



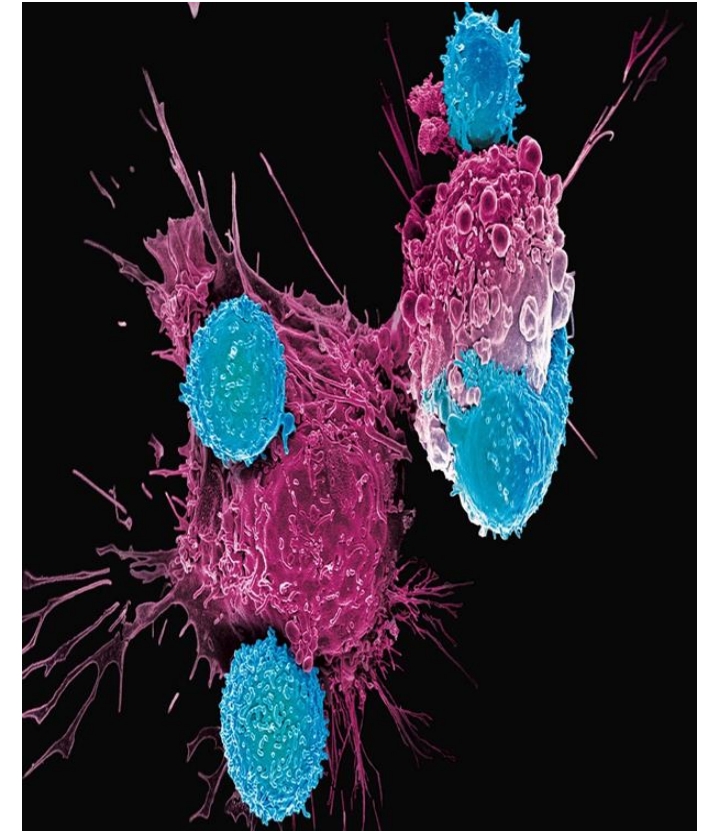
Comprehensive Geriatric Assessment in Bone Marrow Transplant & Cellular Therapy

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BMT and Cellular Therapy



- One in 25 of the population will develop leukaemia, lymphoma or myeloma in their lifetime
- Many haematological cancers are inherently incurable by conventional therapy
- Transplantation/Cellular Therapy may be curative therapy
- Indications and numbers of eligible patients are increasing



Immune Effector Cell therapy - IECs

Advanced Therapy Medicinal Products - ATMPs

Risk in BMT&CT

Allo transplant risk statistics

TRM 15-20%

Cure 50%

Relapse post BMT 30%

CAR- T risk statistics

TRM 3%

Admission to ITU 20-30%

Long term remission 40-45%

Relapse post treatment 50%



Pre-Treatment Standard Assessment



Donor/fit for
apheresis

Health history

Pulmonary
function

Echocardiogram

GFR

Informed
consent

Introduction of CGA in BMT



EBMT benchmarking



BSBMTCT outcome report



Morbidity & Mortality meetings

- Literature
- Meeting with colleagues in medicines for older people
- Meeting with physiotherapy and occupational therapy
- Purchase dynamometers
- SOP
- Training
- Location
- Timing of assessment

PERSONALISED CARE AND SUPPORT PLANNING (PCSP)

- Nurse led, with AHPs including OT, PT, palliative care, dietetics, psychology

- Worked closely with patients who have had BMT and CAR-T therapy to develop patient information documents

- ≡ Opportunity to learn about what is most important to the patient and discuss their worries and concerns

- Introduce advance care planning and give written information

- Signpost to areas of support and place early referrals

Getting to know you

This is a questionnaire about your concerns, worries and what matters to you. Your answers will help us provide the best support and care for you that is catered to your needs and wishes before, during and after your time in hospital.

Your name:

Date of birth:

Please answer as many questions as you can. This will help us identify any information and support you may need.

1. Who are the most important people in your life?

(How often do you see them and what do you like to do together? This could be partners, family, friends, or pets!)

2. What makes a good day for you?

(What is a good day like, who is it with, what would you do?)

3. When you're having a bad day what makes it better?

(Think about what you and others do that can help if you are having a bad day)

4. What are the daily or weekly things you enjoy?

(Think about the important activities and routines that you have)

5. What do you think the people who know you well would say your best qualities are?

(For example, your sense of humor, honesty, kindness, and loyal friendship)

HNA check list

Cancer care plan

Advance care plan
(ACP)


Shared decision
making


Comprehensive
geriatric
assessment/frailty
assessment


Psychology


Comprehensive Geriatric Assessment


Clinical Frailty Scale*

 **1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.


 **2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.


 **3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.


 **4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.

 **5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

 **6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

 **7 Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

 **8 Very Severely Frail** – **Completely dependent**, approaching the end of life. Typically, they could not recover even from a minor illness.

 **9. Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia


The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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Includes:

Social history

Clinical frailty scale

Instrumental activities of daily living scale (IADL)

Timed up and go (TUG)

Mini-Cog

Grip strength assessment

Summary

Additional potential assessments:

- Fatigue assessment
- Nutritional assessment

- WESSEX BLOOD AND MARROW TRANSPLANT –
- Comprehensive Geriatric Assessment Policy For Potential Allogeneic Bone Marrow Transplant Patients
- SOP P-P- 89

Case study

History

35 year old male

Δ Rel Ref HD tx: BEACOP, LEAM auto, DXT, brentuximab

Awaiting donor stem cell transplant

Neuropathy started with brentuximab

At allo apt CNS noticed gait when walking into clinic

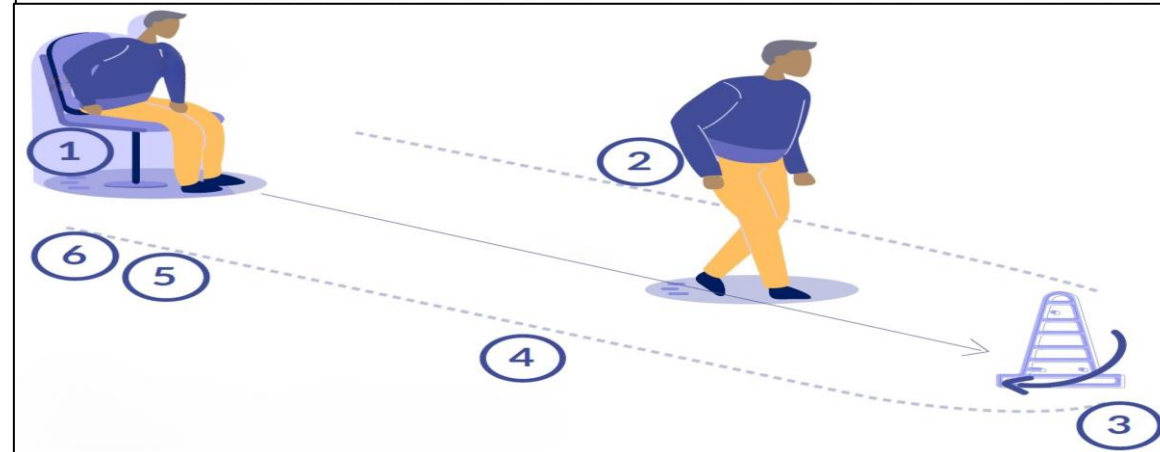
CGA undertaken by CNS and reviewed with BMT Cons

Ref to Neuro

Δ demyelinating polyneuropathy

Tx: TPE and IVIg

<p>Directions:</p> <p>Patients should be wearing their <u>regular footwear</u> and can use a walking aid, if needed. Begin by having the patient sit back in a standard chair and have a clear 3 meter or 10ft line identified in the floor.</p>	<p>1 - Instruction to patient:</p> <p>When I say 'GO' I want you to;</p> <ol style="list-style-type: none"> Stand up from the chair Walk to the identified line at your normal pace. Turn Walk back to the chair at your normal pace Sit down again
<p>2 - On the word 'GO' begin the timer</p>	<p>3 - Stop the timer once patient has sat back down</p>
<p>4 - Record Time 17.65 19.88 19.06</p> <p>An older adult who takes more than 12 seconds to complete the TUG is at risk for falling</p> <p>Abnormal gait wide Base of Support Multi Steps on turning</p>	<p>Observations</p> <p>Observe the patients for postural stability, gait, stride length and sway</p> <p>Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Slow tentative pace <input checked="" type="checkbox"/> Loss of balance <input type="checkbox"/> Short strides <input checked="" type="checkbox"/> Little or no arm swing <input type="checkbox"/> Steading self on walls <input type="checkbox"/> Shuffling <input type="checkbox"/> Not using assistive device properly <p><small>These changes may signify neurological problems and that require further evaluation</small></p>
<p>Time in seconds: Best time 17.65</p>	



Outcome

CGA

Quantified and articulated the frailty

Provided a baseline

Facilitated referral

Managed expectation of patient

Facilitated transplant coordination

Reduced the risk of transplantation



Grip strength assessment											
Date complete		This should be completed using a dynamometer									
Completed by		Three reading from both right and left hands									
		Please record maximum reading									
	RIGHT HAND	LEFT HAND	<p><i>Weak grip strength is defined as a grip strength more than -2.5 standard deviations below the mean peak strength for a males or females.</i></p> <p><i>Accordingly values below strengths 27 Kg and 16 Kg, for males and females respectively will be used to determine weak grip strength</i></p>								
READING 1	6.3	8.5									
READING 2	7.1	10.0									
READING 3	6.4	9.4									
MAXIMUM READING	7.1	10.0	<table border="1"> <tr> <td>65-69</td> <td>< 15.4</td> <td>15.4-27.2</td> <td>> 27.2</td> </tr> <tr> <td>70-99</td> <td>< 14.7</td> <td>14.7-24.5</td> <td>> 24.5</td> </tr> </table>	65-69	< 15.4	15.4-27.2	> 27.2	70-99	< 14.7	14.7-24.5	> 24.5
65-69	< 15.4	15.4-27.2	> 27.2								
70-99	< 14.7	14.7-24.5	> 24.5								

Conclusion



Local next steps:

- QI project to look at serial Frailty assessment
- Extend training of frailty assessment tool to wider CNS team
- Regional standardisation