POSTER ABSTRACT

Frailty screening and relationship with oncogeriatric evaluation

19th International Conference on Integrated Care, San Sebastian, 01-03 April 2019

Laura Basterretxea Badiola1, Helis Telleria Soret1, Jennifer Gomez Mediavilla2, Ibone De Elejost Echeverria1

1: Oncología Médica, OSI Donostialdea, Osakidetza, Gipuzkoa, Spain;
2: Oncología Médica, Onkologikoa, Gipuzkoa, Spain

Introduction: Comprehensive geriatric assessment (CGA) is the gold standard for assessing older adults with cancer. CGA is a complex process which includes multi-domain geriatric evaluation, interventions and follow up. Geriatric oncology screening tools are brief clinical instruments which can help oncologists to quickly identify patients who could benefit from a CGA. Common tools are the G8, Vulnerable Elders Survey (VES-13), and the Frailty Phenotype (FP). Screening tools are traditionally validated based on their ability to predict for abnormal domains on CGA.

Objectives: Analyze the incidence of frailty in patients over 75 years of age treated in external Medical Oncology Consultations for the first time and its relationship with impairments in the nutritional, functional, cognitive and social status.

Methods:
- All patients with cancer older than 75 years undergo a geriatric evaluation of an assessment of the following domains: nutritional (MST), socio-family (Gijon), functional (Barthel), cognitive (Pfeiffer) and a screening of frailty (G8).
- Create a database to collect and analyze of all information

Results: Between July 1, 2017 and May 1, 2018, 139 patients with cancer older than 75 years were evaluated. 50.7% were women and 49.3% men, with a median age of 79 years. In 52.3% they debuted in stage IV. The median number of drugs the patients took was 6 and the median on the Charlson comorbidity scale 2. The median on the visual analog pain scale (VAS) was 1.

72.9% of the patients evaluated received some kind of antineoplastic treatment and 10.9% needed a dose reduction.

The results of the geriatric assessment scales were:
- Nutritional status. The nutritional assessment was made using the MST scale. In 36.1% of patients, the result was a risk of malnutrition (≥2).
- Socio-family status. This domain was analyzed with the Gijon scale. 11.2% had some social risk factor (> 7)
- Functional status. The Barthel scale was used to evaluate the functional status. 24.4% showed some degree of dependence (<90)
- Cognitive status. 15.5% of the patients presented cognitive deterioration (from mild to severe) after evaluating the cognitive status using the Pfeiffer scale (>2)

- Frailty screening. Frailty screening was performed using the G8 scale. 22.3% were frail according to this screening (≤14)

**Conclusion:** Patients with a positive result in the screening of frailty according to the G8 scale are the patients with the most alterations in the scales that evaluate the functional, cognitive, nutritional and socio-family domains. Therefore it seems a good screening tool for its ability to detect patients who have abnormal domains on a comprehensive geriatric assessment. We must continue working in this direction to be able to select the best treatment in elderly patients with cancer with the intention of not over or undertreating.

**Keywords:** g8; frailty screening; geriatric oncology screening