Incorporating Principles of Geriatric Care into Oncology – A Collaborative Approach to Managing Older Patients with Cancer

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Background: Older adults comprise 60% of patients with a new diagnosis of cancer. Treatment decisions amongst this group pose unique challenges. Concern regarding higher risk of treatment-related toxicities can lead to under-treatment whilst a lack of recognition of inherent vulnerability can lead to over-treatment. Comprehensive geriatric assessment (CGA) has been proposed as a tool to evaluate older oncology patients and support decision-making for clinicians. We present the experience of a dedicated geriatric oncology clinic (GOC) at a major Irish teaching hospital and cancer centre.

Methods: Patients ≥70 years are eligible for referral to the GOC and are selected on a case-by-case basis. In clinic, medication review is performed by a pharmacist and nutritional assessment by a dietitian. For other multidisciplinary services, a screen & referral model has been adopted, with patients undergoing assessments of function, mobility, nutrition, psychosocial wellbeing and cognition using validated tools. A pathway exists for expedited review by geriatric medicine and psychiatry of old age services as appropriate.

Results: Sixty patients with a median age of 78.5 were reviewed, of which 34 (56%) were male. Cancer diagnoses included colorectal (n = 18; 30%), gastroesophageal (n = 11; 18%), breast (n = 6; 10%), and prostate (n = 4; 6%). 24 (40%) had metastatic disease. The median number of medications per patient was 6 (range 0–13). As per the Mini Nutritional Assessment (MNA) 49 (82%) patients were malnourished or at risk. Using the Geriatric Depression Score (GDS), 19 (32%) patients screened positive for depressive symptoms. Median Timed Up and Go (TUG) was 11 seconds (range 8–38) and 7 (12%) patients had reported a fall in the last 6 months.

Conclusion: We present data from the first Irish experience of a dedicated GOC. Our approach facilitates more personalised cancer treatment decisions for our older patients and allows the careful selection of patients most likely to benefit from early intervention by geriatric medicine services.