



GERONTE

TRANSFORMING PATIENT CARE

A STAKEHOLDER COMMUNICATION FROM THE GERONTE CONSORTIUM



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MESSAGE FROM THE SCIENTIFIC COORDINATOR

Population is aging and physicians will more and more face multimorbidity as a common situation in older patients in the coming years. Cancer treatment induces multiple toxicities that are even more frequent and deleterious in older multimorbid patients. Our current management approaches, mainly disease-focused, are not adapted to this evolution. Older patients with cancer and other morbidities cannot be managed by the sole oncologist leading us to switch to a patient-centred management in which patients will benefit from both specialists and generalist views simultaneously.

Indeed, our organisation should be modified to allow patients benefiting from all the necessary competences during management of cancer. To make this feasible, it means that necessary data should be gathered and made available to all stakeholders of patient's care. Finally, to ensure that treatment objectives fit patients' goals, patients should participate in decision making. These are the main goals of the GERONTE project, gathering competences from oncologists, geriatricians and other specialists, general practitioners, advanced practice nurses, patients and caregivers, digital tool developers and citizen association but also health economy experts, health organization system specialists and specific learned society.

As GERONTE stakeholders, we will develop together a completely new management approach designed for older multimorbid patients with cancer that will later on be used as a model for management of complex patients, whatever they are old or not. Patients included in the GERONTE care system will be managed by a patient-specific team of health professionals, the Health Professional Consortium, including home-based and hospital-based physicians as well as an advanced practice nurse. Patients and informal caregivers will also be part of the GERONTE care system and involved in shared decision making. Medical data and patient-reported outcome measures will be gathered by an advanced practice nurse and made available to all stakeholders and lead to real time intervention managed by the APN and the clinical team. This will help anticipate and even prevent unexpected complications and will finally improve quality of life of patients, optimise physicians' time schedule and facilitate hospital organisation.

Our purpose is patient-driven and certainly ambitious. It will need all the competences and enthusiasm of our group but it has the capacity to improve quality of life and quality of care. It will give solutions for the aging population beyond the cancer field. A great challenge but we can make it since we are all together.

Prof. Pierre Soubeyran, MD
Professor of Medical Oncology
University of Bordeaux France

THE LONG AWAITED GERONTE KICK-OFF MEETING TOOK PLACE IN DUBLIN, IRELAND, ON 17- 18 JANUARY 2022

Over nine months after the official start of the GERONTE project, it was a great pleasure for some of the project participants, including Consortium partners and Members of the External Stakeholders Advisory Board to meet in person, in Dublin, with a warm and sunny welcome in the beautiful Glasnevin campus of Dublin City University (DCU)

The day started with a welcome seminar, hosted by Prof. Anthony Staines (<https://www.dcu.ie/snpch/people/anthony-staines>) at DCU, who gave an insightful perspective on the strengths and challenges ahead for the implementation of GERONTE, which provided Prof. Pierre Soubeyran with a smooth transition to present how the GERONTE intervention goes beyond the state-of-the-art to facilitate care and improve quality of life of older multimorbid patients with cancer. The welcome seminar was the first opportunity for consortium participants to learn more about the research and experience of two of our eminent advisory board members, Prof. Mieke Rijken (Nivel and University of Eastern Finland) and Prof. Andrea Ungar (University of Florence), who rose to the challenge of introducing complex science to a diverse audience. We will, of course, invite all advisory board members to present their research at our forthcoming project meetings.

To learn more about GERONTE external stakeholders advisory board, please visit GERONTE's website (<https://geronteproject.eu/consortium/>).



Participants and advisory board members of the GERONTE consortium gather around GERONTE coordinator, Prof. Pierre Soubeyran (center) for the traditional group photo at Dublin City University during the first project meeting held in Dublin, Ireland on 17-18 January 2022.

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**“MANY CLINICAL TRIALS EXCLUDE OLDER MULTIMORBID PATIENTS,
THE GERONTE PROJECT WILL PUT THEM AT THE CORE OF ITS MODEL
OF CARE”.**

Prof. Rijken introduced the audience to her inspiring research on identifying subgroups of multimorbid people with different care needs as a basis for developing tailored integrated care while Prof. Ungar advocated against ageism in care, by generalising a geriatric assessment approach in cardiology, convincingly illustrated with case studies. Both seminars resonated with geriatricians and oncologists in the audience and provided an excellent basis for discussions on development of the GERONTE model in the following session presenting progress in work-packages since the project started.

Indeed, after a quick transfer to the city centre for project work-package workshops combined with an overnight stay, the late-afternoon session started with theatre play for a hands-on demonstration of, compared to current practice, how the definition of patients multimorbid profiles and their geriatric assessment is at the heart of the GERONTE model for patient-centred care of multimorbid patients with cancer. This included a presentation of the suite of digital tools currently being developed to centralise data and decision-making, as well as how volunteers, including digitally literate seniors and onco-geriatric patients, took part in the design. The session continued with plans for the next year including pilot-testing of the suite of digital tools and implementation of two proof-of concept clinical trials.

It concluded with a review of methods for socio-economic evaluation of healthcare services that can be applied to the GERONTE model of intervention, followed by introduction and discussion of its business case for widespread adoption.

Making full use of the in-person format of the meeting, day two started early with a more role-play to introduce the realistic-evaluation workshop led by DCU to help prepare the GERONTE model for EU-wide implementation.

The meeting ended with parallel sessions, with one group discussing GERONTE clinical trials protocols, another focusing on communication and reporting while the external stakeholders advisory board and its report to the consortium board took place despite technical difficulties for remote participants.

All in all, meeting participants parted with the feeling that being able to meet in-person in Dublin brought much benefit to both formal and informal discussions around the project and eagerness to meet again soon. GERONTE next project meeting aligns with the end of the first reporting period and will be held in Bordeaux, France, on 26-27 September 2022 with a focus on the implementation of GERONTE two clinical trials.



Picture left: Playing out the novel participatory joint decision-making of the GERONTE model including from left to right Advanced Practice Nurse (N. Seghers, DIAK); Geriatrician (B. O'Sullivan, DCU) and Surgeon (P. Soubeyran, UBx) with feedback from patient Lisa (M. Hamaker (DIAK), not pictured). Narration: S. Rostoft (OUS)

THE HOLIS TOOLS FROM E-SENIORS

E-Seniors in the framework of the GERONTE project organized several co-creation sessions during the fall of 2021 during which seniors over 70 years old were invited to discover the project and the tools but also give their opinion on technology, e-health and the healthcare system.

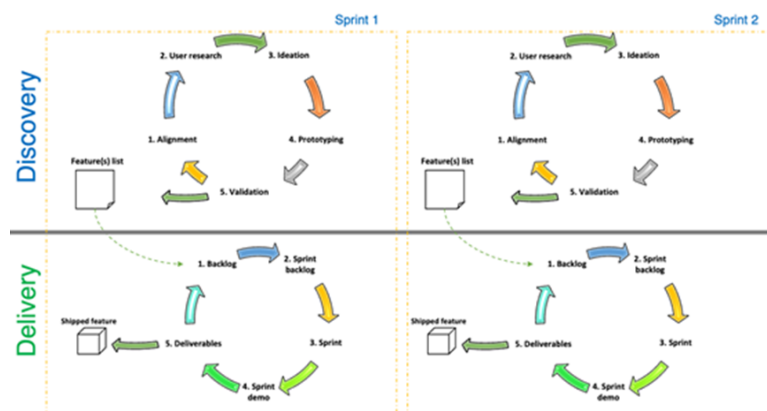
This allowed MyPL to both get feedback on the tools developed but also get direct input from seniors on their requirements and expectations regarding such a tool. This information directly fed the MyPL developing process as it was integrated in their dual track agile methodology.

Seniors overall saw the value in improving symptom reporting in cancer but they insisted on the importance of user friendliness and accessibility, they stressed that font size, aesthetic and vocabulary should be developed with seniors in mind. Older people are generally interested in new technologies for the improvement of the quality of their life and/or the one of their relatives, but they mentioned a concern about adapting to new technology later in life and the potential need to adapt to another device for the HOLIS tools.

MyPL took this feedback and therefore the patient app will be available on a wide variety of devices, which will lessen the risk for adoption of the tool by senior participants.

MyPL also had specific sessions with partners to ensure the usability of the HOLIS patient application by seniors and address concerns brought up by participants during the co-creation sessions.

Now that the co-creation phase has ended, the application will enter its pilot phase in March, in Belgium, France and the Netherlands.



QUALITY OF LIFE FROM A PATIENT PERSPECTIVE

by Nelleke Seghers



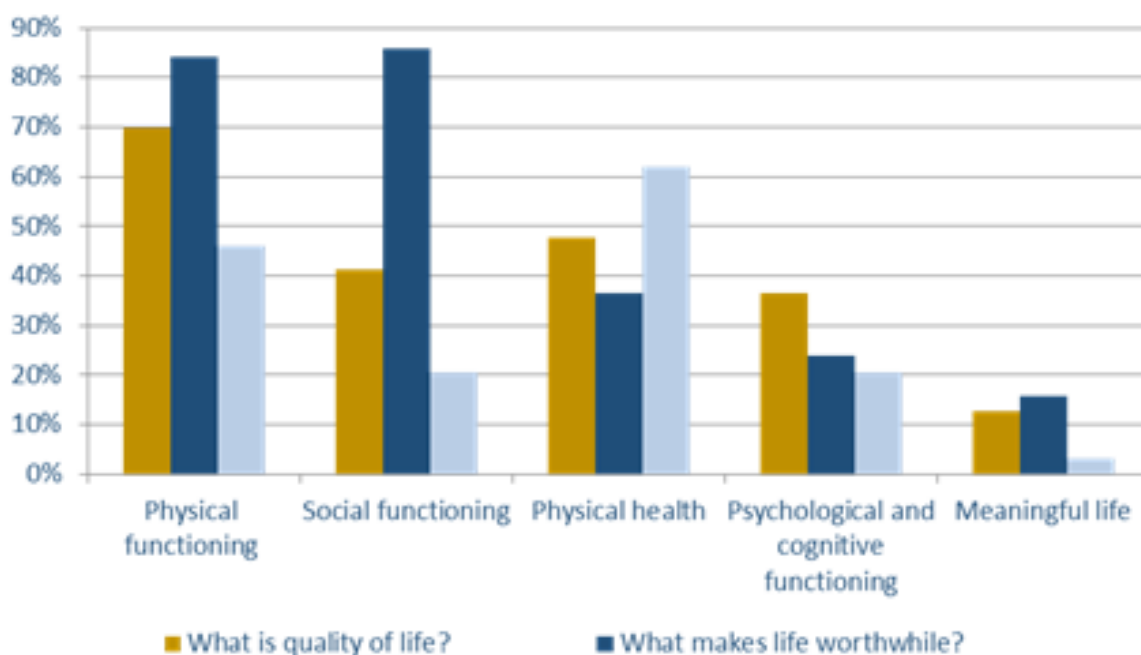
In work package 1 it is our task to determine what extra information needs to be gathered from older multimorbid patients in the new GERONTE care trajectory and which healthcare professionals need to be involved.

The assessment and measurement of quality of life is important in caring for older patients with cancer, since both the cancer and its treatments might impact quality of life. How do we know what older patients with both cancer and multimorbidity define as quality of life? And what components matter most to them? To find out, we interviewed 63 patients, older than 70 with cancer about what quality of life meant to them, what could change their quality of life and what would make their life worthwhile?

Patients mentioned in 86% of the times that social functioning makes their life worthwhile and furthermore they answered most frequently with components of physical functioning (70%) and physical health (48%) to define their quality of life.

Cognition was most frequent chosen, if patients were presented with multiple options of which they could choose, namely in 72% of the cases. Moreover, the way of asking a question, influenced the answer given and therefore also matters. Further results will soon be published in a paper that is currently under review.

For the GERONTE care pathway we concluded that it is important to take these components of quality of life into consideration when making a new treatment decision. Additionally, we will develop a conversation method to elicit patient preferences to in treatment outcomes. This will enable GERONTE to further personalize care for the older patient with cancer and multimorbidity.



STREAMLINED GERIATRIC AND ONCOLOGICAL EVALUATION BASED ON IC TECHNOLOGY FOR HOLISTIC PATIENT-ORIENTED HEALTHCARE MANAGEMENT FOR OLDER MULTIMORBID PATIENTS.

A Participatory Rapid Appraisal for the co-design of a technology-supported improved care pathway for older cancer patients, with multimorbidity.

Poster Presentation at SIOG 2021 Virtual Annual Conference

Bridget O' Sullivan¹, Professor Pierre Soubeyran², Dr. Shane O' Hanlon¹, Marianne Grosse³, Eleonore Lehn³, Professor Regina Connolly¹, Dr. Trudy Corrigan¹, Lucia Ferrara⁴, Vittoria Ardito⁴, Professor Anthony Staines¹, Dr. Ciara White¹, & Dr. Paul Davis¹. 1-Dublin City University, Ireland. 2-Università de Bordeaux, France. 3-E-Seniors, Initiation Des Seniors Aux Ntic, France. 4-Università Commerciale Luigi Bocconi, Italy.

Introduction: GerOnTe is an EU funded project designed to improve the quality of life for older cancer patients with multimorbidity. Europe has an ageing population and GerOnTe will design, implement, and trial a novel integrated technology supported care pathway for these patients. The first step is the design of a novel care pathway, and an application to improve care-coordination. This allows; secure sharing of data between clinicians; patients to input data, and to receive self-care strategies based on their clinical assessment; and care-coordination through a central point of contact - a specialist nurse.

GerOnTe is currently at the co-creation stage.

Aim: The aim of the co-creation process is for stakeholders (patients, carers, clinicians, developers) to identify; 1) what improved coordination of care would look like; 2) how technology can help; and, 3) what this technology should look like.

Methods: GerOnTe has developed a new approach to co-creation combining Focus Group (FG) and Participatory Rapid Appraisal (PRA) methods. Serial FG provide in-depth understanding of end-users' needs across both stakeholders and FG iterations.

PRA enables the rapid analysis, sense checking and feedback of findings to design, and refine the care pathway and technology to be implementation into a specific healthcare setting.

The combination supports a fast iterative co-design process that covers 1) end-users' specification of requirements; and, 2) software designers' need for iterations of design and testing.

Results: The co-design process is ongoing, and the new method is undergoing analysis and evaluation of its ability to support the codesign, implementation and evaluation of healthcare changes and technology innovation in complex healthcare systems.

Conclusion: Combining FG and PRA methods offers a practical, affordable, grounded approach that enables in-depth understanding, and tailoring of the product and implementation plan to specific end-users and healthcare setting.





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