Study/ presenting author	Study type	N	Population	Intervention/comparator	Primary Outcome	Effect Size	Secondary Outcomes
GAP/Mohile Abstract 12009	Cluster randomized trial of community oncology practices	718	Pts aged > 70 with incurable solid tumors or lymphoma and > 1 impaired GA domain starting a new treatment regimen were enrolled	Intervention: Oncologists received Geriatric Assessment summary/recommendations for impairments Control: usual care	Grade 3-5 toxicity	50% vs 71%. relative risk (RR: 0.74 (95% CI: 0.63-0.87; p=0.0002)	Nonheme toxicity: (RR 0.73; 95% CI: 0.53-1.0, p<0.05). Overall Survival was not significantly different (71% vs 74%, p=0.3).
GAIN/ Li Abstract 12010	RCT	600	Patients age ≥65, diagnosed with a solid malignancy, and starting a new chemo regimen at City of Hope	Intervention: a multidisciplinary team led by a geriatric oncologist, nurse practitioner, social worker, physical/occupation therapist, nutritionist, and pharmacist, reviewed GA results and implemented interventions based on predefined triggers built into the GA's various domains. Control: Standard of Care, GA results were sent to treating oncologists to use at their discretion.	Grade 3-5 chemo-related toxicity	50.5% vs 60.4% (p = 0.02). Absolute risk reduction 9.9% (95% CI: 1.6-18.2%)	Advance directive completion: 24.1 vs. 10.4% (p < 0.001). No significant differences in ER visits (27.4% vs. 30.7%), hospitalizations (22.1% vs. 19.3%), or average length of stay (median 4.8 vs. 5.0 days)
INTEGERATE / Soo	RCT	154	Patients aged >70 years with cancer	Intervention: integrated	HRQOL (ELFI)	Significantly better	Significant differences favoring the intervention group over the usual

Abstract 12011			planned for chemotherapy, targeted therapy or immunotherapy	oncogeriatric care (geriatrician-led comprehensive geriatric assessment and management) Control: usual care		ELFI score in the intervention than the usual care group across all followup timepoints, with a maximal difference at week 18 (estimated marginal mean ELFI score 72.0 vs 58.7, *p*= 0.001).	care group were seen in HRQOL (domains: physical, role and social functioning; mobility, burden of illness and future worries), unplanned hospital admissions (-1.2 admissions per person-years, *p*< 0.001) and early treatment discontinuation (32.9% vs 53.2%, p = 0.01).
Perioperative Intervention/ Nipp Abstract 12012	RCT	160	Patients ≥65 with GI cancers planning to undergo surgical resection	Intervention: preoperative meeting with geriatric assessment for GA and recommendations and post-op inpatient consultation Control: usual care	Post-op length of stay	ITT: 7.2 v 8.2 days, P = .37 PP: 5.9 v 8.2 days, P = .02	ITT: ICU use (23.3% v 32.4%, p = .23) ITT: readmission rates within 90 days of surgery (21.7% v 25.0%, p = .65) ITT: lower depression symptoms (B = -1.39, P < .01) at post-op day 5 and fewer moderate/severe ESAS symptoms at post-op day 60 (B = -1.09, P = .02)

							PP: post-op ICU use (13.3% v 32.4%, p < .05 PP: readmission 16.7% v 25.0%, p = .36
GA, geriatric assessment; RR, relative risk; CI, confidence intervals; RCT, randomized controlled trials; HRQOL, health-related quality of life; ELFI, elderly functional index; GI, gastrointestinal; ITT, intention to treat; PP, per protocol; ICU, intensive care unit; ESAS. Edmonton Symptom Assessment Scale; ICU, intensive care unit.							