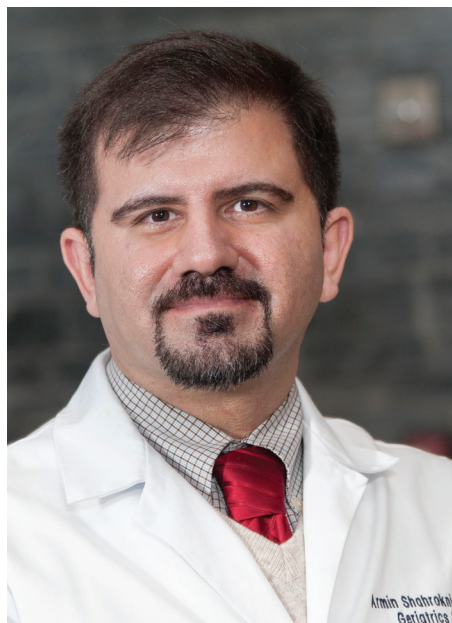


65+ Team Member Spotlight: Armin Shahrokni, MD, MPH



Dr. Shahrokni completed a combined Internal Medicine and Preventive Medicine residency at Yale/Griffin Hospital in 2010, during which he also obtained a Master of Public Health degree from Johns Hopkins School of Public Health. Following this, Dr. Shahrokni completed a Geriatric Oncology fellowship at the University of California, Los Angeles. During the fellowship, he developed an interest in innovations in wireless

communication technology, and remote patient monitoring systems. He collaborated with the UCLA Wireless Health Institute in the development of devices aimed at better monitoring of cancer patients. In 2013, he received a Young Investigator Award from the Conquer Cancer Foundation of the American Society of Clinical Oncology to assess the role of telemedicine in improving the health of older colorectal cancer patients after surgery. He completed his fellowship in 2013 and joined Memorial Sloan Kettering Cancer Center; his primary appointment is in the Geriatrics Service and secondary appointment in the Gastrointestinal Oncology Service.

As a geriatrician, Dr. Shahrokni performs preoperative assessments of older adults undergoing surgery. As a gastrointestinal oncologist, he treats patients with colorectal cancer and participates in weekly colorectal oncology disease management team meetings, in which he shares his expertise in geriatric oncology with colleagues from surgical oncology, medical oncology, and radiation oncology.

As a researcher, Dr. Shahrokni is involved in various projects in the fields of geriatrics, colorectal oncology, and a combination of both. He is currently conducting a study assessing the role of telemedicine in improving the health of older colon cancer patients. As part of this project, older patients will have several videoconferencing sessions with a registered nurse during the first 30 days after hospital discharge following surgery. Also, Dr. Shahrokni has developed an electronic Rapid Fitness Assessment (eRFA), a collection of validated questionnaires on iPad that will be given to patients to answer while they're waiting to be seen by their MSK physician. Dr. Shahrokni's main research interest is finding useful, effective links between "smart technology" and the care of older cancer patients. He closely collaborates with engineers from the Washington State University Smart Environment Research Center on multiple ongoing research projects. Dr. Shahrokni has published several manuscripts in the areas of geriatrics, colorectal oncology, and wireless technology.

ABOUT THE 65+ PROGRAM A diagnosis of cancer is difficult at any age, but older patients face unique challenges. Memorial Sloan Kettering is committed to providing cancer patients aged 65 and older with the treatment and support they need. The 65+ Program offers the Services of a multidisciplinary geriatric team, including physicians, clinical nurse specialists, social workers, nutritionists, pharmacists, and psychiatrists, as well as members of the Pain and Palliative Care Service and the Integrative Medicine Service. The programs and care provided focus on the unique needs of cancer patients aged 65 and older.

If you would like more information about the 65+ Program or a referral to one of our team members, please call 646-888-3659.

SUPPORT THE 65+ PROGRAM

If you would like to make a tax-deductible gift to support MSK's 65+ Program, please call

646-888-3659.

How Technology Can Improve Postoperative Care for Older Cancer Patients?

By Armin Shahrokni, MD, MPH

Following surgery for colorectal cancer, older patients have more unmet needs after they're discharged from the hospital, are at higher risk for readmission, and have more emergency department visits than younger patients. Those readmitted to the hospital within 30 days also have worse overall prognosis than those not readmitted.

Currently, outpatient postoperative care is performed by the colorectal surgeon, with one or two office visits within four to six weeks after hospital discharge. In our proposed model of care, we aim to enhance postoperative care by improving coordination between surgeons and geriatricians, engaging the patient in his or her own care, providing accessible care, and implementing evidence-based interventions. The model includes the use of a toolbox, called SA-ICAN, and a wireless communication system, Without

Wires (WoW), developed by our service. SA-ICAN is a model designed to improve Symptom Assessment, Instruction, Communication, Action and Navigation. WoW is a secured and encrypted tablet with videoconferencing capability.

The SA-ICAN and WoW project will provide an opportunity for colon cancer patients over age 65 to have six one-to-one videoconferencing sessions with a registered nurse, using the SA-ICAN toolbox, within 30 days following their discharge from the hospital. In these sessions, the nurse assesses patients' symptoms, instructs them to adhere to physicians' recommendations, communicates with geriatricians and surgeons about patients' symptoms and concerns, acts based on healthcare providers' recommendations to modify patients' drug regimens, and finally helps patients navigate the healthcare system by referring them to proper resources.

Our primary aim is to assess the

feasibility of SA-ICAN and WoW in older colorectal cancer patients after surgery by using comprehensive quantitative and qualitative methods. Second, we plan to assess both the prevalence and severity of symptoms in these patients within 30 days post-discharge and the correlation of those symptoms with acute events (ER visits and/or hospital readmissions) and use of outpatient healthcare (i.e., number of phone calls made to healthcare providers, ambulatory clinic visits, outpatient procedures, and outpatient laboratory tests and imaging).

The results of this study will allow us to evaluate and improve intervention, expand our system, and distribute the toolbox to other surgical services. Our main goal is to conduct a multi-institutional study using SA-ICAN and WoW in order to improve health-related outcomes in older cancer patients.

Did you know?

- n Every year 140,000 Americans are diagnosed with colorectal cancer.
 - n 90% of new cases occur in people 50 or older
 - n Screening colonoscopy is recommended for those older than 50.
 - n If detected early, colorectal surgery can be potentially curative.
 - n Older age is not a contraindication for surgery. However, older patients are at higher risk for complications after surgery and readmission to the hospital within 30 days.
-