Geriatric syndromes in oncology
-where to go next with the research;
unanswered questions

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Geriatric syndromes

• Unique features of common health problems in the elderly
• Shared risk factors
  – old age
  – baseline cognitive impairment
  – baseline functional impairment
  – reduced mobility
• Multiple underlying factors
Geriatric syndromes - examples

- Frailty
- Falls
- Incontinence
- Delirium
- Functional decline
- Dementia
- Depression
- Osteoporosis
- Vision/hearing impairment
Geriatric syndromes in oncology

• Predictive value in older cancer patients is now well established

• Falls predict post-operative complications and chemotherapy toxicity

• Frailty predicts survival in cancer patients

• Numerous studies

• Screening getting more precise (abstract 1)

• Cancer treatment may cause geriatric syndromes (abstract 3)
WE NOW WANT TO KNOW....
Who needs a geriatric assessment (GA) - can screening be more simple?

- Gait speed?

- Ask about falls?

- Simplified G8 (abstract 1)?
Older Patient (> 70 years old) with AS

5-m gait speed test

< 0.83 m/s  
(or > 6 sec to complete the test)

Comprehensive Geriatric Assessment

≥ 0.83 m/s  
(or ≤ 6 sec to complete the test)

HIGH-RISK  
Medical treatment  
± Percutaneous balloon valvuloplasty  
Multidisciplinary management

FRAIL  
AVR  
Geriatric intervention before and after procedure

ROBUST  
AVR  
Standard care

AS: aortic stenosis; AVR: aortic valve replacement

Does it improve outcomes to intervene based on the GA (do CGA)?

– less toxicity?
– less post-operative complications?
– less long-term side effects of cancer treatment (abstract 3)?
– better survival?
– better QoL
– less functional decline?
– stop treatment at the right time (abstract 2)?
– lower costs?
Do we need to tailor the GA to treatment and tumor type?

• Same GA for chemotherapy and surgery?

• Same for different chemotherapy regimens?

• Same for different types of surgery?

• Different in curative and palliative setting?
Can we decide treatment based on the GA?

- Can we identify fit, intermediate and frail groups and choose treatment regimens based on these categories?
- What about when to stop treatment?
We need...

• Randomized controlled trials with CGA (multi-intervention trials)

• Research on the impact of CGA on outcomes such as toxicity/complications, functional status, quality of life, survival

• Common databases in older complex cancer patients – internationally – where GA data are included
“Seek simplicity
- and distrust it”

(Alfred North Whitehead, 1861-1947)