A GREAT YEAR FOR GERIATRIC ONCOLOGY

- Geriatric assessment (GA)
- Identification of frailty
- Decision making

Geriatrics and oncology – selected topics

<table>
<thead>
<tr>
<th>Domain</th>
<th>No. of studies that found the domain</th>
<th>Frequency of use/No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities of daily living (ADL)</td>
<td>68</td>
<td>Complete ADL scale 38 (56)</td>
</tr>
<tr>
<td>Cognitive testing</td>
<td>66</td>
<td>Mini Mental State Examination 26 (39)</td>
</tr>
<tr>
<td>Nutritional assessment</td>
<td>48</td>
<td>Mini Nutritional Assessment 26 (39)</td>
</tr>
<tr>
<td>Performance status</td>
<td>37</td>
<td>Eastern Cooperative Oncology Group Performance Status 26 (39)</td>
</tr>
</tbody>
</table>

Relevant citations for inclusion describing 83 studies (n = 83)
- 31 cross-sectional studies
- 26 prospective observational studies
- 12 retrospective observational studies
- 6 phase II clinical trials
- 4 nonrandomized clinical trials
- 2 randomized controlled trials
- 2 case-control studies
Conclusions

• GA is feasible
• Some domains are associated with adverse outcomes
• Heterogeneity is problematic
• What is missing from many of these studies?

Definition of frailty

An elderly patient who is at heightened vulnerability to adverse health status change because of a multisystem reduction in reserve capacity

Frailty screening methods for predicting outcome of a comprehensive geriatric assessment in elderly patients with cancer: a systematic review


• 7 different frailty screening methods were assessed
• Conclusion: Available frailty screening methods have insufficient discriminative power to select patients for further assessment

Anything missing?
**The Identification of Frailty: A Systematic Literature Review**

- **22 studies**
- “Despite significant work over the past decade, a clear consensus definition of frailty does not emerge from the literature”

**Gait speed**

- Gait speed as a single measurement of frailty
- Limit: 0.8 m/s (6 meters > 7.5 seconds)
- Increased risk of complications after cardiac surgery, prolonged length of stay, nursing home admission
- Treat hypertension in older adults? Depends on gait speed

**Comparison of Frailty Indicators Based on Clinical Phenotype and the Multiple Deficit Approach in Predicting Mortality and Physical Limitation**

- Simple clinical scores that contain one or two physical performance measures have better predictive ability than those without, suggesting the possibility of the use of a physical performance measure as an indicator of frailty in place of clinical scores
- It is possible that a single physical performance measure alone could be used as an objective measure of frailty, which could be used to evaluate the effectiveness of interventions

**How fast does the Grim Reaper walk? Receiver operating characteristics curve analysis in healthy men aged 70 and over**

- Grim reaper’s maximum speed: 1.36 m/s

**UNIQUE QUESTIONS OF GERIATIC ONCOLOGY**

- What is the lethality of the malignancy in the context of competing co-morbidities?
- Will the patient live long enough to experience the complications of cancer?
- Will the patient tolerate cancer treatment?
- Will the cancer or cancer treatment alter physical/cognitive function in a way that limits autonomy?
Guiding Principles for the Care of Older Adults with Multimorbidity: An Approach for Clinicians
American Geriatrics Society Expert Panel on the Care of Older Adults with Multimorbidity*

- Expert panel from American Geriatrics Society
- More than 50% of older adults have three or more chronic diseases
- Evidence-based clinical practice guidelines focus on single diseases

Suggested decision structure

- What are the patient’s priorities?
- What is the evidence?
- What is the prognosis?
- Benefit versus harm for intervention
- Discussion with patient and caregiver

Prognostic Indices for Older Adults
A Systematic Review

- Guidelines increasingly incorporate life expectancy as a central factor
- Little is known about the quality of prognostic indices
- 16 validated non-disease specific indices for older adults in different settings
- Insufficient evidence at this time to recommend widespread use
- Supplemental tools (webpage eprognosis.org)

Conclusions

- Great year for geriatric oncology, several studies of GA/frailty in the oncology setting and extensive reviews summing up the evidence
- Challenge:
  - Common language
  - Standardized GA?
  - Disease-specific GA?

Response from EUGMS
(European Union Geriatric Medicine Society)

“If geriatrics is dying in the USA, it is not due to terminal illness: rather we need to detect the would-be murderer, as the victim is alive and kicking!”

Response from EUGMS