Track 5: Geriatric assessment, nursing/allied health and patient care
Geriatric assessment
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SIGNIFICANCE OF GERIATRIC ASSESSMENT FOR OPTIMAL TREATMENT OF OLDER CANCER PATIENTS

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Introduction: The number of elderly cancer patients is increasing significantly due to the aging population and the increasing incidence of cancer in general. Our knowledge of elderly cancer patients' tolerance to and benefit from oncologic treatment is sparse due to underrepresentation of this patient group in clinical trials [1]. Elderly patients often suffer from reduced organ function (kidney, liver, bone marrow) and one or more comorbid conditions, increasing the risk of drug-drug interactions and of side effects to oncologic treatment [2]. In Denmark, there is no national strategy for the management of elderly cancer patients, and current treatment decisions are primarily based on chronological age and insufficient evaluations of functional levels, such as scoring of ECOG performance status (PS).

Objectives: In a randomized controlled trial, we wish to investigate, if oncologic treatment decision based on G8 screening followed by comprehensive geriatric assessment (CGA) and subsequent multidisciplinary team conference (MDT) in older frail patients with gynecologic and urologic cancer is superior to standard assessment (PS and clinical assessment) in oncologic treatment decision.

Methods: Patients aged ≥ 70 years with gynecologic, urologic, or lung cancer, who are eligible for chemotherapy or targeted therapy, are enrolled. At the first visit to the Department of Oncology, patients are randomized into one of two groups. For patients in the control arm, oncologic treatment decision is based on standard assessment. Patients in the intervention arm initially undergo G8 screening in order to identify frail patients. For patients, who are not frail, oncologic treatment decision is based on standard assessment, while frail patients undergo a CGA at the Department of Geriatric Medicine. This is followed by a multidisciplinary team conference, where a clinical oncologist and a specialist in geriatric medicine will make a decision regarding pre-treatment intervention (if necessary) and oncologic treatment based on the CGA.

Results: Our primary outcome measure is completion of the scheduled oncologic treatment. Inclusion was initiated January 1st 2016. As of June 1st, 2017, we have included 80 patients. Forty-two patients were randomized to the control arm, while 38 were randomized to the intervention arm. 21 of the patients had a G8 score of ≤ 14 and were thus frail and had to undergo geriatric assessment. The aim is to include 200 patients. Recruitment is ongoing. A report of patients included as of October 1, 2017 will be given.

Conclusion: As 43 % of Danish cancer patients are aged 70 years or more, and the median age is close to 65 years, the magnitude of the problem is significant. The results of this project have the potential to benefit a large proportion of cancer patients – not only in Denmark, but internationally. In case of positive results, future research will extend studies to other cancer diagnoses.

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