Functional capacity and levels of physical activity as risk factors for hospitalization in elderly cancer patients: a prospective cohort

LETÍCIA TELLES SALES
MEDICAL STUDENT – RECIFE, BRASIL

Jurema Telles de Oliveira Lima Sales, Amanda Lima, José Natal Figueiroa, Júlia Lima Reis de Oliveira, Sofia Dias Braz de Macedo, Thaíse Cristiina Arcoverde Cardoso, Georgia L. C. de Albuquerque, Zilda R. Cavalcanti, Mirella R. Bezerra, Luiz Cláudio S. Thuler, Anke Bergmann & Maria Júlia Gonçalves de Melo
• **INTRODUCTION:** unplanned hospitalization in elderly cancer patients is associated with higher rates of morbidity and mortality. The functional capacity is a very important aspect of the overall health of the older patient and can be quickly assessed by tools used in Comprehensive Geriatric Assessment (CGA).
  - It is important to better understand the factors that are associated with predicting unplanned hospitalization in this population, specially the ones that can be detected at admission by CGA and are potentially modifiable.

• **OBJECTIVE:** to determine if the presence of altered functional domain scales at admission is predictive for the occurrence of early and unplanned hospitalization in the first 180 days after admission
METHODS: the prospective cohort included all patients with 60 years or older and a recent cancer diagnosis admitted to the Oncogeriatric Service of IMIP, Recife – Pernambuco – Brasil, between 2015 and 2017.
RESULTS AND CONCLUSION:

- 747 patients were included, with a median age of 71.3 (±7.4) years
- 51.8% were male
- Most prevalent cancer sites: prostate (30.9%), digestive tract (25.0%) and breast (16.9%)
- 34.75% were hospitalized in the first six months after admission
- 11.9% had abnormal CGA scores at admission
- After statistical analysis, remained as independent risk factors for early and unplanned hospitalization:
  - Metastatic disease (HR 1.94, CI95% 1.51-2.51)
  - Female gender (HR 1.28, CI95% 1.1-1.65)
  - Abnormal Timed Up and Go (HR 1.61, CI95% 1.22-2.12)
- There is need for special attention to the group with abnormal functional tests at admission. It is essential to organize an individualized care plan for these individuals, focusing on rehabilitation.

Log rank <0.001

Figure 1 - Hospitalization-free survival (Kaplan Meier curve) according to the functionality assessed by the Timed Up and Go (TUG) test in a cohort of 747 older cancer patients. IMIP

THANK YOU!
Contact: jurematelles@me.com