

# Interprofessional Approach in Gero-Oncology

**T**his supplement highlights an interprofessional approach to caring for older adult patients with cancer. By 2030, about 70% of all cancer diagnoses will occur in people aged 65 years or older (Smith, Smith, Hurria, Hortobagyi, & Buchholz, 2009); therefore, nurses must be prepared to provide optimal care for this population. This supplement provides case studies to highlight the importance of using an interprofessional approach to care for older adults. The Oncology Nursing Society (ONS) has been instrumental in disseminating important work and findings in the care of older adults with cancer. For example, ONS was the first professional group to acknowledge the importance of geriatric oncology by supporting the creation of the first position statement related to the topic in 1992 (Boyle et al., 1992) and the second in 2004 (Oncology Nursing Society and Geriatric Oncology Consortium Working Group, 2004). The Gero-Oncology Working Group facilitates practicing oncology nurses having the most current data to support their practice. This supplement furthers ONS's goal by providing scholarly articles focused on complexities of care, challenges and opportunities in caring for diverse older adults with cancer, and resources that can be shared with interprofessional oncology teams.

An article in this supplement by Overcash, Cope, and Van Cleave (2018) discusses caring for the frail older adult with cancer using a comprehensive geriatric assessment and how gerontology providers can help manage comorbidities and functional deficits. Goldberg, Burhenn, and Ginex (2018) review assessment, clinical care, and implications for practice when caring for older adults with

cancer. Cope, Reb, Schwartz, and Simon (2018) discuss important guidelines for tailoring treatment decisions based on geriatric assessment and acknowledging barriers patients face in adhering to their treatment plans. The use of a transitional care model in the postacute care setting is investigated by Jackson (2018), and the article provides resources to ensure open communication and dialogue among providers in various patient care settings. Davis and Fugett (2018) provide information on financial toxicity for this population and give family and community resources related to insurance coverage, coordination of care, and resources related to unintended consequences.

This article focuses on three questions posed by the current author to gerontology experts in nursing, pharmacy, and medicine. These perspectives come from Debi Boyle, RN, MSN, AOCN®, FAAN, an oncology clinical nurse specialist and lead author of the first ONS position statement on gerontology; Jody Simon, MS, RPh, a pharmacist and founder of the Geriatric Oncology Consortium; and Hyman Muss, MD, a pioneering medical oncologist within gerontology. The areas of concern identified by the respondents provide critical context for the supplement and the field going forward. The supplement's interprofessional focus aims to show that caring for this population is not a silo or solo experience—it is a team effort. An interprofessional team is critical for providing optimal care to the older adult patient with cancer in this rapidly advancing and changing treatment landscape.

## How Should We Prepare for the Coming Wave of Older Adults With Cancer?

There have been different names to describe the coming wave of older adults:

silver tsunami, golden age, and our seniors. Regardless of the name, healthcare providers must be ready to care for this aging population with complex needs. Healthcare providers should work to create gerontology education courses and specialized facilities, and institutions should work to incentivize healthcare providers to specialize in gerontology.

**DEBI BOYLE:** We should prepare for the coming wave by ensuring there is equivalent emphasis in basic nursing and medical education for care of older adults with cancer. Pediatric courses are a fundamental component of nursing and medical education; a geriatric course should be equally foundational in all educational programs going forward. The prominence of ageism, stereotyping, and bias are common forms of discrimination that should be highlighted. One challenge for the future will be to make people confront their biases. Because of these barriers, gerontologic oncology nursing is not often embraced, but rather dismissed.

**JODY SIMON:** We must prepare for the enormity of this crisis, which is significantly heightened by Baby Boomers. Boomers will increase the number of older adults living with cancer, and medical professionals are not prepared to take care of them. In addition, there is a global issue related to ageism/age bias. Gerontologic oncology is an underpursued and underfunded field of study, unlike pediatrics, which more readily attracts practitioners and specialized hospital facilities. Going forward, nursing and medical schools need an equivalent course for gerontology to what is currently in place for pediatrics.

**HYMAN MUSS:** The coming wave of older adults is a complex, time-consuming challenge. My dream is for cancer care to