Verenigingsnieuws

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69. Adherence to geriatric assessment (GA)- based recommendations and subsequent actions in older patients with cancer

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Purpose To investigate adherence to GA-based recommendations and to describe the subsequent actions in older patients with cancer.
Methods A prospective Belgian multicenter ($n=22$) cohort study included patients ≥70 years with a malignant tumor upon oncologic treatment decision. Patients with an abnormal result on the geriatric screening (G8≤14/17) underwent GA. Geriatric recommendations were formulated based on GA results. At follow-up the adherence to geriatric recommendations was documented including a description of actions undertaken.
Results From 11-2012 till 2-2015, G8 screening was performed in 8451 patients, of which 5838 patients had an abnormal result. Geriatric recommendations data were available for 5631 patients. Geriatric recommendations were made for 4459 patients. Geriatric interventions data were available for 4167 patients. A total of 12.384 geriatric recommendations were made. At least one different geriatric recommendation was implemented in 2874 patients. A dietician, social worker and geriatrician intervened most frequently for problems detected on the nutritional, social and functional domain. A total of 7569 actions were undertaken for a total of 5725 geriatric interventions, most frequently nutritional support and supplements, extended home care and psychological support.
Conclusions This large Belgian study focuses on the adherence to GA-based recommendations in older patients with cancer and contributes to the optimization of care for these patients. We identified the domains for which geriatric recommendations are most frequently given and adhered to and which health care professionals and referrals are essential in the multidisciplinary approach of older patients with cancer.

70. The added value of geriatric screening and assessment to predict overall survival in older patients with cancer

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Purpose The aim of this study is to determine and compare the added prognostic value of screening tools, geriatric assessment (GA) components and GA summaries to clinical information for overall survival (OS) in older patients with cancer.
Patients and Methods A screening and a 10-item geriatric assessment (GA) were systematically performed in patients ≥70 years with cancer. Cox regression analyses were conducted to evaluate the added prognostic value for OS of screening tools, GA and GA summaries to clinical information (age, stage, tumor type) in two cohorts (A and B). Cox models were compared based on Akaike Information Criterion and the Concordance Probability Estimate. Analyses were performed on two independent cohorts.
Results Complete case analysis was available for 763 patients (median age 76) in cohort A and for 402 patients (median age 77) in cohort B. In both cohorts, most individual GA components were independent prognostic factors for OS. Nutritional status (assessed by the Mini Nutritional Assessment-Short Form) and functional status (assessed by Instrumental Activities of Daily Living) consistently displayed a strong capacity to predict OS. Inconsistent results were found for screening tools. GA summaries perform the best in comparison with the screening tools and the individual GA components.
Conclusions Most individual GA components, especially nutritional status and functional status, are prognostic factors for OS in older patients with cancer. GA summaries provide more prognostic information than individual GA components, but only moderately improve the prognostic baseline model with clinical information.

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71. The prognostic value of three commonly measured blood parameters and geriatric assessment to predict overall survival in addition to clinical information in older patients with cancer.

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Purpose To evaluate the prognostic value of laboratory parameters and geriatric assessment (GA) in addition to a baseline model with clinical information for overall survival (OS) in patients with cancer.
Patients and Methods A GA was systematically performed in patients ≥ 70 years with cancer. Our baseline model consisted of age, tumor type, and stage. To assess the contribution of hemoglobin (Hb), albumin, and C-reactive-protein (CRP) each were added separately and combined to the baseline model with and without the GA as a whole (= 10-item GA). Analyses were conducted with continuous and dichotomized variables. Cox models were compared based on Akaike Information Criterion (ΔAIC) and their discriminatory ability was assessed using the Concordance Probability Estimate (CPE).
Results A total of 328 patients were considered for this analysis. CRP, albumin, and Hb were prognostic for OS in univariable and adjusted analyses. The baseline model had a CPE of 0.725. Albumin and CRP added more prognostic information than Hb. The addition of the three laboratory parameters provided separately and combined less prognostic information than the 10-item GA when analyzed with continuous and dichotomized variables. The models extended with the 10-item GA without and with the three laboratory parameters had a CPE of 0.769 and 0.783, and a ΔAIC of 46.30 and 66.87 respectively when analyzed with continuous variables.
Conclusions GA adds slightly more prognostic information than Hb, albumin, and CRP besides clinical information. The three laboratory parameters continue to provide additional prognostic information beyond a combination of both clinical and geriatric information.