: no complaints; no evidence of disease
	90	Able to carry on normal activity; minor signs or symptoms of disease.
	80	Normal Activity with effort; some signs or symptoms of disease.
Unable to work. Able to live at home, and for most personal needs. A varying amount of assistance is needed	70	Cares for self. Unable to carry on normal activity or to do active work.
	60	Requires occasional assistance, but is able to care for most of his needs
	50	Requires considerable assistance and frequent medical care
Unable to care for self. Requires equivalent of institutional or hospital care. Disease may be progressing rapidly	40	Disabled; requires special care and assistance
	30	Severely disabled; hospitalization is indicated although death not imminent.
	20	Very sick; hospitalization necessary; active supportive treatment necessary.
	10	Moribund; fatal processes progressing rapidly
	0	Dead.

III) Timed "Up and Go"

Instructions: The timed "Up & Go" measures, in seconds, the time it takes for an individual to stand up from a standard arm chair (approximate seat height of 46 cm), walk a distance of 3 meters (approximately 10 feet), turn, walk back to the chair, and sit down again. The subject wears his/her regular footwear and uses their customary walking aid (none, cane, walker). No physical assistance is given. The subject starts with his back against the chair, his arm resting on the chair's arm, and his walking aid at hand. He is instructed that, on the word "go," he is to get up and walk at a comfortable and safe pace to a line on the floor 3 meters away (approximately 10 feet), turn, return to the chair, and sit down again. The subject walks through the test once before being timed in order to become familiar with the test. Either a wrist watch with a second hand or a stop-watch can be used to time the performance.

Time to perform "Up and Go":_____

IV) Cognition: Orientation-Memory-Concentration Test

	Patient's Errors	Maximum Score	Weight		Score		Final	Response
1. What year is it now? [without looking at a calendar]	☐☐☐☐	1	☐	x	4	=	☐☐	
2. What month is it now? [without looking at a calendar]	☐☐	1	☐	x	3	=	☐☐	
Memory Phrase Repeat this phrase after me: 'John Brown, 42 Market Street, Chicago'.								
3. About what time is it [within 1 hour – without looking at your watch]	☐☐:☐☐	1	☐	x	3	=	☐☐	
4. Count backwards from 20 to 1.		2	☐	x	2	=	☐☐	
5. Say the months in reverse order.		2	☐	x	2	=	☐☐	
6. Repeat the memory phrase		5	☐	x	2	=	☐☐	
					Total Score:		☐☐	

Scoring: For items 1 to 3, the response is either correct (score 0) or incorrect (score 1). For items 4 to 6, subtract one point for each error (item 4 and 5 maximum error is 2; for item 6, maximum error is 5); total all scores in "Final Score" column. Total score of 11 or greater indicates cognitive impairment; please notify MD and assist patient in completing questionnaires. Maximum score = 28

V) Nutrition

a) What is the patient's height? _____

b) What is the patient's current weight? _____

c) What is the patient's weight approximately 6 months ago? _____

d) Calculated Body Mass Index: _____

Body Mass Index=Weight/(Height)^2

Example

e) Percent Unintentional Weight Loss: _____

% unintentional weight loss =

(unintentional weight lost in last 6 months/baseline body weight) x 100

VI) Labs: (performed within 4 weeks of this assessment)

a) Creatinine:_____

b) Hemoglobin:_____

c) Albumin:_____

d) Liver Function Tests: Normal or Not normal_____

e) WBC: _____

f) CA125 (Gynecological patients ONLY):_____

g) Blood Urea Nitrogen: _____

VII) Scoring

a) Did the patient score ≥ 11 on the Blessed Orientation-Memory-Concentration Test (see previous page)?

☐ No

☐ Yes (if yes, notify the patient's treating physician)

VIII) Was the patient able to complete "Geriatric Assessment – Patient Questionnaire" on his/her own?

□Yes □No

If no, why? *(Mark all that apply with an X.)*

□ Not literate (does not read or write)
□ Visual problem
□ Fatigue
□ Questions too difficult (above the patient's reading ability)
□ Other: specify_____

IX) Time to complete

a) Appendix I (Data to be gathered by the healthcare team)

Start Time:_____

End Time: _____

b) Appendix II (Questionnaires to be completed by the study participant)

Start Time:_____

End Time: _____

Total time to complete Appendix I and II: _____

Name of person completing this document: _____

Signature: _____

Date: _____

Example

Self Geriatric Assessment Measure:
Patient Questionnaire – Example

Responsible person name (*Physician, Nurse, or CRA*) _____
Assessment Period (as applicable to this study):
☐ Timepoint 1 ☐ Timepoint 2

Patient Instructions: If you are unable to complete the questionnaire, a member of your health care team will assist you. Please do not have a family member complete the questionnaire for you.

A. BACKGROUND INFORMATION

1. What is the highest grade you finished in school? *(Mark one with an X.*
   - ☐ 8th or less
   - ☐ 9-11th grade
   - ☐ High school graduate/GED
   - ☐ Associate degree/some college
   - ☐ Vocational/technical school
   - ☐ Bachelor's degree
   - ☐ Advanced degree
   - ☐ I prefer not to answer

2. What is your marital status? *(Mark one with an X.)*
   - ☐ Married
   - ☐ Domestic partnership
   - ☐ Widowed
   - ☐ Divorced
   - ☐ Separated
   - ☐ Never married
   - ☐ I prefer not to answer

3. With whom do you live? *(Mark all that apply with an X.)*
   - ☐ Spouse / partner
   - ☐ Girlfriend / boyfriend
   - ☐ Children aged 18 years or younger
   - ☐ Children aged 19 years or older
   - ☐ Parent(s)/ parent(s)-in-law
   - ☐ Live alone
   - ☐ Other specify _____
   - ☐ Other relative specify _____

4. What is your current employment status? *(Mark one with an X.)*
   - ☐ Employed 32 hours or more per week
   - ☐ Employed less than 32 hours per week
   - ☐ Homemaker
   - ☐ Disabled
   - ☐ On medical leave
   - ☐ Unemployed
   - ☐ Retired
   - ☐ Full-time student
   - ☐ Part-time student
   - ☐ Other specify _____

5. How old are you? _____ years old

6. What is your race? (Mark one with an X)
   - ☐ White
   - ☐ Black or African American
   - ☐ Native Indian or Alaskan Native
   - ☐ Asian
   - ☐ Native Hawaiian or Other Pacific Islander
   - ☐ Unknown

7. What is your ethnicity? (Mark one with an X)
   - ☐ Hispanic or Latino
   - ☐ Non-Hispanic
   - ☐ Unknown

B. DAILY ACTIVITIES*

PATIENT INSTRUCTIONS: Indicate your response by marking an X in one box per question.

1. Can you use the telephone…
   - ☐ without help, including looking up and dialing;
   - ☐ with some help (can answer phone or dial operator in an emergency, but need a special phone or help in getting the phone number or dialing); or
   - ☐ are you completely unable to use the telephone?

2. Can you get to places out of walking distance…
   - ☐ without help (can travel alone on busses, taxis, or drive your own car);
   - ☐ with some help (need someone to help you or go with you when traveling) ; or
   - ☐ are you unable to travel unless emergency arrangements are made for a specialized vehicle like an ambulance?

3. Can you go shopping for groceries or clothes (assuming you have transportation) …
   - ☐ without help (taking care of all shopping needs yourself, assuming you have transportation);
   - ☐ with some help (need someone to go with you on all shopping trips); or
   - ☐ are you completely unable to do any shopping?

4. Can you prepare your own meals…
   - ☐ without help (plan and cook full meals yourself);
   - ☐ with some help (can prepare some things but unable to cook full meals yourself) ; or
   - ☐ are you completely unable to prepare any meals?

5. Can you do your housework…
   - ☐ without help (can clean floors, etc);
   - ☐ with some help (can do light housework but need help with heavy work); or
   - ☐ are you completely unable to do any housework?

6. Can you take your own medicines…
   - ☐ without help (in the right doses at the right time);
   - ☐ with some help (able to take medicine if someone prepares it for you and/or reminds you to take it); or
   - ☐ are you completely unable to take your medicines?

7. Can you handle your own money…
   - ☐ without help (write checks, pay bills, etc.);
   - ☐ with some help (manage day-to-day buying but need help with managing your checkbook and paying your bills); or
   - ☐ are you completely unable to handle money?

* OARS IADL – Fillenbaum, G.G. and Smyer, M.A., 1981

C. PHYSICAL ACTIVITIES*

1. The following items are activities you might do during a typical day. Does your health limit you in these activities? **(*Mark an X in the box on each line that best reflects your situation.*)**

Activities	Limited a lot	Limited a little	Not limited at all
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	☐	☐	☐
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐	☐	☐
c. Lifting or carrying groceries	☐	☐	☐
d. Climbing several flights of stairs	☐	☐	☐
e. Climbing one flight of stairs	☐	☐	☐
f. Bending, kneeling, or stooping	☐	☐	☐
g. Walking more than a mile	☐	☐	☐
h. Walking several blocks	☐	☐	☐
i. Walking one block	☐	☐	☐
j. Bathing or dressing yourself	☐	☐	☐

* MOS, Physical Functioning Scale – Stewart, A.L. and Ware, J.E., 1992

D. CURRENT HEALTH RATING*

Which one of the following phrases best describes you at this time? *(Mark one with an X.)*

- ☐ Normal, no complaints, no symptoms of disease
- ☐ Able to carry on normal activity, minor symptoms of disease
- ☐ Normal activity with effort, some symptoms of disease
- ☐ Care for self, unable to carry on normal activity or do active work
- ☐ Require occasional assistance but able to care for most of personal needs
- ☐ Require considerable assistance for personal care
- ☐ Disabled, require special care and assistance
- ☐ Severely disabled, require continuous nursing care

* Patient KPS – Loprinzi, C.L., et al., 1994

E. FALLS

How many times have you fallen in the last 6 months? __ __ __

F. YOUR MEDICATIONS

Are your taking medications?

☐ Yes ☐ No

How many prescribed medications are you taking? ___ medications

How many over-the-counter medications are you taking? ___ medications

How many herbs and vitamins are you taking? ___ herbs and vitamins

---

G. YOUR HEALTH

1. Your General Health*

Patient Instructions: Do you have any of the following illnesses at the present time, and if so, how much does it interfere with your activities: **Not at All, A Little or A Great Deal?** *(Mark an X in the box that best reflects your answer.)*

		If you have this illness: How much does it interfere with your activities?			
Illness	**No**	**Yes**		**Not at all**	**A little**	**A great deal**
a. Other cancers or leukemia	☐	☐	→	☐	☐	☐
b. Arthritis or rheumatism	☐	☐	→	☐	☐	☐
c. Glaucoma	☐	☐	→	☐	☐	☐
d. Emphysema or chronic bronchitis	☐	☐	→	☐	☐	☐
e. High blood pressure	☐	☐	→	☐	☐	☐
f. Heart trouble	☐	☐	→	☐	☐	☐
g. Circulation trouble in arms or legs	☐	☐	→	☐	☐	☐
h. Diabetes	☐	☐	→	☐	☐	☐
i. Stomach or intestinal disorders	☐	☐	→	☐	☐	☐
j. Osteoporosis	☐	☐	→	☐	☐	☐
k. Liver disease	☐	☐	→	☐	☐	☐
l. Kidney disease	☐	☐	→	☐	☐	☐
m. Stroke	☐	☐	→	☐	☐	☐
n. Depression	☐	☐	→	☐	☐	☐

* OARS IADL – Fillenbaum, G.G. and Smyer, M.A., 1981

2. How is your eyesight (with glasses or contacts)? *(Mark one with an X.)*
   - ☐ Excellent
   - ☐ Good
   - ☐ Fair
   - ☐ Poor
   - ☐ Totally blind

3. How is your hearing (with a hearing aid, if needed)? *(Mark one with an X.)*
   - ☐ Excellent
   - ☐ Good
   - ☐ Fair
   - ☐ Poor
   - ☐ Totally deaf

4. Do you have any other physical problems or illnesses *(other than listed in questions 1-4)* at the present time that seriously affect your health?
   - ☐ No
   - ☐ Yes *(If yes),* specify _____

   (If yes), how much does this interfere with your activities? *(Mark one with an X.)*
   ☐ Not at all ☐ Somewhat ☐ A great deal

* OARS IADL – Fillenbaum, G.G. and Smyer, M.A., 1981

H. NUTRITIONAL STATUS

1. Have you lost weight involuntarily over the past 6 months?
   - ☐ No
   - ☐ Yes

   If yes, how much?
   _____ pounds

2. What is your weight now?
   _____ pounds

3. What was your weight 6 months ago?
   _____ pounds

I. HEALTH QUESTIONNAIRE*

INSTRUCTIONS: These questions are about how you have been feeling within the past month. Please mark an "X" in the box on each line that best reflects your situation.

How much of the time during the past month:	**All of the Time**	**Most of the Time**	**A Good Bit of the Time**	**Some of the Time**	**A Little of the Time**	**None of the Time**
1. has your daily life been full of things that were interesting to you?	☐	☐	☐	☐	☐	☐
2. did you feel depressed?	☐	☐	☐	☐	☐	☐
3. have you felt loved and wanted?	☐	☐	☐	☐	☐	☐
4. have you been a very nervous person?	☐	☐	☐	☐	☐	☐
5. have you been in firm control of your behavior, thoughts, emotions, feelings?	☐	☐	☐	☐	☐	☐
6. have you felt tense or high-strung?	☐	☐	☐	☐	☐	☐
7. have you felt calm and peaceful?	☐	☐	☐	☐	☐	☐
8. have you felt emotionally stable?	☐	☐	☐	☐	☐	☐
9. have you felt downhearted and blue?	☐	☐	☐	☐	☐	☐
10. have you felt restless, fidgety, or impatient?	☐	☐	☐	☐	☐	☐
11. have you been moody, or brooded about things?	☐	☐	☐	☐	☐	☐
12. have you felt cheerful, light-hearted?	☐	☐	☐	☐	☐	☐
13. have you been in low or very low spirits?	☐	☐	☐	☐	☐	☐
14. were you a happy person?	☐	☐	☐	☐	☐	☐
15. did you feel you had nothing to look forward to?	☐	☐	☐	☐	☐	☐
16. have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐	☐
17. have you been anxious or worried?	☐	☐	☐	☐	☐	☐

* MHI-17 – Stewart, A.L. and Ware, J.E., 1992

Example

J. SOCIAL ACTIVITIES*

1. During the past 4 weeks, how much time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?
   (Mark one with an X.)

   ☐ All of the time
   ☐ Most of the time
   ☐ Some of the time
   ☐ A little of the time
   ☐ None of the time

2. Compared to your usual level of social activity, has your social activity during the past 6 months decreased, stayed the same, or increased because of a change in your physical or emotional condition? *(Mark one with an X.)*

   ☐ Much less socially active than before
   ☐ Somewhat less socially active than before
   ☐ About as socially active as before
   ☐ Somewhat more socially active as before
   ☐ Much more socially active than before

3. Compared to others your age, are your social activities more or less limited because of your physical health or emotional problems? *(Mark one with an X.)*

   ☐ Much more limited than others
   ☐ Somewhat more limited than others
   ☐ About the same as others
   ☐ Somewhat less limited than others
   ☐ Much less limited than others

* MOS, Social Activities – Stewart, A.L. and Ware, J.E., 1992

K. SOCIAL SUPPORT*

INSTRUCTIONS: People sometimes look to others for companionship, assistance or other types of support. How often is each of the following kinds of support available to you if you need it? (*Mark an X in the box on each line that best reflects your situation.*)

	None of the Time	A Little of the Time	Some of the Time	Most of the Time	All of the Time
1. Someone to help you if you were confined to bed.	☐	☐	☐	☐	☐
2. Someone you can count on to listen to you when you need to talk.	☐	☐	☐	☐	☐
3. Someone to give you good advice about a crisis.	☐	☐	☐	☐	☐
4. Someone to take you to the doctor if you needed it.	☐	☐	☐	☐	☐
5. Someone to give you information to help you understand a situation.	☐	☐	☐	☐	☐
6. Someone to confide in or talk to about yourself or your problem.	☐	☐	☐	☐	☐
7. Someone to prepare your meals if you were unable to do it yourself.	☐	☐	☐	☐	☐
8. Someone whose advice you really want.	☐	☐	☐	☐	☐
9. Someone to help you with daily chores if you were sick.	☐	☐	☐	☐	☐
10. Someone to share your most private worries and fears with.	☐	☐	☐	☐	☐
11. Someone to turn to for suggestions about how to deal with a personal problem.	☐	☐	☐	☐	☐
12. Someone who understands your problems.	☐	☐	☐	☐	☐

* MOS Social Support Survey – Sherbourne, C.D. and Stewart, A.L., 1991

L. SPIRITUALITY/RELIGION*

Directions: Please answer the following questions about your religious beliefs and/or involvement. (Please mark an "X" in the box on each line that best reflects your situation.)

1. How often do you attend church, synagogue, or other religious meetings? *(Mark one with an X.)*
   - ☐ More than once per week
   - ☐ Once a week
   - ☐ A few times a month
   - ☐ A few times a year
   - ☐ Once a year or less
   - ☐ Never

2. How often do you spend time in private religious activities, such as prayer, meditation or Bible study? *(Mark one with an X.)*
   - ☐ More than once a day
   - ☐ Daily
   - ☐ Two or more times per week
   - ☐ Once a week
   - ☐ A few times a month
   - ☐ Rarely or never

The following section contains 3 statements about religious belief or experience. Please mark the extent to which each statement is true or not true for you.

3. In my life, I experience the presence of the Divine (i.e., God). *(Mark one with an X.)*
   - ☐ Definitely true of me
   - ☐ Tends to be true
   - ☐ Unsure
   - ☐ Tends *not* to be true
   - ☐ Definitely *not* true

4. My religious beliefs are what really lie behind my whole approach to life. *(Mark one with an X.)*
   - ☐ Definitely true of me
   - ☐ Tends to be true
   - ☐ Unsure
   - ☐ Tends *not* to be true
   - ☐ Definitely *not* true

5. I tried hard to carry my religion over into all other dealings in my life. *(Mark one with an X.)*
   - ☐ Definitely true of me
   - ☐ Tends to be true
   - ☐ Unsure
   - ☐ Tends *not* to be true
   - ☐ Definitely *not* true

* DUREL: Duke University Religion Index – Koenig et al., 1997

M. YOUR FEELINGS*

1. Do you often feel sad or depressed? *(Mark one with an X.)*

☐ No ☐ Yes

2. How would you describe your level of anxiety, on the average? Please circle the number (0-10) best reflecting your response to the following that describes your feelings **during the past week, including today**.

0	1	2	3	4	5	6	7	8	9	10
No anxiety										Anxiety as bad as It can be

* Mahoney et al., 1994; LASA – Locke et al., 2007

N. FACT-G

Below is a list of statements that other people with your illness have said are important**. Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

	PHYSICAL WELL-BEING	Not At All	A Little Bit	Some -What	Quite A Bit	Very Much
GP 1	I have a lack of energy……..	0	1	2	3	4
GP 2	I have nausea…….	0	1	2	3	4
GP 3	Because of my physical condition, I have trouble meeting the needs of my family……...	0	1	2	3	4
GP 4	I have pain……...	0	1	2	3	4
GP 5	I am bothered by side effects of treatment…….	0	1	2	3	4
GP 6	I feel ill……..	0	1	2	3	4
GP 7	I am forced to spend time in bed…….	0	1	2	3	4

	SOCIAL/FAMILY WELL-BEING	Not At All	A Little Bit	Some -What	Quite A Bit	Very Much
GS 1	I feel close to my friends……	0	1	2	3	4
GS 2	I get emotional support from my family……...	0	1	2	3	4
GS 3	I get support from my friends…….....	0	1	2	3	4
GS 4	My family has accepted my illness……..	0	1	2	3	4
GS 5	I am satisfied with family communication about my illness…….	0	1	2	3	4
GS 6	I feel close to my partner (or the person who is my main support)……	0	1	2	3	4
Q1	*Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please mark this box and go to the next section.* ☐					
GS 7	I am satisfied with my sex life……..	0	1	2	3	4

Example

Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

	EMOTIONAL WELL-BEING	Not At All	A Little Bit	Some -What	Quite A Bit	Very Much
GE 1	I feel sad……..	0	1	2	3	4
GE 2	I am satisfied with how I am coping with my illness.	0	1	2	3	4
GE 3	I am losing hope in the fight against my illness…….	0	1	2	3	4
GE 4	I feel nervous……..	0	1	2	3	4
GE 5	I worry about dying……	0	1	2	3	4
GE 6	I worry that my condition will get worse……..	0	1	2	3	4

	FUNCTIONAL WELL-BEING	Not At All	A Little Bit	Some -What	Quite A Bit	Very Much
GF 1	I am able to work (include work at home)……	0	1	2	3	4
GF 2	My work (include work at home) is fulfilling……..	0	1	2	3	4
GF 3	I am able to enjoy life……..	0	1	2	3	4
GF 4	I have accepted my illness……..	0	1	2	3	4
GF 5	I am sleeping well……	0	1	2	3	4
GF 6	I am enjoying the things I usually do for fun……	0	1	2	3	4
GF 7	I am content with the quality of my life right now…	0	1	2	3	4

Example

O. QUESTIONS CONCERNING THE QUESTIONNAIRE

1. Were there any questions difficult to understand? ☐ No ☐ Yes
   (If yes), which questions were they?

2. Was the time it took to answer all the questions too long, just right or too short?
   ☐ Too short → How long would you have liked the questionnaire to be? __ __ minutes
   ☐ Just right
   ☐ Too long → How long would you have liked the questionnaire to be? __ __ minutes

   Which items would you remove?

3. Did you find any of the questions upsetting? ☐ No ☐ Yes
   (If yes), which questions were they?

   Could you tell me why they were upsetting?

4. Do you think the questionnaire left out any questions that were important to ask?

Thank you for your participation.

Aging Trends and Comprehensive Geriatric Assessment

Arti Hurria, MD
Professor and Director of the Cancer and Aging Research Program
City of Hope

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Physiological Changes and Comorbidities Associated with Aging: Relation to Risk of Cancer Therapy Toxicity

Supriya Mohile, MD, MS
Associate Professor of Medicine
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Objectives:

1. To Describe how natural aging processes can facilitate the development of cancer and impact physiologic reserve
2. To depict how comorbidity influences outcomes in older patients with cancer as well as the challenges with measurement of comorbidity in research
3. To describe how comorbidity and physiologic reserve can impact toxicities of cancer treatment in older patients
4. To review key ways of how to reduce/prevent toxicity in older patients receiving treatment for cancer

Things I Want to Remember:

Physiological Changes and Comorbidities Associated with Aging: Relation to Risk of Cancer Therapy Toxicity

Supriya Mohile, MD, MS
Associate Professor of Medicine
University of Rochester

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Assessing Functional Status, Frailty, and Fall Risk in the Older Adult with Cancer

Janine Overcash, PhD, ARNP, BC
Clinical Associate Professor and Director of Adult/Gerontological Nurse Practitioner and Clinical Nurse Specialist Programs
Ohio State University

Objectives:

1. Define and relate functional status, frailty, and falls to oncology care of the older person
2. Identify functional status, frailty, and fall risk screening tool appropriate for clinical practice
3. Identify three types of recommendations based on functional status, frailty, and fall risk screening tools

Things I Want to Remember:

Assessing Functional Status, Frailty, and Fall Risk in the Older Adult with Cancer

Janine Overcash, PhD, ARNP, BC
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Exercise Screening and Prescription for Older Adults with Cancer

Karen M. Mustian, PhD, MPH
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Deputy Director URCC NCORP Research Base
Associate Professor Department of Surgery
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Wilmot Cancer Institute

Objectives:

1. Participants will learn and become familiar with the ACSM Exercise Guidelines for Cancer Patients and Survivors
2. Participants will learn how to screen cancer patients and survivors for level of exercise risk and perform appropriate referrals

Things I Want to Remember:

Exercise Screening and Prescription for Older Adults with Cancer

Karen M. Mustian, PhD, MPH
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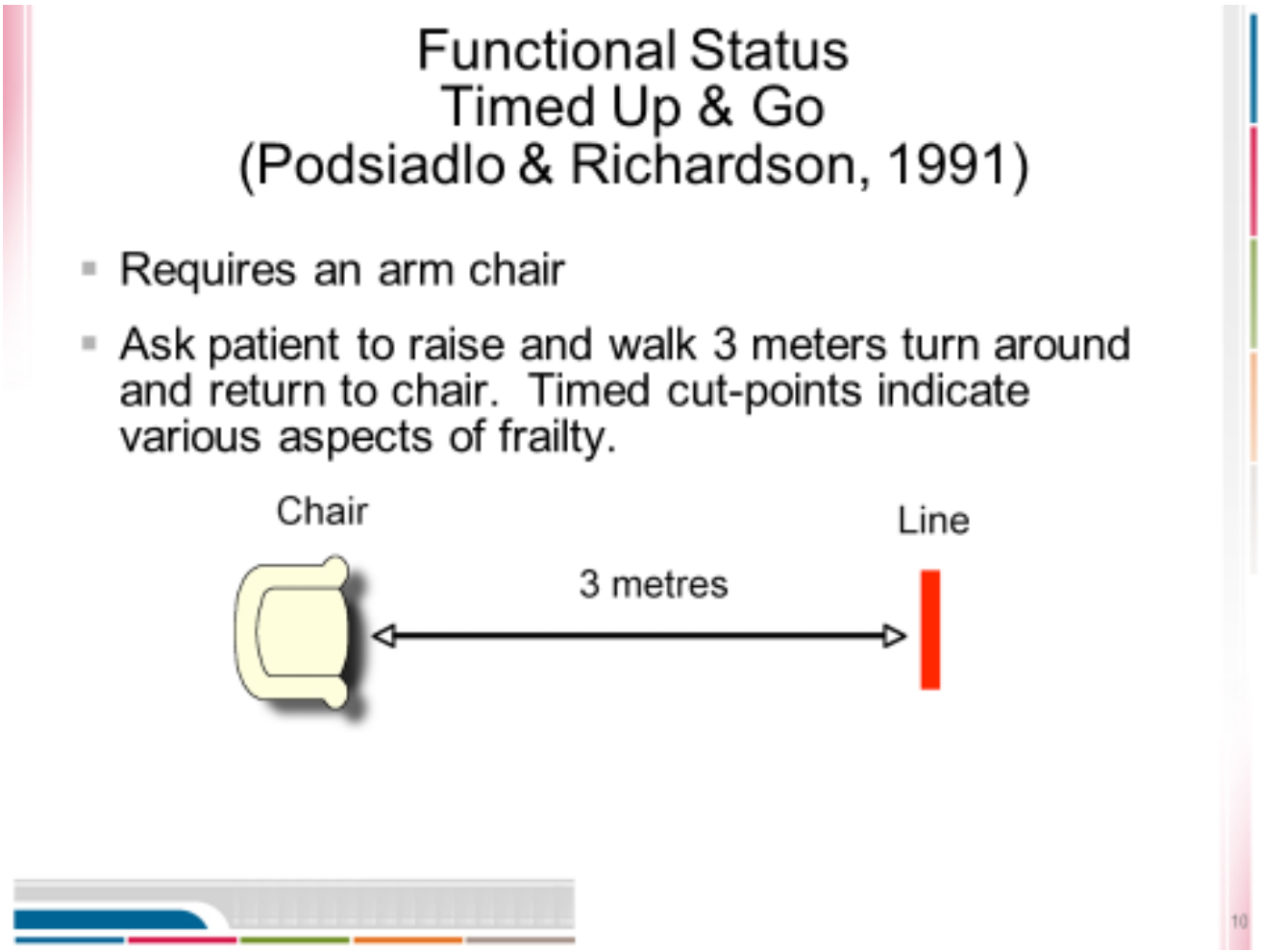
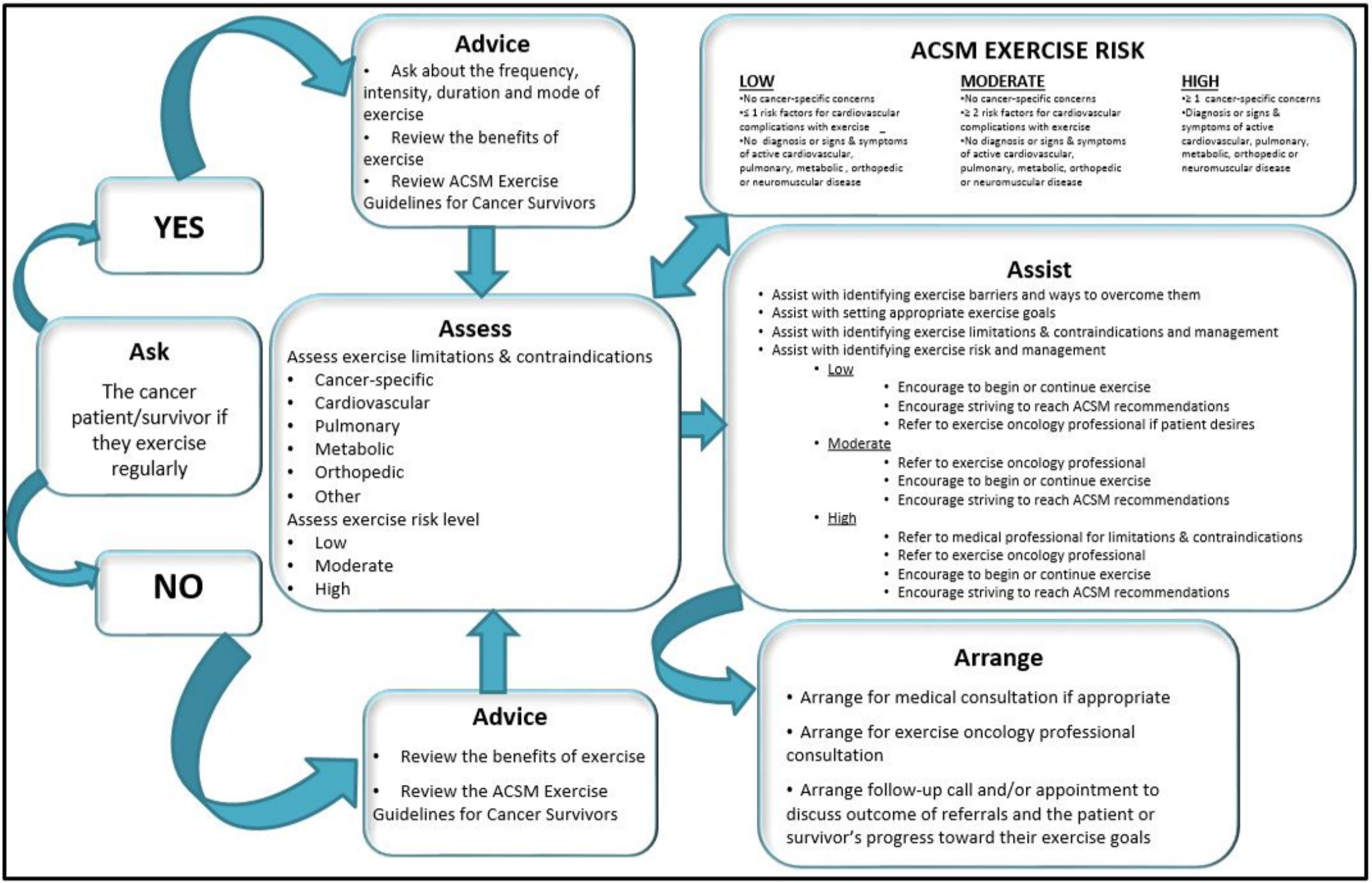
Group Breakout: Functional Assessment Practice Session

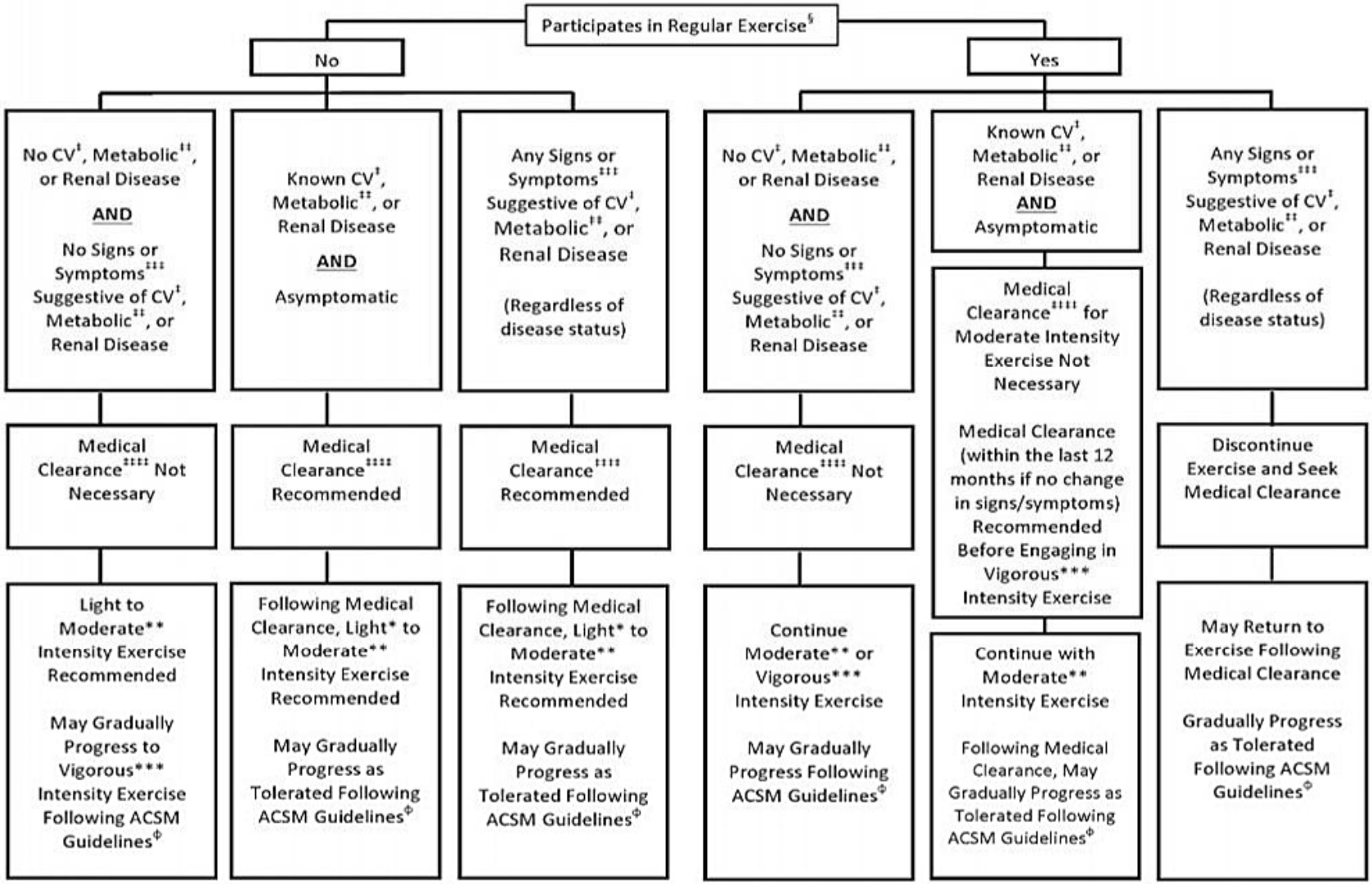
Things I Want to Remember:



Pearls for Practice

1. The Timed Up & Go test has been found to be correlated with falls (Shumway-Cook, Brauer, & Woollacott, 2000).
2. TUG helps predict falls (Thrane, 2007).
3. TUG helps predict probably of fracture (Zhu, 2011).
4. Poor TUG is also associated with mortality (Tice, 2006).
5. The tests are timed (under 10 seconds the patient is freely independent and over 30 seconds the patient is dependent on the assistance of others) (Podsiadlo & Richardson, 1991).


Advice
• Ask about the frequency, intensity, duration and mode of exercise
• Review the benefits of exercise
• Review ACSM Exercise Guidelines for Cancer Survivors
YES
Ask
The cancer patient/survivor if they exercise regularly
NO
Assess
Assess exercise limitations & contraindications
• Cancer-specific
• Cardiovascular
• Pulmonary
• Metabolic
• Orthopedic
• Other
Assess exercise risk level
• Low
• Moderate
• High
ACSM EXERCISE RISK
LOW
•No cancer-specific concerns
•≤ 1 risk factors for cardiovascular complications with exercise
•No diagnosis or signs & symptoms of active cardiovascular, pulmonary, metabolic , orthopedic or neuromuscular disease
MODERATE
•No cancer-specific concerns
•≥ 2 risk factors for cardiovascular complications with exercise
•No diagnosis or signs & symptoms of active cardiovascular, pulmonary, metabolic, orthopedic or neuromuscular disease
HIGH
•≥ 1 cancer-specific concerns
•Diagnosis or signs & symptoms of active cardiovascular, pulmonary, metabolic, orthopedic or neuromuscular disease
Assist
• Assist with identifying exercise barriers and ways to overcome them
• Assist with setting appropriate exercise goals
• Assist with identifying exercise limitations & contraindications and management
• Assist with identifying exercise risk and management
• Low
• Encourage to begin or continue exercise
• Encourage striving to reach ACSM recommendations
• Refer to exercise oncology professional if patient desires
• Moderate
• Refer to exercise oncology professional
• Encourage to begin or continue exercise
• Encourage striving to reach ACSM recommendations
• High
• Refer to medical professional for limitations & contraindications
• Refer to exercise oncology professional
• Encourage to begin or continue exercise
• Encourage striving to reach ACSM recommendations
Arrange
• Arrange for medical consultation if appropriate
• Arrange for exercise oncology professional consultation
• Arrange follow-up call and/or appointment to discuss outcome of referrals and the patient or survivor's progress toward their exercise goals
Advice
• Review the benefits of exercise
• Review the ACSM Exercise Guidelines for Cancer Survivors


Participates in Regular Exercise§
No
Yes
No CV†, Metabolic††, or Renal Disease
AND
No Signs or Symptoms††† Suggestive of CV†, Metabolic††, or Renal Disease
Known CV†, Metabolic††, or Renal Disease
AND
Asymptomatic
Any Signs or Symptoms††† Suggestive of CV†, Metabolic††, or Renal Disease
(Regardless of disease status)
No CV†, Metabolic††, or Renal Disease
AND
No Signs or Symptoms††† Suggestive of CV†, Metabolic††, or Renal Disease
Known CV†, Metabolic††, or Renal Disease
AND
Asymptomatic
Any Signs or Symptoms††† Suggestive of CV†, Metabolic††, or Renal Disease
(Regardless of disease status)
Medical Clearance†††† Not Necessary
Medical Clearance†††† Recommended
Medical Clearance†††† Recommended
Medical Clearance†††† Not Necessary
Medical Clearance†††† for Moderate Intensity Exercise Not Necessary
Medical Clearance (within the last 12 months if no change in signs/symptoms) Recommended Before Engaging in Vigorous*** Intensity Exercise
Discontinue Exercise and Seek Medical Clearance
Light to Moderate** Intensity Exercise Recommended
May Gradually Progress to Vigorous*** Intensity Exercise Following ACSM Guidelines¢
Following Medical Clearance, Light* to Moderate** Intensity Exercise Recommended
May Gradually Progress as Tolerated Following ACSM Guidelines¢
Following Medical Clearance, Light* to Moderate** Intensity Exercise Recommended
May Gradually Progress as Tolerated Following ACSM Guidelines¢
Continue Moderate** or Vigorous*** Intensity Exercise
May Gradually Progress Following ACSM Guidelines¢
Continue with Moderate** Intensity Exercise
Following Medical Clearance, May Gradually Progress as Tolerated Following ACSM Guidelines¢
May Return to Exercise Following Medical Clearance
Gradually Progress as Tolerated Following ACSM Guidelines¢

PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

Regular physical activity is fun and healthy, and more people should become more physically active every day of the week. Being more physically active is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

SECTION 1 - GENERAL HEALTH

	Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1.	Has your doctor ever said that you have a heart condition OR high blood pressure?	☐	☐
2.	Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	☐	☐
3.	Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	☐	☐
4.	Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?	☐	☐
5.	Are you currently taking prescribed medications for a chronic medical condition?	☐	☐
6.	Do you have a bone or joint problem that could be made worse by becoming more physically active? Please answer NO if you had a joint problem in the past, but it does not limit your current ability to be physically active. For example, knee, ankle, shoulder or other.	☐	☐
7.	Has your doctor ever said that you should only do medically supervised physical activity?	☐	☐

If you answered NO to all of the questions above, you are cleared for physical activity.

Go to Section 3 to sign the form. You do not need to complete Section 2.

- Start becoming much more physically active – start slowly and build up gradually.
- Follow the Canadian Physical Activity Guidelines for your age (www.csep.ca/guidelines).
- You may take part in a health and fitness appraisal.
- If you have any further questions, contact a qualified exercise professional such as a CSEP Certified Exercise Physiologist® (CSEP-CEP).
- If you are over the age of 45 yrs. and NOT accustomed to regular vigorous physical activity, please consult a qualified exercise professional (CSEP-CEP) before engaging in maximal effort exercise.

If you answered YES to one or more of the questions above, please GO TO SECTION 2.

Delay becoming more active if:

- You are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better
- You are pregnant – talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the PARmed-X for Pregnancy before becoming more physically active OR
- Your health changes – please answer the questions on Section 2 of this document and/or talk to your doctor or qualified exercise professional (CSEP-CEP) before continuing with any physical activity programme.

SECTION 2 - CHRONIC MEDICAL CONDITIONS

			YES	NO
	Please read the questions below carefully and answer each one honestly: check YES or NO.			
1.	Do you have Arthritis, Osteoporosis, or Back Problems?		☐ If yes, answer questions 1a-1c	☐ If no, go to question 2
	1a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	☐	☐
	1b.	Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/ or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)?	☐	☐
	1c.	Have you had steroid injections or taken steroid tablets regularly for more than 3 months?	☐	☐
2.	Do you have Cancer of any kind?		☐ If yes, answer questions 2a-2b	☐ If no, go to question 3
	2a.	Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and neck?	☐	☐
	2b.	Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)?	☐	☐
3.	Do you have Heart Disease or Cardiovascular Disease? This includes Coronary Artery Disease, High Blood Pressure, Heart Failure, Diagnosed Abnormality of Heart Rhythm		☐ If yes, answer questions 3a-3e	☐ If no, go to question 4
	3a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	☐	☐
	3b.	Do you have an irregular heart beat that requires medical management? (e.g. atrial brillation, premature ventricular contraction)	☐	☐
	3c.	Do you have chronic heart failure?	☐	☐
	3d.	Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer YES if you do not know your resting blood pressure)	☐	☐
	3e.	Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months?	☐	☐
4.	Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes		☐ If yes, answer questions 4a-4c	☐ If no, go to question 5
	4a.	Is your blood sugar often above 13.0 mmol/L? (Answer YES if you are not sure)	☐	☐
	4b.	Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, and the sensation in your toes and feet?	☐	☐
	4c.	Do you have other metabolic conditions (such as thyroid disorders, pregnancy-related diabetes, chronic kidney disease, liver problems)?	☐	☐
5.	Do you have any Mental Health Problems or Learning Difficulties? This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome)		☐ If yes, answer questions 5a-5b	☐ If no, go to question 6
	5a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	☐	☐
	5b.	Do you also have back problems affecting nerves or muscles?	☐	☐

Please read the questions below carefully and answer each one honestly: check YES or NO.			YES	NO
6.	Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure		☐ If yes, answer questions 6a-6d	☐ If no, go to question 7
	6a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	☐	☐
	6b.	Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy?	☐	☐
	6c.	If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week?	☐	☐
	6d.	Has your doctor ever said you have high blood pressure in the blood vessels of your lungs?	☐	☐
7.	Do you have a Spinal Cord Injury? This includes Tetraplegia and Paraplegia		☐ If yes, answer questions 7a-7c	☐ If no, go to question 8
	7a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	☐	☐
	7b.	Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting?	☐	☐
	7c.	Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)?	☐	☐
8.	Have you had a Stroke? This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event		☐ If yes, answer questions 8a-c	☐ If no, go to question 9
	8a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	☐	☐
	8b.	Do you have any impairment in walking or mobility?	☐	☐
	8c.	Have you experienced a stroke or impairment in nerves or muscles in the past 6 months?	☐	☐
9.	Do you have any other medical condition not listed above or do you live with two chronic conditions?		☐ If yes, answer questions 9a-c	☐ If no, read the advice on page 4
	9a.	Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months OR have you had a diagnosed concussion within the last 12 months?	☐	☐
	9b.	Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)?	☐	☐
	9c.	Do you currently live with two chronic conditions?	☐	☐

Please proceed to Page 4 for recommendations for your current medical condition and sign this document.

PAR-Q+

If you answered NO to all of the follow-up questions about your medical condition, you are ready to become more physically active:

- It is advised that you consult a qualified exercise professional (e.g., a CSEP-CEP) to help you develop a safe and effective physical activity plan to meet your health needs.
- You are encouraged to start slowly and build up gradually – 20-60 min. of low- to moderate-intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
- As you progress, you should aim to accumulate 150 minutes or more of moderate-intensity physical activity per week.
- If you are over the age of 45 yrs. and NOT accustomed to regular vigorous physical activity, please consult a qualified exercise professional (CSEP-CEP) before engaging in maximal effort exercise.

If you answered YES to one or more of the follow-up questions about your medical condition:

- You should seek further information from a licensed health care professional before becoming more physically active or engaging in a fitness appraisal.

Delay becoming more active if:

- You are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better
- You are pregnant - talk to your health care practitioner, your physician, a qualified exercise profesional, and/or complete the PARmed-X for Pregnancy before becoming more physically active OR
- Your health changes - please talk to your doctor or qualified exercise professional (CSEP-CEP) before continuing with any physical activity programme.

SECTION 3 - DECLARATION

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The Canadian Society for Exercise Physiology, the PAR-Q+ Collaboration, and their agents assume no liability for persons who undertake physical activity. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.
- Please read and sign the declaration below:

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that a Trustee (such as my employer, community/fitness centre, health care provider, or other designate) may retain a copy of this form for their records. In these instances, the Trustee will be required to adhere to local, national, and international guidelines regarding the storage of personal health information ensuring that they maintain the privacy of the information and do not misuse or wrongfully disclose such information.

NAME _____ DATE _____

SIGNATURE _____WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

For more information, please contact:
Canadian Society for Exercise Physiology
www.csep.ca

KEY REFERENCES
1. Jamnik VJ, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the eectiveness of clearance for physical activity participation; background and overall process. APNM 36(S1):S3-S13, 2011.
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The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or BC Ministry of Health Services.

CSEP | SCPE
THE GOLD STANDARD IN EXERCISE SCIENCE AND PERSONAL TRAINING

CSEP approved Sept 12 2011 version

Physical Activity Readiness
Questionnaire - PAR-Q
(revised 2002)

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO		
☐	☐	1.	**Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?**
☐	☐	2.	**Do you feel pain in your chest when you do physical activity?**
☐	☐	3.	**In the past month, have you had chest pain when you were not doing physical activity?**
☐	☐	4.	**Do you lose your balance because of dizziness or do you ever lose consciousness?**
☐	☐	5.	**Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?**
☐	☐	6.	**Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?**
☐	☐	7.	**Do you know of any other reason why you should not do physical activity?**

If you answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- if you are or may be pregnant – talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT or GUARDIAN (for participants under the age of majority) _____ WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

Supported by: Health Canada Santé Canada

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...continued from other side

PAR-Q & YOU

Physical Activity Readiness Questionnaire - PAR-Q (revised 2002)

CANADA'S Physical Activity Guide to Healthy Active Living

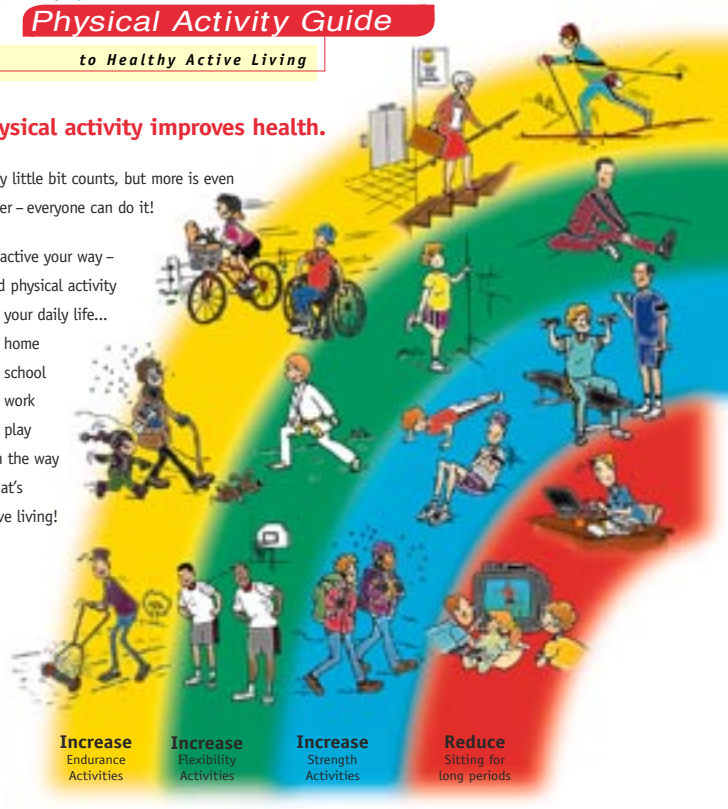
Physical activity improves health.

Every little bit counts, but more is even better – everyone can do it!

Get active your way – build physical activity into your daily life...

- at home
- at school
- at work
- at play
- on the way

...that's active living!



Choose a variety of activities from these three groups:

Endurance
4-7 days a week
Continuous activities for your heart, lungs and circulatory system.

Flexibility
4-7 days a week
Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.

Strength
2-4 days a week
Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Not sure? Consult your health professional.

For a copy of the *Guide Handbook* and more information: **1-888-334-9769**, or **www.paguide.com**

Eating well is also important. Follow *Canada's Food Guide to Healthy Eating* to make wise food choices.

Get Active Your Way, Every Day – For Life!

Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. As you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

Time needed depends on effort

Very Light Effort	Light Effort *60 minutes*	Moderate Effort *30-60 minutes*	Vigorous Effort *20-30 minutes*	Maximum Effort
• Strolling • Dusting	• Light walking • Volleyball • Easy gardening • Stretching	• Brisk walking • Biking • Raking leaves • Swimming • Dancing • Water aerobics	• Aerobics • Jogging • Hockey • Basketball • Fast swimming • Fast dancing	• Sprinting • Racing

Range needed to stay healthy

You Can Do It – Getting started is easier than you think

Physical activity doesn t have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don t have to make a long-term commitment.
- Do the activities you are doing now, more often.

Benefits of regular activity:	Health risks of inactivity:
• better health • improved fitness • better posture and balance • better self-esteem • weight control • stronger muscles and bones • feeling more energetic • relaxation and reduced stress • continued independent living in later life	• premature death • heart disease • obesity • high blood pressure • adult-onset diabetes • osteoporosis • stroke • depression • colon cancer

Health Canada Santé Canada

Canadian Society for Exercise Physiology

ACTIVE LIVING

CANADA'S Physical Activity Guide to Healthy Active Living

Source: Canada's Physical Activity Guide to Healthy Active Living, Health Canada, 1998 http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf

FITNESS AND HEALTH PROFESSIONALS MAY BE INTERESTED IN THE INFORMATION BELOW:

The following companion forms are available for doctors' use by contacting the Canadian Society for Exercise Physiology (address below):

The **Physical Activity Readiness Medical Examination (PARmed-X)** – to be used by doctors with people who answer YES to one or more questions on the PAR-Q.

The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for Pregnancy)** – to be used by doctors with pregnant patients who wish to become more active.

References:

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Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy, In: A. Quinney, L. Gauvin, T. Wall (eds.), **Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health**. Champaign, IL: Human Kinetics.

PAR-Q Validation Report, British Columbia Ministry of Health, 1978.

Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). **Can. J. Spt. Sci.** 17:4 338-345.

For more information, please contact the:

Canadian Society for Exercise Physiology
202-185 Somerset Street West
Ottawa, ON K2P 0J2
Tel. 1-877-651-3755 • FAX (613) 234-3565
Online: www.csep.ca

The original PAR-Q was developed by the British Columbia Ministry of Health. It has been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

Disponible en français sous le titre «Questionnaire sur l'aptitude à l'activité physique - Q-AAP (revisé 2002)».

Supported by: Health Canada Santé Canada

PEAK HUMAN PERFORMANCE CLINICAL RESEARCH CORE LABORATORY
Department of Surgery
URCC NCORP Research Base
Cancer Control Research Program
UR MEDICINE | WILMOT CANCER INSTITUTE
MEDICINE of THE HIGHEST ORDER

AHA /ACSM Preparticipation Screening Questionnaire

Assess your health status by marking all true statements

___ a heart attack
___ heart surgery
___ cardiac catheterization
___ coronary angioplasty
___ pacemaker/implantable cardiac defibrillator/rhythm disturbance
___ heart valve disease
___ heart failure
___ heart transplantation
___congenital heart disease
___ diabetes
___renal disease

→ Non-exerciser, *known disease*, Medical clearance recommended

Symptoms

___ You experience chest discomfort with exertion
___ You experience unreasonable breathlessness
___You experience dizziness, fainting, or blackouts
___You experience ankle swelling
___You experience unpleasant awareness of a forceful or rapid heart rate

→ Non, exerciser, signs and symptoms, Medical clearance recommended

Other health issues

___ You have asthma or other long disease
___ you have burning or cramping sensation in your lower legs when walking short distances
___ You have musculoskeletal problems that limit your physical activity
___ You have concerns about the safety of exercise
___ You take prescription medications
___ You take heart medications
___ You are pregnant

___ None of the above

→ Non-exerciser, no disease, no signs and symptoms, NO medical clearance necessary, light-moderate intensity exercise recommended, as tolerated (progress to vigorous)

601 Elmwood Avenue · Box 311 · Rochester, NY 14642
585.273.3148 · 585.276.2693 *fax*

Nutrition and Aging throughout the Cancer Journey

Wendy Demark-Wahnefried, PhD, RD
Professor and Webb Chair of Nutrition Sciences
Associate Director, UAB Comprehensive Cancer Center

Objectives:

1. Review reasons why nutrition important from diagnosis and treatment, throughout survivorship, and in advanced disease
2. Identify conditionals that signal poor nutritional status
3. Review interventions that address nutritional concerns
4. Identify extant gaps in knowledge

Things I Want to Remember:

2012 American Cancer Society (ACS) Nutrition & Physical Activity Guidelines for Cancer Survivors

Achieve and maintain a healthy weight

If overweight or obese, limit high calorie foods & beverages increase physical activity to promote weight loss

Engage in regular physical activity

- Avoid inactivity; resume normal activities as soon as possible following dx
- Exercise ≥150 minutes/week
- Include strength training exercises at least 2 days/week

Achieve a dietary pattern that is high in vegetables, fruits and whole grains

- Follow ACS Guidelines on Nutrition & Physical Activity for Cancer Prevention
  - Choose foods & beverages in amounts that achieve/maintain a healthy weight
  - Limit processed and red meat
  - Eat ≥ 2.5 cups of vegetables & fruits/day
  - Choose whole grains instead of refined grain products
  - If you drink ETOH, drink ≤1 drink/day for ♀ & 2 drinks/day for ♂

Supplements

- Try to obtain nutrients through diet, first.
- Consider only if a nutrient deficiency is biochemically or clinically observed, or if intakes fall persistently below recommended levels as assessed by an RD.

Rock et al.(2012) DOI.10.3322/CAAC.21142 www.cacancerjournal.com

Resources

- American Cancer Society: www.cancer.org
- American Dietetic Association: www.eatright.org
- American Institute for Cancer Research: www.aicr.org
- Centers for Disease Control: www.cdc.gov/HealthyLiving
- LIVESTRONG http://www.livestrong.com/myplate/
- National Center for Complementary & Integrative Health: https://nccih.nih.gov/health

Nutrition and Aging throughout the Cancer Journey

Wendy Demark-Wahnefried, PhD, RD
Professor and Webb Chair of Nutrition Sciences
Associate Director, UAB Comprehensive Cancer Center

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Group Breakout: Interactive Case Study and Q & A

Things I Want to Remember:

Interactive Case Study Nutrition and Aging

Henry is a 74-year old man who was recently diagnosed with metastatic prostate cancer. He is 6'0" and weighs 240 pounds and is sedentary. His medications include: Lovastatin, Coumadin, Hydrochlorothiazide, and Rosiglitazone. He will begin androgen deprivation therapy. He has been online and has started taking Prostate Health (contains zinc, selenium, copper, cranberry powder, saw palmetto, beta sitosterol, and lycopene), and calcium and vitamin D. He is very anxious and wants to know what else he should take.

You ask Henry what he ate yesterday and here is his recall (his wife chimes in that she is making Henry drink green tea between meals and pomegranate juice with each of his meals, she also has bought soy milk for Henry but "he hates it, but will eat Tofutti"

Breakfast (He meets a bunch of his friends at McDonald's every weekday morning)

Sausage, Egg and Cheese Biscuit
Large Coffee
4 – Creamers/ 1 pkt Spenda®

Lunch

5 oz. can of tuna on a bed of lettuce
Fresh tomatoes, cucumbers and carrot sticks
Olive oil and vinegar dressing 4T
Pomegranate Juice (16 oz)

Snack

Raw Almonds (1 cup)
Green Tea (16 oz)
Honey (2 T)

Dinner

8 oz. Salmon drizzled with olive oil and grilled
Roasted Peppers, Onions, Eggplant drizzled with olive oil and grilled
Sliced Tomatoes with Olive oil and vinegar dressing
Pomegranate Juice (16 oz)

Snack

Tofutti (1 pint)
Green Tea (16 oz)
Honey (2 T)

What dietary guidance can you provide Henry?

Nursing Initiatives at Hartford Institute: Nursing Making a Difference

Mathy Mezey, EdD, RN, FAAN
Professor Emerita and Founding Director of the Hartford Institute for Geriatric Nursing
New York University College of Nursing

Objectives:

1. Describe the relevance of geriatric assessment
2. Identify how to use the Hartford Institute *Try This* Series
3. Describe the purpose of the NICHE hospitals
4. Identify aspects of inter-professional practice

Things I Want to Remember:

Nursing Initiatives at Hartford Institute: Nursing Making a Difference

Mathy Mezey, EdD, RN, FAAN
Professor Emerita and Founding Director of the Hartford Institute for Geriatric Nursing
New York University College of Nursing

References:

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Navigating the Medical-Legal Concerns in the Care of Older Adults

June McKoy, MD, MPH, JD, MBA
Associate Professor of Medicine
Director of Geriatric Oncology
Robert H. Lurie Comprehensive Cancer Center

Objectives:

1. To illustrate the enormity of the socio-legal challenges faced by older individuals living with cancer
2. To increase knowledge among oncology nurses of existing federal and state laws that can equip them to be effective advocates for their aging patients
3. To advance the knowledge, implementation, and scale up of evidence-informed legal strategies and programs to assist older individuals living with cancer
4. To provide a platform for open discussion of the challenges faced by aging patients living with cancer and to utilize case presentations to cement attendees' understanding of how to navigate the legal terrain to assist their patients
5. To increase the capacity of oncology nurses to implement and advocate for effective evidence-informed legal interventions in their communities
6. To utilize case-based multi-stakeholder dialogue to explore legal solutions to common and emerging challenges faced by older individuals as they navigate the cancer continuum from diagnosis through treatment and survivorship

Things I Want to Remember:

Navigating the Medical-Legal Concerns in the Care of Older Adults

June McKoy, MD, MPH, JD, MBA
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Director of Geriatric Oncology
Robert H. Lurie Comprehensive Cancer Center

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Community Legal Resources for the Older Adult with Cancer

Stephanie Fajuri, JD
Supervising Attorney
Disability Rights Legal Center – Cancer Legal Resource Center

Objectives:

1. Recognize legal issues that geriatric oncology patients face
2. Identify community resources available to assist geriatric oncology patients with legal issues they face

Things I Want to Remember:

Community Legal Resources for the Older Adult with Cancer

Resource	Contact
Cancer Legal Resource Center	www.cancerlegalresourcecenter.org
National Telephone Assistance Line	1-866-THE-CLRC (1-866-843-2572)
Local State Health Insurance Assistance Program (SHIP) Office	www.shiptacenter.org
Medicare Rights Center	www.medicarerights.org
Local Legal Aid organization	www.lsc.gov
US Department of Housing and Urban Development	1-800-569-4287 www.hud.gov
AARP Foundation	1-800-209-8085
Free Advance Directive forms for every state	www.caringinfo.org
End of life counseling	www.compassionandchoices.org
American Cancer Society "Road to Recovery"	www.cancer.org
National Patient Travel Center	www.patienttravel.org
Area Agency on Aging	www.n4a.org
Elder Care Locator	www.eldercare.gov
American Associate of Retired Persons	www.aarp.org
Caregiver Action Network	www.caregiveraction.org
Family Caregiver Alliance	www.caregiver.org
Lotsa Helping Hands	www.lotsahelpinghands.com

Panel Discussion: Legal Issues with Q & A

Stephanie Fajuri, JD
June McKoy, MD, MPH, JD, MBA

Things I Want to Remember:

Introduction to Goal Development

Peggy Burhenn, MS, CNS, AOCNS
Professional Practice Leader
City of Hope

Things I Want to Remember:

Goal Development
Geriatric Oncology: Educating Nursing to Improve Quality Care
July 25-27, 2016

S…	Strategic Specific	What would be seen as a "success" that matters? Who will do what, with or for whom?
M….	Measurable	Is it measurable and can WE measure it? Are there existing measures we can use?
A…	Achievable/Attainable	Can we get it done in the proposed timeline with the resources that we have?
R…	Realistic	Will this objective be "do-able". Does the project fit with the overall strategy and goals of the organization? Devise a plan for getting there which makes the goal realistic. Set a bar high enough for a satisfying achievement.
T…	Time-framed	Must have a clear target to work towards. Time must be measurable, attainable and realistic.

Adapted from smart goals information at www.goal-setting-guide.com/smart-goals.html

Examples of goals:

Within 6 months I will present an overview of physiologic changes and comorbidities associated with aging to the general nursing staff.

Will develop a protocol to add geriatric assessment parameters to admission assessment for all patients 70 years and older within 12 months. This will include: function, nutrition, cognition, social support, comorbidity, and psychological state upon admission.

Will coordinate an interdisciplinary team to review cases of oncology patients 75 years and older to evaluate needs and resources available to improve their care by 12 months.

We will pilot the use of a chemotherapy toxicity predictive plan for patients 70 years and older who are anticipated to receive chemotherapy.

Will provide a Timed-Up-and-Go (TUG) to all inpatient admissions for patients 70 years or older to assess functional status and fall risk within 12 months

Geriatric Oncology: Educating Nurses to Improve Quality Care

Institution: _____ **City & State:** _____

Names: 1) _____

2) _____

3) _____

Please Print Clearly

Goal 1

Goal 2

Goal 3

Day 2

The Path to Implementing Change: Integrating Geriatrics into Oncology

Sarah Kagan, PhD, RN
Lucy Walker Honorary Term Professor of Gerontological Nursing
School of Nursing, University of Pennsylvania

Objectives:

1. Analyze barriers limiting integration of gerontological knowledge and skills in oncology nursing
2. Synthesize the role of gero-competence in integrating appropriate knowledge and skills to improve care for older people living with cancer

Things I Want to Remember:

The Path to Implementing Change – Some Useful Resources

Resource	Link
The John A. Hartford Foundation	http://www.jhartfound.org/
The Hartford Institute of Geriatric Nursing	http://www.hartfordign.org/
The Reynolds Foundation	http://www.dwreynolds.org/Programs/National/Aging/Aging.htm
Portal of Geriatrics Online Education	http://www.pogoe.org

The Path to Implementing Change: Integrating Geriatrics into Oncology

Sarah Kagan, PhD, RN
Lucy Walker Honorary Term Professor of Gerontological Nursing
School of Nursing, University of Pennsylvania

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Assessment and Management of Cognitive Impairment in Older Adults

Beatriz Korc-Grodzicki, MD, PhD
Chief of Geriatrics Service
Memorial Sloan Kettering Cancer Center

Objectives:

1. To provide an overview on dementia and delirium, its detection and care
2. To review the impact of pre-existing cognitive impairment in the care of older adults with cancer
3. To discuss decision-making capacity

Things I Want to Remember:

Mini-Cog™

Instructions for Administration & Scoring

ID: _____ Date: _____

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.[1-3] For repeated administrations, use of an alternative word list is recommended.

Version 1	**Version 2**	**Version 3**	**Version 4**	**Version 5**	**Version 6**
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: _____ Person's Answers: _____ _____ _____

Scoring

Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

Assessment and Management of Cognitive Impairment in Older Adults

Beatriz Korc-Grodzicki, MD, PhD
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Memorial Sloan Kettering Cancer Center

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Group Breakout: Interactive Case Study and Cognitive Assessments

Things I Want to Remember:

Identifying and Addressing Distress in the Older Adult

Matthew Loscalzo, LCSW
Executive Director and Professor – Department of Supportive Care
Professor Population Sciences
Administrative Director – Sheri & Les Biller Patient and Family Resource Center
City of Hope

Objectives:

1. Participants will know how to screen for biopsychosocial problems endemic to older adults with cancer
2. Participants will understand the link between noxious physical symptoms and negative psychosocial impact
3. Participants will be aware of the barriers and opportunities related to new distress screening standards

Things I Want to Remember:

Between the 'Lines

Journal of the National Comprehensive Cancer Network

Jimmie C. Holland, MD

Jimmie C. Holland, MD, recognized internationally as the founder of the subspecialty of psycho-oncology, is Attending Psychiatrist and holds the first endowed chair in Psychiatric Oncology, the Wayne E. Chapman Chair at Memorial Sloan Kettering Cancer Center. She is Professor of Psychiatry at Weill Medical College of Cornell University. She began the first full-time Psychiatric Service in a cancer hospital in 1977 at Memorial Sloan Kettering Cancer Center, and in 1996 she became the first woman Chair of a clinical department at Memorial. Dr. Holland was PI of the first research training grant in psycho-oncology which has continued uninterrupted for 34 years.

Dr. Holland established the first committee studying psychological and quality of life issues in a cooperative group, the Cancer Leukemia Group B. In the 1980s she became the Founding President of the International Psycho-oncology Society (1984) and of the American Psychosocial Oncology Society (1986). She has been senior editor of multiple textbooks, and in 1992, she started the first international journal in the field, Psycho-Oncology, and continues as co-editor. Dr. Holland has chaired the NCCN Panel on Management of Distress since its beginning in 1997. She was elected to the Institute of Medicine in 1995 and served on the panel that established a new standard of quality cancer care which demands that the psychosocial domain be integrated into routine cancer care. Dr. Holland has received numerous awards from the ACS, ASCO, AACR, and other national and international associations.

Was There a Patient in Your Clinic Today Who Was Distressed?

Jimmie C. Holland, MD; Mark Lazenby, PhD, APRN; and Matthew J. Loscalzo, LCSW

Most who work in an outpatient clinic or office would likely answer yes to the question asked in the title of this commentary. Data from as long ago as the 1970s confirm that, indeed, approximately one-third of patients with cancer experience significant distress, primarily anxiety or depression.[1] A landmark study in 1976 noted the value of identifying distress early in patients, during the first 100 days after a cancer diagnosis, when patients are very vulnerable.[1] In this study, researchers screened patients for distress and provided psychosocial counseling, which significantly reduced distress levels. Patients were then better able to cope with the subsequent hassles associated with their illness and treatment.

However, we clinicians can be slow learners. NCCN led the way in addressing this issue, 20 years ago, by suggesting that routine screening for distress in newly diagnosed patients would improve overall care. Then, in 1997, the first NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for the management of distress in patients with cancer were formulated by a multidisciplinary panel.[2,3] The panel noted that oncologists were reluctant to ask patients about psychological and psychiatric problems—and patients were equally reluctant to answer—because of the stigma associated with psychological issues. The panel said, "Find a better word that, one is not stigmatized, to use with patients when asking about psychological problems."

The word "distress" was chosen and, using a principle successful in pain management, the panel recommended asking patients, "How is your distress level on a scale of 0 to 10?" Distress is normal among people with cancer, and patients have come to accept the term. This simple question has provided a way to "red flag" patients who are distressed beyond the expected. Someone on the cancer care team can then further query patients with distress as to the nature of the problem and, when necessary, formulate an appropriate psychosocial treatment plan, which may include a referral for mental health services, either in the hospital or in the community.

The Institute of Medicine (IOM) built on these first distress management guidelines, finding a strong evidence base for a wide range of psychosocial interventions (psychotherapeutic, behavioral, and psychopharmacologic).[4] Based on the strength of the evidence, the IOM concluded that quality cancer care today must integrate the psychosocial domain into routine cancer treatment. After this decision by the IOM, the American College of Surgeons Commission on Cancer (CoC) added a standard for accreditation for 2015 that requires clinics to develop an onsite psychosocial program to identify patients with distress and triage them to appropriate psychosocial health care resources.[5]

This standard has put pressure on clinics to comply. Implementation of a new procedure is always difficult, but implementation in the psychosocial realm is even harder because it requires the cooperation of all disciplines working in cancer care. The good news is that cooperative efforts are being formulated. For example, the Association of Community Cancer Centers and the American Psychosocial Oncology Society (APOS) are working to provide consultation to cancer centers. Also, there are 2 NCI-funded educational grants to train cancer center staff in all disciplines and from across the country in the "how to" of developing a program to identify and triage patients with distress. One program is in its third year and has trained 132 individuals to provide strategic support using Web-based, onsite, and telephone-based

methods (www.supportivecaretraining.com). The other is beginning its second year and will, by 2016, have trained 54 cancer centers around the country using in-person workshops and follow-up calls of support (www.apos-society.org/screening). These efforts are paying off, but implementation is slow and requires persistence and staff commitment.[6]

Although change is slow, it is clearly happening, and the oncologist, through attitude and participation, plays a major role in the success or failure of any effort to put distress screening and triage to psychosocial health care resources in place for the first time in a clinic or center.

Oncologists Can Help in Multiple Ways

Advocate with staff on the value of screening. As the senior medical professional in the clinic or office, the oncologist is key in providing leadership and enthusiastic support for the development of a screening program that must engage the administrator, nurse, social worker, mental health professional, and chaplain in the planning. This planning phase is critical because it involves changing attitudes and procedures about psychosocial care. The more cohesion that can be attained in this phase, the more likely the success.

Participate in the planning. Most centers are in the planning phase, which must be conducted methodically and by ensuring that all disciplines "buy in," since the program does not belong to one discipline. Adequate care must be taken to assure that each discipline has a role that is defined and clear. Assignment of the new procedures must take into account that there is fair distribution and that the outcome is worth the effort. It is wise to pilot procedures in a small area in order to smooth out the kinks and revise as needed. Leadership from the oncologist is important to ensure the full cooperation of all disciplines.

Create a culture in which innovation is exciting and acceptable. Research on implementation of new policies shows how difficult effecting change is when that change requires altering or adding a new procedure, and particularly when it adds to the workload of team members. This requires the understanding that the goal is worth the time and effort. In addition, many places are developing a program that has dual use as a clinical and research tool, which gives it even greater impetus for implementation.

Recognize that there are no gold standards. Each center has different patient populations and its own mix of disciplines. A new program is free to develop a model that works for its own center; however, using the experiences of other centers is helpful, as more centers are now experimenting with innovative approaches. Contacting the 2 educational programs described previously can be helpful.

Note that patient-centered care is now central to reimbursement, and reimbursement is beginning to depend more on value-driven aspects of care. Adding a routine practice to identify and triage patients with distress early in treatment addresses patient-centered care. It also saves time later when patients' distress levels lead them to make frantic calls and emergency department visits. The prevention of severe distress is an outcome that benefits the patient, saves time and stress for the oncologist and other care providers, improves patient satisfaction, and reduces the costs of visits.

Understand that the oncologist is the center of hope and trust for patients who are frightened and feel vulnerable and uncertain. The more patients sense that the clinician is caring for them as a whole person, the more secure they feel.[7] In a CALGB study conducted in the 1980s patients were asked why they chose to take chemotherapy.[7] Their reply was often simple: "I trusted the doctor" was a key reason.

Mark Lazenby, PhD, APRN

Mark Lazenby, PhD, APRN, is Associate Professor of Nursing at Yale. He holds joint appointments on the Divinity and Middle East Studies faculties. His work centers on bringing whole-patient care to underserved populations. He and colleagues in Botswana are working to put into place routine distress and symptom screening among patients with cancer in Botswana, and he is developing a spiritually sensitive palliative care intervention for Muslims who are in treatment for advanced cancer.

The ideas and viewpoints expressed in this editorial are those of the author and do not necessarily represent any policy, position, or program of NCCN.

Matthew J. Loscalzo, LCSW

Matthew J. Loscalzo, LCSW, is the Liliane Elkins Professor in Supportive Care Programs in the Department of Supportive Care Medicine and Professor in Department of Population Sciences. He is also the Executive Director of the Department of Supportive Care Medicine and the Administrative Director of the Sheri & Les Biller Patient and Family Resource Center at the City of Hope-National Medical Center.

Mr. Loscalzo has held leadership positions at several major academic cancer centers. In, October 2014, he was recognized for a lifetime achievement award in clinical care by the International Psycho-Oncology Society. In August 2015, he received the Jimmie Holland Life Time Leadership Award from the American Psychosocial Oncology Society.

Mr. Loscalzo has more than 35 years' experience caring for cancer patients and families and is recognized internationally as a pioneer in the psychosocial aspects of cancer. Professor Loscalzo was the President of the American Psychosocial Oncology Society and the Association of Oncology Social Workers.

He is the PI on two 5 year NIH R25E training grants and a site PI for a new third R25E. He is also on the editorial boards or a reviewer for a number of professional journals and has over 100 publications. His clinical interests are gender medicine; strengths based approaches to psychotherapies, problem-based distress screening, and the creation of supportive care programs.

Communication that bolsters this sense of caring develops during repeated clinic visits. Patients then begin to feel that the doctors and other care providers "care about me as a person." Early identification of distress helps assure patients that the care provided by their oncologist, as the leader of the oncology team, includes attention to the whole person.

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Identifying and Addressing Distress in the Older Adult

Matthew Loscalzo, LCSW
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Administrative Director – Sheri & Les Biller Patient and Family Resource Center
City of Hope

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Sleep Management in the Older Adult

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City of Hope

Objectives:

1. Understand the normal sleep architecture and how cancer or hospitalizations disrupts normal sleep
2. Understand the health outcomes associated with poor sleep quality
3. Learn the risks and benefits of common pharmacologic treatments of insomnia in order to better tailor treatment
4. Learn non-pharmacologic strategies that may improve sleep quality in our patients

Things I Want to Remember:

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Group Breakout: Setting Specific Distress Measures

Matthew Loscalzo, LCSW
Jaroslava Salman, MD

Things I Want to Remember:

SUPPORTSCREEN ITEMS: You, Your Family and City of Hope are a Team Core 3

Factor 1: Psychological Distress

1. How Much Of A Problem Is This For You? **Feeling anxious or fearful**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

2. How can we best work with you on this problem? **Feeling anxious or fearful**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

3. How Much Of A Problem Is This For You? **Feeling down or depressed**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

4. How can we best work with you on this problem? **Feeling down or depressed**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

5. How Much Of A Problem Is This For You? **Worry about the future**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

6. How can we best work with you on this problem? **Worry about the future**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

7. How Much Of A Problem Is This For You? **Losing control of things that matter to me**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem

e. Very severe problem
f. Do not know
g. Prefer not to answer

8. How can we best work with you on this problem? **Losing control of things that matter to me**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

9. How Much Of A Problem Is This For You? **Managing my emotions**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

10. How can we best work with you on this problem? **Managing my emotions**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

11. How Much Of A Problem Is This For You? **Fear of medical procedures that may interfere with my care**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

12. How can we best work with you on this problem? **Fear of medical procedures that may interfere with my care**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

13. How Much Of A Problem Is This For You? **How my family will cope emotionally**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

14. How can we best work with you on this problem? **How my family will cope emotionally**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information

d. Written information and talk with team member

15. How Much Of A Problem Is This For You? **Physical appearance**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

16. How can we best work with you on this problem? **Physical appearance**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

Factor 2: Somatization

17. How Much Of A Problem Is This For You? **Fatigue**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

18. How can we best work with you on this problem? **Fatigue**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

19. How Much Of A Problem Is This For You? **Walking, climbing stairs**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

20. How can we best work with you on this problem? **Walking, climbing stairs**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

21. How Much Of A Problem Is This For You? **Pain**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem

e. Very severe problem
f. Do not know
g. Prefer not to answer

22. How can we best work with you on this problem? **Pain**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

23. How Much Of A Problem Is This For You? **Controlling my urine or stool**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

24. How can we best work with you on this problem? **Controlling my urine or stool**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

25. How Much Of A Problem Is This For You? **Eating, chewing, or swallowing difficulties**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

26. How can we best work with you on this problem? **Eating, chewing, or swallowing difficulties**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

27. How Much Of A Problem Is This For You? **Sleeping**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

28. How can we best work with you on this problem? **Sleeping**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information

d. Written information and talk with team member

Factor 3: Logistics Related to Medical Care

29. How Much Of A Problem Is This For You? **Needing help coordinating my medical care**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

30. How can we best work with you on this problem? **Needing help coordinating my medical care**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

31. How Much Of A Problem Is This For You? **Finances-not related to health insurance**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

32. How can we best work with you on this problem? **Finances-not related to health insurance**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

33. How Much Of A Problem Is This For You? **Finding community resources near where I live**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

34. How can we best work with you on this problem? **Finding community resources near where I live**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

35. How Much Of A Problem Is This For You? **Health insurance**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem

e. Very severe problem
f. Do not know
g. Prefer not to answer

36. How can we best work with you on this problem? **Health insurance**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

37. How Much Of A Problem Is This For You? **Transportation**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

38. How can we best work with you on this problem? **Transportation**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

Other items:

39. How Much Of A Problem Is This For You? **Understanding my treatment options**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

40. How can we best work with you on this problem? **Understanding my treatment options**
    a. Nothing needed at this time
    b. Talk with a member of the team

41. How Much Of A Problem Is This For You? **Ability to have children**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

42. How can we best work with you on this problem? **Ability to have children**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information

d. Written information and talk with team member

43. How Much Of A Problem Is This For You? **Sexual function**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

44. How can we best work with you on this problem? **Side effects of treatments**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

45. How Much Of A Problem Is This For You? **Side effects of treatments**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

46. How can we best work with you on this problem? **Side effects of treatments**
    a. Nothing needed at this time
    b. Talk with a member of the team

47. How Much Of A Problem Is This For You? **Being unable to take care of myself**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

48. How can we best work with you on this problem? **Being unable to take care of myself**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

49. How Much Of A Problem Is This For You? **Substance Use- by you or in your environment (drugs, alcohol, prescription meds, others)**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know

g. Prefer not to answer

50. How can we best work with you on this problem? **Substance Use- by you or in your environment (drugs, alcohol, prescription meds, others)**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

51. How Much Of A Problem Is This For You? **Tobacco use**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

52. How can we best work with you on this problem? **Tobacco use**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

53. How Much Of A Problem Is This For You? **Finding and understanding reliable clinical information**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

54. How can we best work with you on this problem? **Finding and understanding reliable clinical information**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

55. How Much Of A Problem Is This For You? **Feeling unsupported by my partner**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

56. How can we best work with you on this problem? **Feeling unsupported by my partner**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

57. How Much Of A Problem Is This For You? **Getting information about hospice services**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

58. How can we best work with you on this problem? **Getting information about hospice services**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

59. How Much Of A Problem Is This For You? **Thoughts of ending my life now or in the near future**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

60. How can we best work with you on this problem? **Thoughts of ending my life now or in the near future**
    a. Nothing needed at this time
    b. Talk with a member of the team

61. How Much Of A Problem Is This For You? **Making sense of my spiritual beliefs in light of my diagnosis**
    a. Not a problem
    b. Somewhat of a problem
    c. Moderate problem
    d. Severe problem
    e. Very severe problem
    f. Do not know
    g. Prefer not to answer

62. How can we best work with you on this problem? **Making sense of my spiritual beliefs in light of my diagnosis**
    a. Nothing needed at this time
    b. Talk with a member of the team
    c. Provide written information
    d. Written information and talk with team member

63. **Have you completed an Advance Directive?**
    a. Yes, and I gave City of Hope a copy
    b. Yes, but City of Hope does not have a copy
    c. No, but I would like to complete an Advance Directive
    d. No, I choose not to complete an Advance Directive

64. If endorse A or B above in question 18: **If you have completed an Advance Directive, does it currently reflect your wishes?**
    a. Yes

b. No, I would like to review and/or change my Advance Directive with a team member

65. If endorse C or D above in question 1: **Would you like a social worker to contact you to answer any questions or provide more information about advance directives?**
    a. Yes
    b. No

66. **Have you had a discussion with your loved ones about who you would want to speak for you (your decision maker) and what your wishes are?**
    a. No, I have not told anyone in my family
    b. Yes, but I have only discussed with my decision maker
    c. Yes, I have discussed with my immediate family
    d. Yes, I have discussed with my immediate family and other family/friends who have been involved in my medical care

67. City of Hope is committed to partnering with you in your care. You are encouraged to attend a New Patient and Family Orientation Class, where you will learn important information about:

    • Getting the most out of your care
    • Getting information from and communicating with your doctor and your health care team
    • Knowing who to call for answers and assistance
    • Coordinating your medical care
    • Finding key campus locations
    • Getting information about the many supportive and practical resources available to you and your family

    Would you like us to contact you to schedule your appointment for the Patient and Family Orientation Class?
    a. Yes
    b. No

68. Would you like to receive information about upcoming courses and events at City of Hope?
    Please type your e-mail address below. (This information will not be shared with another entity)

69. Would you like one of our team members to contact you to tell you about research programs at City of Hope?
    a. Yes
    b. No

Demographics:

70. What is your highest level of education?
    a. Less than high school
    b. Some high school
    c. Completed high school
    d. Some college
    e. Completed college
    f. Beyond college
    g. Prefer not to answer

71. Which language do you prefer to speak?
    a. English
    b. Armenian
    c. Chinese-Cantonese
    d. Chinese Mandarin
    e. Farsi
    f. Korean

g. Russian
h. American Sign Language
i. Spanish
j. Tagalog
k. Thai
l. Vietnamese
m. Other
n. Prefer not to answer

72. What is your annual household income level?
    a. Less than $40,000
    b. $40,000-$100,000
    c. More than $100,000
    d. Prefer not to answer

73. What category below best describes your racial/ethnic background? If you are of mixed racial/ethnic background, choose the category with which you most closely identify.
    a. Black/African American
    b. Latino/Hispanic
    c. Asian
    d. Pacific Islander
    e. Southeast Asian
    f. Native American/Alaskan
    g. European American/Caucasian

74. Did you find the number of items on the touch screen?
    a. Too few
    b. Just right
    c. Too many

75. Did you, as the patient, complete this questionnaire by yourself?
    a. Yes, by myself.
    b. No, someone helped me to answer the questions.
    c. No, someone else completed the questionnaire for me.

Polypharmacy and Medication Adherence in the Older Adult

Timothy Synold, Pharm D.
Professor, Department of Cancer Biology
Director, Clinical Immunobiology Correlative Studies Laboratory
Co-Director, Analytical Pharmacology Core
City of Hope

Objectives:

1. Differentiate among the multiple definitions of polypharmacy
2. Discuss data regarding prevalence, risks, and impact of polypharmacy
3. Discuss the relationship between polypharmacy and adherence
4. Define inappropriate medications for elderly patients
5. Describe tools used to screen for polypharmacy and improve adherence

Things I Want to Remember:

Polypharmacy and Medication Adherence in the Older Adult

Timothy Synold, Pharm D.
Professor, Department of Cancer Biology
Director, Clinical Immunobiology Correlative Studies Laboratory
Co-Director, Analytical Pharmacology Core
City of Hope

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Predicting Chemotherapy Toxicity in Older Adults

Arti Hurria, MD
Professor and Director of the Cancer and Aging Research Program
City of Hope

Objectives:

1. Describe the benefits of utilizing a geriatric assessment in oncology care
2. Review chemotherapy toxicity prediction tools:
    a. Cancer and Aging Research Group Chemotherapy Toxicity Tool
    b. Chemotherapy Risk Assessment Scale for High-Age Patients Tool
3. Describe the utility of a geriatric assessment to guide practical interventions

Things I Want to Remember:

Predicting Chemotherapy Toxicity in Older Adults

Arti Hurria, MD
Professor and Director of the Cancer and Aging Research Program
City of Hope

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Group Breakout: Case Study – Application of Polypharmacy and Chemotoxicity

Things I Want to Remember:

Case Study: Polypharmacy and Predicting Chemotherapy Toxicity

MH is a 79 year old woman with a recent diagnosis of stage IV bladder cancer. She met with her oncologist who recommended treatment with gemcitabine and carboplatin (dose reduced due to poor renal clearance).

On your review of her records, you note that her physician rated her Karnofsky Performance Status at 60%. She has a history of atrial fibrillation, hypertension, stroke, and depression. She takes 9 prescribed medications and 2 over-the-counter medications. Her medications include: ondansetron 8mg po twice daily prn nausea, oxycodone-acetaminophen 5mg-325mg po q 6 hours prn pain, metoprolol 50mg po daily, rivaroxaban 20 mg po daily, furosemide 40 mg po daily, simvastatin 20mg po daily, aspirin 81 mg po daily, lorazepam 1mg po prn anxiety, zolpidem 5 mg po prn sleep, CoEnyzme Q-10 50 mg po daily, and a daily multivitamin.

You perform a geriatric assessment. She notes that she can take her own medications and handles her own finances without help, but she needs help getting to places outside of walking distance and with housework. She is limited a lot in walking one block. She could not do the Timed Up and Go as she is in a wheelchair due to leg weakness from a previous stroke. She has not fallen in the last 6 months. She states she has limited her social activities all of the time due to her physical or emotional problems. She reports her hearing as poor. She has had an unintentional weight loss of 40 pounds (15% of her body weight) in the last year.

You review her laboratory data: WBC 6.5, hemoglobin 12.5, BUN 29, serum creatinine 1.7, and albumin 3.9. You calculate her creatinine clearance to be 27 mL/min (height: 172cm, weight: 84.6kg).

Work in your teams and answer the following questions:

What are the goals of therapy?

What else do you want to know?

What is her chemotherapy toxicity score according to the CARG Chemotherapy Prediction Tool?

What recommended changes would you make to her medication list and why?

What interventions would you consider?

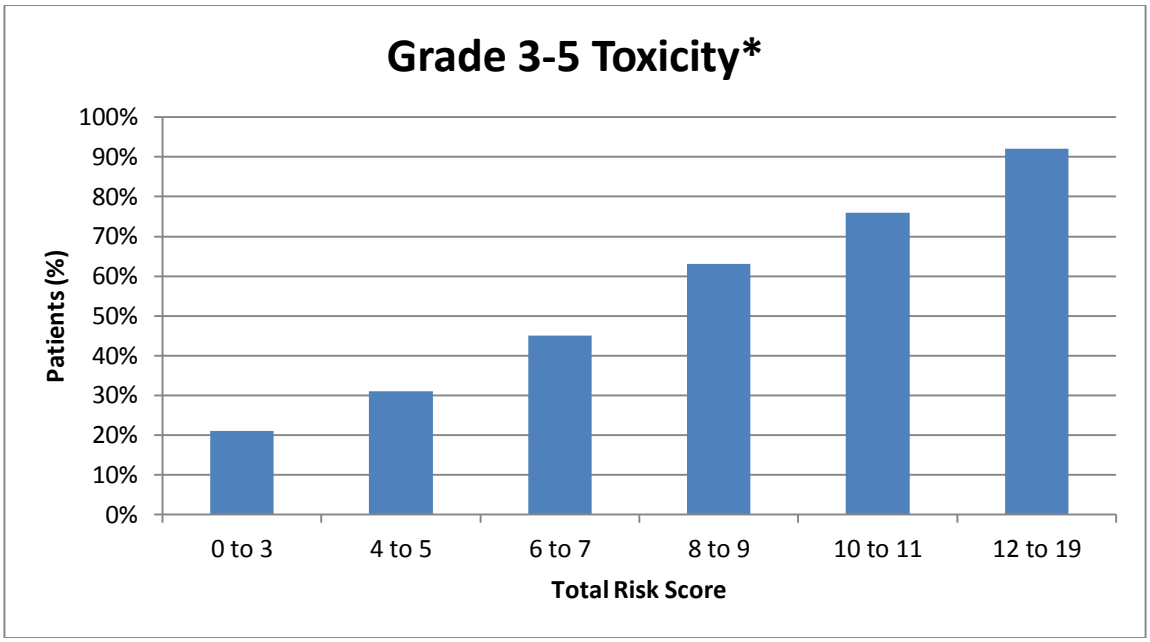
CHEMOTHERAPY TOXICITY PREDICTION TOOL

Toxicity Factor/Question	Score		Value/Response
1. Age of Patient	2	❒	72 years of age or older
	0	❒	Younger than 72
2. Cancer Type	2	❒	Gastrointestinal
	2	❒	Genitourinary
	0	❒	Other cancer types
3. Dosage (Dose delivered with first dose for chemotherapy)	2	❒	Standard Dose
	0	❒	Dose reduced upfront
4. Number of chemotherapy agents	2	❒	Polychemotherapy
	0	❒	Monochemotherapy
5. Hemoglobin	3	❒	Male: < 11
	0	❒	≥ 11
	3	❒	Female: < 10
	0	❒	≥ 10
6. How is your hearing (with a hearing aid, if needed)?	0	❒	Excellent
	0	❒	Good
	2	❒	Fair
	2	❒	Poor
	2	❒	Totally deaf
7. Number of falls in the past 6 months	3	❒	1 or more
	0	❒	None
8. Can you take your own medicines?	0	❒	Without help (in the right doses at the right time)
	1	❒	With some help (able to take medicine if someone prepares it for you and/or reminds you to take it)
	1	❒	Completely unable to take you medicine
9. Does your health limit you in walking one block?	2	❒	Limited a lot
	2	❒	Limited a little
	0	❒	Not limited at all
10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?	1	❒	All of the time
	1	❒	Most of the time
	1	❒	Some of the time
	0	❒	A little of the time
	0	❒	None of the time
11. Creatinine Clearance (Jeliffe formula with ideal weight)	3	❒	Less than 34
	0	❒	34 or greater

Total Score: _____

CHEMOTHERAPY TOXICITY PREDICTION TOOL

SCORING GUIDE



Scores between 0 and 5 are considered low risk, scores between 6 and 9 are considered medium risk, and scores between 10 and 19 are considered high risk. The above graph describes the percentage of patients experiencing grade 3-5 toxicity in each risk category. The below table summarizes the number of patients within each score in the Hurria et al study out of a total sample size of 500 patients.

Total Risk Score		%Risk	N
Low	0 to 3	25%	28
	4 to 5	32%	100
Mid	6 to 7	50%	136
	8 to 9	54%	91
High	10 to 11	77%	62
	12 to 19	89%	47

*using the NCI Common Terminology Criteria for Adverse Events version 3.

Pain Management and End of Life Care in the Older Adult

Bonnie Freeman, RN, DNP, ANP, ACHPN
Supportive Care Medicine Nurse Practitioner
City of Hope

Objectives:

1. Increase understanding of the specific pain management needs of the aging
2. Identify common cultural and social barriers to effective pain management in the older adult
3. Emphasize the importance of a focus on the safety when prescribing pain medication for the older adult
4. Identify most common management needs of the dying older adult

Things I Want to Remember:

Pain Management and End of Life Care in the Older Adult

Bonnie Freeman, RN, DNP, ANP, ACHPN
Supportive Care Medicine Nurse Practitioner
City of Hope

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Empowering Nurses to Advocate for the Older Adult

Sarah Kagan, PhD, RN
Lucy Walker Honorary Term Professor of Gerontological Nursing
School of Nursing, University of Pennsylvania

Objectives:

1. Analyze the effects of ageism in delivering cancer care to older people
2. Develop strategies for creating age-friendly, gero-competent care for older people living with cancer

Things I Want to Remember:

Empowering Nurses to Advocate for the Older Adult

Sarah Kagan, PhD, RN
Lucy Walker Honorary Term Professor of Gerontological Nursing
School of Nursing, University of Pennsylvania

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Working with Leadership to Impact Positive Change

Shirley Johnson, MS, MBA, RN
Senior Vice President and Chief Nursing and Patient Services Officer
City of Hope

Objectives:

1. Identify a minimum of three examples of strengths, weakness, opportunities, and threats within their own gerontology oncology program
2. Complete their own one minute description regarding the impact a gerontology oncology nursing focus would have on their hospital
3. Define two immediate steps they might take to engage leadership support in improving care of the older adult with cancer within their program

Things I Want to Remember:

Working with Leadership to Impact Positive Change

Shirley Johnson, MS, MBA, RN
Senior Vice President and Chief Nursing and Patient Services Officer
City of Hope

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Panel Discussion: Interactive Panel Q & A

Bonnie Freeman, RN, DNP, ANP, ACHPN
Shirley Johnson, MS, MBA, RN
Sarah Kagan, PhD, RN

Things I Want to Remember:

Day 3

Responsible Conduct of Research

Arti Hurria, MD
Professor and Director of the Cancer and Aging Research Program
City of Hope

Things I Want to Remember:

The Interdisciplinary Team: Implementing an Evidence-Based Model in Cancer Care

Betty Ferrell, PhD, MA, FAAN, FPCN, CHPN
Professor and Director, Division of Nursing Research & Education
City of Hope

Objectives:

1. Describe the importance of interdisciplinary teams in Geriatric Oncology
2. Identify Strategies for most effective use of interdisciplinary teams in clinical practice and research
3. Describe a research program using interdisciplinary approaches in oncology

Things I Want to Remember:

The Interdisciplinary Team: Implementing an Evidence-Based Model in Cancer Care

Betty Ferrell, PhD, MA, FAAN, FPCN, CHPN
Professor and Director, Division of Nursing Research & Education
City of Hope

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Supporting the Caregiver of the Older Adult with Cancer: Lessons Learned

Denice Economou, RN, MN, CNS, CHPN
Senior Research Specialist
City of Hope

Objectives:

1. Define who family caregivers are and estimate the impact for the future
2. Identify family caregiver responsibilities and information needed to minimize their burdens
3. Describe interventions that can impact outcomes

Things I Want to Remember:

Caregiver Resources for Managing Geriatric Cancer Patients

Resource	Link
American Cancer Society	http://www.cancer.org/treatment/caregivers/index
American Geriatrics Society	www.americangeriatrics.org
American Gerontological Society Online Caregiver Guide	https://www.geron.org/search-results?searchword=caregivers&searchphrase=all
American Society of Clinical Oncology	http://www.cancer.net/coping-with-cancer/caring-loved-one
CancerCare	www.cancercare.org
Cancer Legal Resource Center	www.cancerlegalresourcecenter.org
Cancer Support Community	www.cancersupportcommunity.org
Caregiver Action Network	www.caregiveraction.org
Caregiver Resource Directory	www.caregiverresourcecenter.com
Center for Caregiver	www.centerforfamilycaregivers.org
Health in Aging	www.healthinaging.org
Medicare: Caregiving	www.medicare.gov/campaigns/caregiver/caregiver.html
National Alliance for Caregiving	www.caregiving.org
National Cancer Institute	www.cancer.gov
National Council on Aging	https://www.ncoa.org/public-policy-action/long-term-services-and-supports/caregivers/
National Family Caregiver Assn	www.thefamilycaregiver.org
Office on Aging	www.knoxseniors.org/caregiver.html
Rosalynn Carter Institute for Caregiving	http://www.rci.gsw.edu/
US Administration on Aging, National Family Caregiver Support Program	http://www.aoa.gov/

Supporting the Caregiver of the Older Adult with Cancer: Lessons Learned

Denice Economou, RN, MN, CNS, CHPN
Senior Research Specialist
City of Hope

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Tapping into Community Resources Tailored to the Older Adult

Peggy Burhenn, MS, CNS, AOCNS
Professional Practice Leader
City of Hope

Objectives:

1. Review community resources available to support older adults
2. Identify local resources in your geographic area

Things I Want to Remember:

Taping into Community Resources Tailored to the Older Adult

Resources

Domains for which you may need resources in your home area:

- ❑ **Rehab services**
- ❑ **Nutrition services**
- ❑ **Mental health**
- ❑ **Supportive care services**
- ❑ **Geriatricians**
- ❑ **Legal resources**
- ❑ **Pharmacy support**
- ❑ **Home health**

Create a resource list that includes resources in your geographic area that covers the following:

- ❑ Senior Centers
- ❑ Geriatricians
  - ❑ www.theabfm.org
  - ❑ Healthinaging.org
- ❑ Nutritionists
- ❑ Mental Health
- ❑ Home health agencies
- ❑ Rehab (PT/OT/Speech/etc.)
  - ❑ National Institute on Aging
  - ❑ www.nia.nih.gov
- ❑ Pharmacy
  - ❑ www.MSKCC.org
  - ❑ Beers List of potential inappropriate medications (PIMs)

Tapping into Community Resources Tailored to the Older Adult

Peggy Burhenn, MS, CNS, AOCNS
Professional Practice Leader
City of Hope

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Panel Discussion: Interactive Panel Q & A

Peggy Burhenn, MS, CNS, AOCNS
Denice Economou, RN, MN, CNS, CHPN
Betty Ferrell, PhD, MA, FAAN, FPCN, CHPN

Things I Want to Remember:

Accessing Web-Based Resources in Gerontology

Peggy Burhenn, MS, CNS, AOCNS
Professional Practice Leader
City of Hope

Objectives:

1. Identify web-based resources that can support goals of the geriatric oncology program
2. Understand how to access the resources to achieve your goals

Things I Want to Remember:

Geriatric Care Web Resources

American Cancer Society (ACS)

www.cancer.org

- Eat Healthy and Get Active recommendations on their website

American Geriatric Society

www.americangeriatrics.org

- Guiding Principles for the Care of Older Adults with Multimorbidity
- Beers list of potentially inappropriate medications in older adults

American Institute for Cancer Research (AICR)

www.aicr.org

- Guidelines for Cancer Survivors
- Healthy Lifestyle Guidelines

Area Agency on Aging

- Elder Locator Resource Center
  www.eldercare.gov
- Finding help in your community for a variety of services for older adults

Cancer and Aging Resource Group

www.mycarg.org

- Geriatric Assessment on line

Mini Nutritional Assessment

www.mna-elderly.com

National Cancer Institute

www.cancer.gov/cancertopics/pdq/supportivecare/nutrition/HealthProfessional/page4

- NCI Nutrition in Cancer Care (PDQ)

National Comprehensive Cancer Network (NCCN) Older Adult Oncology Guidelines

www.nccn.org

- Life Expectancy chart
- Cognition guidelines
- Geriatric Assessment

National Institute on Aging

https://go4life.nia.nih.gov/

- Exercise and Physical Activity free resources

Society of International Geriatric Oncology

www.siog.org

- Geriatric Assessments including G8

Accessing Web-Based Resources in Gerontology

Peggy Burhenn, MS, CNS, AOCNS
Professional Practice Leader
City of Hope

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Geriatric Oncology: Educating Nurses to Improve Quality Care

Institution: _____ **City & State:** _____

Names: 1) _____

2) _____

3) _____

Please Print Clearly

Goal 1

Goal 2

Goal 3

Geriatric Oncology: Educating Nurses to Improve Quality Care

Post Course Goal Update

Institution:_____ **City & State:**_____

Names: 1)_____ **Evaluation: 6, 12, or 18 months**

2)_____

3)_____

*In Process = project started

**Stalled = project started but no action in previous 6 months

***Stopped/Canceled = project previously started, now stopped/cancelled

Please indicate accomplishments and/or revisions for each goal		
Goal 1		
Original ☐ Revised ☐	Barriers:	Complete ☐ *In Process ☐ **Stalled ☐ ***Stopped/Canceled ☐ Never Started ☐
Original ☐ Revised ☐	Barriers:	Complete ☐ *In Process ☐ **Stalled ☐ ***Stopped/Canceled ☐ Never Started ☐
Original ☐ Revised ☐	Barriers:	Complete ☐ *In Process ☐ **Stalled ☐ ***Stopped/Canceled ☐ Never Started ☐
Goal 2		
Original ☐ Revised ☐	Barriers:	Complete ☐ *In Process ☐ **Stalled ☐ ***Stopped/Canceled ☐ Never Started ☐
Original ☐ Revised ☐	Barriers:	Complete ☐ *In Process ☐ **Stalled ☐ ***Stopped/Canceled ☐ Never Started ☐

Original ☐ Revised ☐	Barriers:	Complete ☐ *In Process ☐ **Stalled ☐ ***Stopped/Canceled ☐ Never Started☐
Goal 3		
Original ☐ Revised ☐	Barriers:	Complete ☐ *In Process ☐ **Stalled ☐ ***Stopped/Canceled ☐ Never Started☐
Original ☐ Revised ☐	Barriers:	Complete ☐ *In Process ☐ **Stalled ☐ ***Stopped/Canceled ☐ Never Started☐
Original ☐ Revised ☐	Barriers:	Complete ☐ *In Process ☐ **Stalled ☐ ***Stopped/Canceled ☐ Never Started☐
New Goal(s)	**New goals are optional**	
6 mo. ☐ 12 mo. ☐ 18 mo. ☐		Complete ☐ *In Process ☐ **Stalled ☐ ***Stopped/Canceled ☐ Never Started☐