

Pilot study on the fitness assessment for older patients in breast clinic

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Pilot study team: Project team at NABCOP

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Key points

- The assessment form would typically take **less than 5 minutes** to complete on each occasion.
- This pilot will run until **Friday December 7th 2018**.
- Feedback will be collected online at:
https://www.surveymonkey.co.uk/r/fitness_assessment_pilot
- Key items in this document include the study protocol, staff and patient information leaflets and the fitness assessment. This form can also be found online at: <https://www.nabcop.org.uk/resources/fitness-assessment-tool/>

Aim

- To investigate whether a simple assessment tool can be used to assess the health and fitness in older patients within a breast cancer unit as part of routine clinical practice

Study objectives

- To assess the practicality of using the clinical frailty scale (CFS) and its potential utility for breast cancer treatment decisions in older people
- To assess the practicality of measuring cognition and its potential utility towards breast cancer treatment decisions in older patients
- To survey clinicians opinions of how these tools might contribute to national cancer registration systems

Background

- Clinical guidelines emphasise that breast cancer treatment should be based on clinical need and fitness for treatment rather than age¹.
- The effect of ageing on a person's health is complex, and older people can differ markedly in their functional ability, physiology and social wellbeing². Increasingly, chronological age is accepted as a poor rate descriptor of the ageing process, and greater emphasis is being placed on the use of appropriate measures (e.g. frailty) to describe "biological" age³.
- NHS improvement and professional bodies involved in the care of older patients recommend using a measure of frailty to report on ageing and its complex sequelae^{4,5}.
- There are currently different ways in which frailty is conceptualised and there is a lack of consensus on a 'gold standard' measure of frailty⁶⁻¹⁰.

- The CFS is becoming increasingly used to describe how frail a person is. It is a simple 9-point scale and clinicians can use different approaches to determine which point on the scale to assign a patient. There is some experience of its use in breast cancer services but its use is typically restricted to patient studies rather than routine care.
- Frailty is generally perceived as being a combination of physical and mental wellbeing. One aspect of assessing an older patient's mental wellbeing is cognitive impairment, but unlike physical fitness, this is rarely formally assessed when patients are first referred to a breast clinic. Therefore, there is poor understanding about the feasibility of incorporating a simple screen for cognitive impairment in the breast cancer pathway.

Fitness assessment form

The study will evaluate an assessment form that assesses different aspects of a patient's health and fitness ([Appendix 1](#)). The form contains two established clinical assessments and a question that summarises the extent of a patient's comorbidities. The three parts of the form consist of:

1. The Clinical Frailty Scale (CFS).

This is an assessment of a patient's frailty status made by a clinician, where a patient is scored from 1 (very fit, with no impairments) to 9 (terminally ill, with a life expectancy of less than 6 months). The judgement may be informed by one or more tests and routine clinical assessment.

2. The Abbreviated Mental Test Score (AMTS)

This is a short standardised series of 10 questions, designed to assess a patient's cognitive ability. Patients are asked the questions by a clinician. The AMTS is a validated instrument that has been used in various patient groups, but is not routinely used in breast cancer care.

3. Two clinical questions on whether the patient has a background of a severe illness e.g. cardio-respiratory, and other (non-breast) malignancy.

The form would typically take **less than 5 minutes** to complete.

Hospital eligibility

Any NHS hospital with a breast unit is eligible to take part in the study. The NABCOP team will ask for a minimum of 10 breast units to volunteer. Each unit will be provided with: the study protocol, staff information leaflets, patient information leaflets, the assessment form.

Instructions for hospital staff can be found in [Appendix 2](#).

Breast units will be asked to contact the pilot study, by using the email: nabcop@rcseng.ac.uk. Breast units will also be asked to supply an email address for the person who will complete a short online survey about their experience using the assessment form (see below).

Patient eligibility

Patients at the volunteer hospitals are eligible for this study if they are:

- Female,
- Aged 70 and over,
- English speaking, and
- Attending breast clinic in an NHS hospital for the first time for suspicion of breast cancer.

Patients could have been referred to a breast clinic by any method, including breast screening programmes. Each unit will be asked to use the form for a period of 8 weeks (until **Friday 7th December 2018**). There is no formal restriction on the number of patients that staff can approach to be included in the study.

A patient information leaflet can be found in [Appendix 3](#).

Data collection

How the results of the fitness assessment will be used locally will be up to the local breast unit. NHS staff already routinely assess the fitness of a patient in a variety of ways. The purpose of this form is to create a consistent and recordable approach to assessing patient health and fitness, within a breast unit. We suggest the form is placed within the person's medical record if completed. The results can be shared with the patient and their GP, or other medical teams if deemed appropriate.

We are **not** collecting the results of this fitness assessment. The purpose of this pilot is to assess the practicality and utility of this form for older patients with breast cancer.

The study will ask for feedback from a health professional at each of the pilot breast units. Feedback will be collected using a short online questionnaire that will include questions about the time taken to complete the form, its perceived usefulness, and patient feedback.

We will (either):

- Send the nominated person at each volunteer breast unit an email with a link to the survey for that person to complete. They would summarise the experience from the various individuals who used the form within the unit OR
- Send the nominated person at each volunteer breast unit an email with a link to the survey that they can distribute to each clinician that administered the form in the unit.

A link to the feedback form can be found here:

https://www.surveymonkey.co.uk/r/fitness_assessment_pilot

Statistical analysis

The results of the survey feedback will be analysed using simple descriptive statistics that summarise the answers to the various questions. These will include:

- The distribution of responses on how easy the CFS was to use
- The distribution of responses on how easy the AMTS was to use

The results will be written up as a short report and may feature in our annual report. A copy of the report will also be sent to each pilot breast unit.

References

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APPENDIX 1: FITNESS ASSESSMENT FOR OLDER PATIENTS IN BREAST CLINIC

Clinical Frailty Scale* <i>(Please circle the appropriate number)</i>		
<div style="display: flex; align-items: flex-start;"> <div> <p>1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.</p> </div> </div>	<div style="display: flex; align-items: flex-start;"> <div> <p>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).</p> </div> </div>	
<div style="display: flex; align-items: flex-start;"> <div> <p>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.</p> </div> </div>	<div style="display: flex; align-items: flex-start;"> <div> <p>8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.</p> </div> </div>	
<div style="display: flex; align-items: flex-start;"> <div> <p>3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.</p> </div> </div>	<div style="display: flex; align-items: flex-start;"> <div> <p>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.</p> </div> </div>	
<div style="display: flex; align-items: flex-start;"> <div> <p>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.</p> </div> </div>	<p>Scoring frailty in people with dementia</p> <p>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.</p> <p>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.</p> <p>In severe dementia, they cannot do personal care without help.</p>	
<div style="display: flex; align-items: flex-start;"> <div> <p>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.</p> </div> </div>	<p><small>* 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.</small></p>	
<div style="display: flex; align-items: flex-start;"> <div> <p>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.</p> </div> </div>		

Abbreviated Mental Test Score

Ask the following questions to the patient. Each question that is correctly answered scores one point:

1. What is your age? <input style="float: right;" type="checkbox"/>	6. Can the patient recognise two persons (e.g. the doctor, nurse etc.)? <input style="float: right;" type="checkbox"/>
2. What is the time to the nearest hour? <input style="float: right;" type="checkbox"/>	7. What is your date of birth? (day and month sufficient) <input style="float: right;" type="checkbox"/>
3. Give the patient an address, ask him/her to repeat it at the end of the test e.g. 42, West Street <input style="float: right;" type="checkbox"/>	8. In what year did World War 1 begin? <input style="float: right;" type="checkbox"/>
4. What is the year? <input style="float: right;" type="checkbox"/>	9. Name the present monarch/prime minister <input style="float: right;" type="checkbox"/>
5. What is the name of the hospital/ number of residence where the patient is situated? <input style="float: right;" type="checkbox"/>	10. Count backwards from 20 to 1 <input style="float: right;" type="checkbox"/>

Patient chose not to answer all questions ☐

Total score = / 10

Note: A score of 6 or less suggests delirium or dementia, although further tests are necessary to confirm the diagnosis

- Does the patient have **severe*** cardiorespiratory disease?

* severe = less than ordinary physical activity or rest causes tiredness, palpitations or shortness of breath

Yes / No
- Does the patient have any **other non-breast locally advanced / metastatic malignancy?**

Yes / No

This hospital is one of several NHS hospitals which are taking part in a pilot study to test the effectiveness and utility of a new patient fitness assessment form. This is associated with National Audit for Breast Cancer in Older Patients (NABCOP).

NHS staff already routinely assess the fitness of a patient in a variety of ways. The purpose of this form is to assess whether it is possible to make part of the assessment more consistent across breast units within the NHS. This will be valuable by allowing units to look at the same information across all units as well as help to improve our understanding of how breast cancer care is delivered across NHS hospitals. If this pilot study is successful, the assessment form could be adopted across many hospitals and make the information on patient fitness held breast units more consistent.

What is on the assessment form?

The form has three parts that record different aspects of patient health:

1. The Clinical Frailty Scale, a common measure of frailty
2. The Abbreviated Mental Test Score (AMTS). This is a short series of questions for you to ask the patient to measure their cognitive ability.
3. Two questions about whether a patient has any major diseases e.g. cardio-respiratory disease, cancer.

The form will typically **take less than 5 minutes** to complete.

What happens to the results of the assessment?

The pilot study is **not** collecting the results of this fitness assessment. The aim of the study is to test whether the components on the assessment form can be easily collected during breast clinic. Therefore, we are collecting feedback about your unit's experience of using the form e.g. ease of completion, patient feedback. The feedback will be collected using an online survey form.

Which patients are eligible for the pilot study?

The pilot study will run for eight weeks (until **Friday 7th December 2018**). During this time, please approach suitable patients and ask if they are willing to be part of the pilot. Patients are eligible for the pilot study if they are:

- aged 70 years or older,
- able to speak English fluently,
- able to understand the questions on the form, and
- attending a breast clinic for the first time for suspicion of breast cancer (e.g. prior to any breast cancer diagnosis).

We suggest completed forms are placed within the person's medical record.

Do all patients who are eligible for the pilot have to take part?

No. Please give an eligible patient the information leaflet and ask whether the patient is willing to take part in this study. The patient can decide whether or not to take part. They can also change their mind at any time during the process of completing the form.

What is the National Audit of Breast Cancer in Older Patients (NABCOP)?

The National Audit of Breast Cancer in Older Patients was set up to support NHS providers to improve the quality of hospital care for older patients with breast cancer in England and Wales. The audit evaluates the care delivered to women from the point of initial diagnosis to the end of primary and adjuvant treatment, and provides information on comparative performance of NHS breast cancer units for women aged 50 years and over.

More information on NABCOP can be found at www.nabcop.org.uk

In the breast clinic today, we are trying out a new form that records information about your health and fitness. We are one of several NHS hospitals that are taking part in a pilot study to test the effectiveness of this new patient fitness form. This is associated with National Audit for Breast Cancer in Older Patients.

What is the purpose of the assessment form?

NHS staff already routinely assess the fitness of a patient in a variety of ways and these details are important when considering treatment options and additional patient support needed in the delivery of cancer care. The purpose of this form is to create a consistent approach to assessing patient health and fitness.

If this pilot study is successful, the assessment form could be adopted across many hospitals and make the information held breast units more consistent.

Why have I been chosen?

We are using this form to assess the fitness of patients aged 70 years and older, who are English speaking and who are attending a breast clinic for the first time.

What is on the assessment form?

The assessment form will assess different aspects of your overall health:

1. A scale that describes how frail you are
2. A short series of questions that tests your memory and thinking. You may have been asked these questions before by your general practitioner (GP).
3. A question on whether you have any major illness.

The form should take **less than 5 minutes** to complete.

FITNESS ASSESSMENT FOR OLDER PATIENTS IN BREAST CLINIC

APPENDIX 3: PATIENT INFORMATION LEAFLET

What happens to the results of the assessment form?

The assessment form is being used in addition to the various ways that hospital staff gather information about your health. We are trying out the form today to test whether it is a good way to collect this information in a standard format. The information will not be shared with anyone who is not involved in your care. The people running the study will only collect information from clinicians by asking them questions about how useful they found the form.

Do I have to take part?

No. You can decide whether or not to take part. Your care will not be affected by the completion of the assessment form. If you agree to take part, you can change your mind at any time during the process of completing the form.

What is the National Audit of Breast Cancer in Older Patients (NABCOP)?

NABCOP was set up to evaluate the quality of hospital care for older patients with breast cancer in England and Wales. The audit looks at the care delivered to women from the point of initial diagnosis through the treatment journey, and provides information on comparative performance of NHS breast cancer units for women aged 50 years and over.

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Thank you in advance for your participation.