Introduction

Despite increasing recognition of the cancer burden in older individuals and the benefits associated with integrated oncogeriatric care, few centres provide specific services in the United Kingdom.

Objectives

We describe our baseline caseload and activity for older adults with cancer ahead of establishing a Senior Adult Oncology Programme (SAOP) at The Royal Marsden Hospital (RM), a tertiary cancer centre based in London.

Methods

We retrieved data from our institutional database on patients aged ≥70 years in 2019 (N=7,565).

Most patients were referred from other hospitals (51.4%) or via primary care (32.4%). The majority were referred to the following Units: Breast (19.8%), GI (15.3%), Urology (18.3%), Sarcoma (10.6%), Skin (8.8%) and Lung (8.1%) (Figure 1). 1,540 patients were managed by Medical oncology (20.4%). 2,433 inpatient admissions occurred in the overall cohort of older patients managed at RM (Figure 2). 848 (34.6%) were non-elective; 598 (35.0%) occurred within 30 days after systemic anticancer therapy receipt and 957 (39.0%) within 30 days after surgery. Following contact with the hospital hotline, 636 patients were referred to emergency services including acute hospitals.

Out of 13,660 AHP consultations, physiotherapy provided 4,895 consultations (35.8%), dietetics 4,771 (34.9%), occupational therapy 2,232 (16.3%) and speech therapy 354 (2.6%) (Figure 3). The psychological service provided 280 consultations for this cohort.

Results

In 2019, 7,565 patients with cancer aged ≥70 years had appointments in our hospital, with a median age of 76 years (range 70-106). Most patients were referred from other hospitals (51.4%) or via primary care (32.4%). The majority were referred to the following Units: Breast (19.8%), GI (15.3%), Urology (18.3%), Sarcoma (10.6%), Skin (8.8%) and Lung (8.1%) (Figure 1). 1,540 patients were managed by Medical oncology (20.4%). 2,433 inpatient admissions occurred in the overall cohort of older patients managed at RM (Figure 2). 848 (34.6%) were non-elective; 598 (35.0%) occurred within 30 days after systemic anticancer therapy receipt and 957 (39.0%) within 30 days after surgery. Following contact with the hospital hotline, 636 patients were referred to emergency services including acute hospitals.

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Conclusions

These findings represent a key baseline dataset for the evaluation of the impact of establishing a SAOP at our Institution on patient care and staff resources.