How to implement CGA in daily practice?

Catherine TERRET
Centre Léon Bérard
Lyon France

Summary

- **Definitive status:**
  - Solitary intrahepatic cholangiocarcinoma
  - TNM staging: stage I (T1 N0 M0)
- **What could be the cancer treatment plan?**
  - Left hepatectomy
  - Is this older man a candidate for such a surgery?

Geriatric assessment (1)

- **Social situation**
  - Living with his wife who is his caregiver
  - Small village in the open country
  - 2 children
  - Retired farmer and wine-grower
- **Comorbidity**
  - Epilepsy: history of one single generalized seizure in 1992; treatment with phenobarbital. (No relapse, poor adherence)

Geriatric assessment (2)

- **Sensory functions**
  - **Vision**
    - Bilateral cataract,
    - Loss of visual acuity of left eye (1/10)
    - Prescription glasses
    - Macular degeneration detection (Amsler grid): negative
  - **Hearing**
    - No handicapping hearing loss
    - 10-item HHIE-S score: 0/40

Geriatric assessment (3)

- **Mental health**
  - **Cognitive evaluation:**
    - No memory complaint
    - MMSE 27/30; BEC96 81
    - Recall and learning slight altered
    - Conclusion: adequate cognitive functioning
  - **Emotional status**
    - No depressive symptoms; GDS30: 6/30, GDS4: ¼
    - Tumor related anxiety
    - No psychotropic medication

Mister T, Born in 1923

- **Summer 2010:**
  - Growing asthenia
  - Decreased physical activity
- **General practitioner visit**
  - Blood test: anicteric cholestasis
- **Outpatient clinic for further investigation**
  - Colonoscopy and gastroscopy without abnormality
  - MRI scan: a 67mm lesion interesting almost all the left liver
  - Biopsy: cholangiocarcinoma
- **Staging:** CT scan: no evidence of metastasis

Summary

- Definitive status:
  - Solitary intrahepatic cholangiocarcinoma
  - TNM staging: stage I (T1 N0 M0)
- What could be the cancer treatment plan?
  - Left hepatectomy
  - Is this older man a candidate for such a surgery?

Comprehensive Geriatric Assessment

Geriatric assessment (1)

- Social situation
  - Living with his wife who is his caregiver
  - Small village in the open country
  - 2 children
  - Retired farmer and wine-grower
- Comorbidity
  - Epilepsy: history of one single generalized seizure in 1992; treatment with phenobarbital. (No relapse, poor adherence)

Geriatric assessment (2)

- Sensory functions
  - Vision
    - Bilateral cataract,
    - Loss of visual acuity of left eye (1/10)
    - Prescription glasses
    - Macular degeneration detection (Amsler grid): negative
  - Hearing
    - No handicapping hearing loss
    - 10-item HHIE-S score: 0/40

* Hearing Handicap Inventory for the Elderly–Screening (HHIE-S) questionnaire

Geriatric assessment (3)

- Mental health
  - Cognitive evaluation:
    - No memory complaint
    - MMSE 27/30; BEC96 81
    - Recall and learning slight altered
    - Conclusion: adequate cognitive functioning
  - Emotional status
    - No depressive symptoms; GDS30: 6/30, GDS4: ¼
    - Tumor related anxiety
    - No psychotropic medication

*Catherine TERRET Centre Léon Bérard Lyon France

27-10-2012
**Geriatric assessment (4)**

- **Physical ability**
  - Locomotor apparatus
    - Kyphoscoliosis, bilateral hallux valgus, genu flexum
    - Bilateral knee osteoarthritis
    - Hip replacement (2)
    - Untreated osteopenia (BMD/T-score: -2.1SD; history of prior fracture)
  - Gait and balance
    - 1 fall in the last 6 months
    - Unsteady gait
    - Abnormal POMA test
    - Walking stick strongly improves gait quality

**Geriatric assessment (5)**

- **Nutrition**
  - No weight loss;
  - W: 90 kg (198 lbs); H: 1.90m (6.2ft) BMI: 25.4
  - MNA 27/30; serum albumin: 36 g/L

- **Functional status**
  - ADL: fully independent
  - IADL: needs help for shopping, laundry, housework, and cooking

**M. T. case summary**

- **Risk factors**
  - Age: 87 years
  - Physical disabilities
  - Increased risk of falling, of fractures
  - Sensory impairment
  - Surgical risk
    - POPSS: Morbidity: 19.5%
    - Mortality: 0.8%
    - Cardiac risk (Lee index): 0.9%

- **Survival probability**
  - Estimated life expectancy: 5 years
  - 4-year mortality probability (Lee index): 15%
  - 2-year mortality probability (Carey index): 12%
  - Patient’s preference
    - Optimal therapy

- **Interdisciplinary recommendations**
  - No limitation to standard treatment (surgery)
  - Perioperative geriatric support
  - Early post-surgery rehabilitation (physical therapy)

- **Definitive care plan**

  - **Elective surgery** (Oct 27 2010)
    - Left hepatectomy
    - Duration: 4 hours
    - Intensive care unit: 5 days
    - Transient delirium D3
    - Discharge: D12
    - Definitive tumor staging: pT3N0M0

  - **Geriatric interventions**
    - Nutritional follow up
    - Cognitive and psychological support
    - Physical rehabilitation
    - Comorbidity monitoring

  - **Tumor board recommendations**
    - No further treatment

**Last follow up** (Dec 3 2010)

- Alive at home
- Functional status unchanged
- Nutritional status correct
- Without evidence of disease

**Last contact** (Oct 2012)

- Still alive and at home