Implementation of geriatric interventions in the management of older patients with cancer

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Why geriatric assessment?

1. Has **prognostic** information (OS; life expectancy)
2. Has **predictive** value for morbidity / QoL ↓ / toxicity
3. Detection of multiple problems that can influence QoL and treatment choice
4. Possibility to have directed interventions that can lead to better QoL and OS

**Comprehensive Geriatric Assessment (CGA) is a process**

**Why Geriatric Interventions?**

<table>
<thead>
<tr>
<th>OUTCOME after 1 year</th>
<th>Geriatric unit</th>
<th>General unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge to nursing home</td>
<td>13%</td>
<td>30%</td>
</tr>
<tr>
<td>Mortality</td>
<td>24%</td>
<td>48%</td>
</tr>
</tbody>
</table>

Rubenstein, NEJM 1984

OUTCOME after 1 year

- 13 randomized trials (n=6839, median age 81y)
- acute phase of illness
- evaluating acute geriatric unit care versus usual care

<table>
<thead>
<tr>
<th>Reduces:</th>
<th>RR</th>
<th>CI</th>
</tr>
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<tbody>
<tr>
<td>Less falls</td>
<td>0.51</td>
<td>(0.29-0.98)</td>
</tr>
<tr>
<td>Less delirium</td>
<td>0.73</td>
<td>(0.61-0.86)</td>
</tr>
<tr>
<td>Less functional decline from 2w prehospital admission status to discharge</td>
<td>0.87</td>
<td>(0.78-0.97)</td>
</tr>
<tr>
<td>Shorter length of hospital stay</td>
<td>-0.61</td>
<td>(-1.16 to -0.05)</td>
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<tr>
<td>Less discharge to nursing home</td>
<td>0.82</td>
<td>(0.68-0.99)</td>
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<table>
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<th>Similar:</th>
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<tr>
<td>Functional decline from hospital admission to discharge</td>
</tr>
<tr>
<td>Mortality</td>
</tr>
<tr>
<td>Hospital readmission</td>
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JAGS 2016 Fox et al

Geriatric Interventions: Meta-analysis 2016

- Geriatric interventions may be effective to improve physical functioning (LOE A)
- appropriate application of treatment plan (LOE A)
- nutrition parameters (LOE B)

- No consistent evidences of efficacy on
- fatigue
- quality of life
- survival

Geriatric interventions: what's in a name?

Involvement of other health care professionals
- General practitioner
- Social worker
- Occupational therapist
- Physical therapist
- Geronto-psychiatrist
- Dietician
- Psychologist
- ...

Referrals
- Geriatric consultation
- Geriatric day clinic
- Memory clinic
- Fall clinic
- Consultation ‘depression in older persons’
- ...

Adherence to geriatric assessment (GA)-based recommendations in older patients with cancer


Aim of the study:
1. To implement GA in routine oncology practice nationwide
2. To investigate the adherence to recommendations based on GA results and to describe the subsequent actions undertaken in older patients with cancer

Adherence to geriatric assessment (GA)-based recommendations in older patients with cancer

79% Geriatric recommendations proposed and implemented
70% At least 1 geriatric intervention in 2874 pts (89%)

Geriatric interventions + actions undertaken

Conclusions
- Large scale national implementation of GA in older pts with cancer
  - 8451 pts included in 2.5y in 22 centres
  - 70% of patients in need of GA after G8 screening
- GA based recommendations
  - In 79%
  - most frequently dietician, social worker, geriatrician
- GA based geriatric interventions
  - in 69%, but not for all recommendations
  - most frequently nutritional support and supplements, extended home care and psychological support.
- GA allows a tailored multidisciplinary approach
  - More directed support from additional health care professionals
  - More directed referrals
Future?

- Which geriatric interventions are most beneficial for improving outcome?
- What can be done by existing paramedical support (social assistant, psychologist, dietician related to oncology teams)?
- How to organize this in the most cost-effective way?
- How to finance geriatric interventions?
- What if geriatricians/geriatric teams are not nearby?
- ...