"YES" to Difficulty concentrating/remembering things/finding the words

Start With
Asking the patient the below question

Are these memory or concentration issues new for you?

If Yes

Important to clarify if this issue(s) is:

- 1. New or a change from prior
- 2. A stable situation

Further inquiry, document and note in referral:

- Have you had any change in balance?
- Have you had any vision changes, dizziness or weakness recently?
- Have you started cancer therapy?

Note:

- Me mory/concentration issues can be related to depression, give PHQ4 results with notes on me mory/concentration with referral.
- Treatment can result in self perceived cognitive problems (trouble with information processing, attention, thinking, short-term memory)
 - o sometimes referred to as "chemobrain"
 - o can occur during any cancer treatment

If No

Further inquiry, document and note in referral:

- How long have you had me mory/concentration is sues?
- Are you currently being treated for them?

Trained Clinician:

Proceed with Cognitive Screening Assessment:

APC, in consultation with treating physician, can further determine referral for patient if needed

- Low threshold for screening older adults for cognitive impairment
- Recommend screening all patients that endorse symptoms for depression/anxiety which can impact concentration and memory give PHQ4 results with notes on memory/concentration with referral.

Next Step

Refer to Physician/APC

- Assess for cognitive impairment
- Patients that endorse symptoms for depression/anxiety can impact concentration and memory
- Assess for neurologic side effects of anticancer therapy: visual changes, vertigo or new weaknesses
- May consider CNS imaging if concern for brain metastasis.
 Decision to do imaging depends upon clinical assessment, likelihood of that type of cancer to go to brain, prior imaging.

Timing

Acute -Within 24 hrs if Neuro examis worrisome

Within 4-6 weeks if Neuro examis normal

Acute -

hrs if

Neuro

examis

worrisome

Within 4-6

weeks if

Neuro

examis

normal

Within 24

Referto

Physician/APC/Neuro-Psych

- Assess cognitive impairment (patients that endorse symptoms for depression/anxiety can impact concentration and memory)
- As s ess for ability to maintain treatment plan
- Consider involving PCP if has prior history of cognitive impairment or dementia for guidance or consider referral to geriatrician or gerioncologist

Share Patient Links and Handouts as appropriate
See Reference links below for additional information

Notes

Any Stage - The word "cognition" can induce panic in some patients, use memory or ability to think instead.

Geriatric - Will find delirium and dementia more often in this population. Additional info to follow, Geriatric team working on screening for pt meeting age and/or cognitive deficiencies

Patient Links and Handouts:

- > American Cancer Society, Chemo Brain >
- CancerCare, Chemobrain: What You Need to Know
- <u>Cancer.Net. Attention. Thinking. and</u> <u>Memory Problems</u>
- > ASCO answers. Chemobrain
- NIH, Memory or Concentration Problems and Cancer Treatment
- LIVESTRONG, Cognitive Changes
 After Cancer Treatment
- Family Caregiver Alliance[®], Mild Cognitive Impairment

CSOC Patient Handout can be accessed at: http://cancer-help.me/memory

References:

- > Mini-Cog™
- NIH, Memory or Concentration Problems and Cancer Treatment
- ASCO Post, How Cancer and Its Treatments Affect Cognitive Function
- > LINKs TO TRAINING will be added when Geriatric assessment is decided upon

