

10. Dezember 2024 -Hausarztfortbildung

# Geriatrische Onkologie

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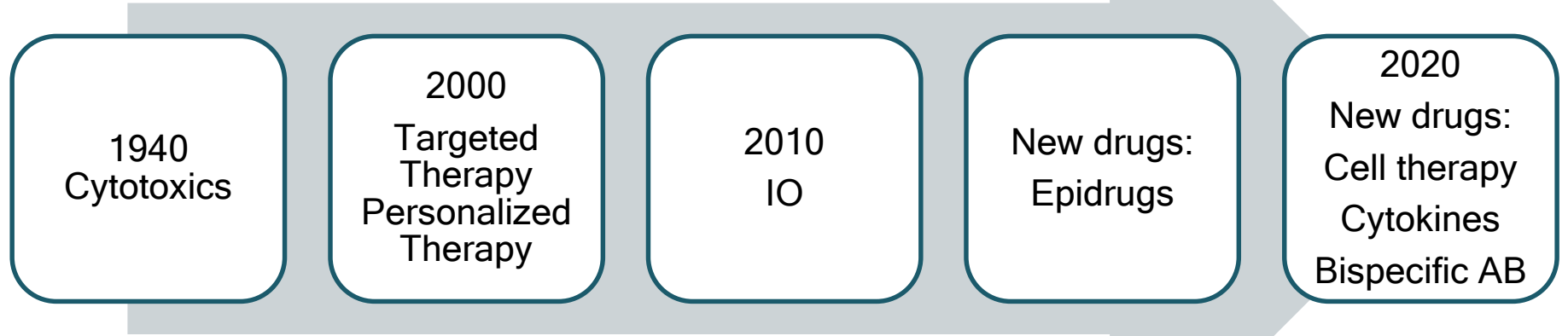


# Agenda

## Geriatrische Onkologie

1. Einführung Geriatrische Onkologie
2. Evidenzlevel «Comprehensive Geriatric Assessment» (CGA)
3. Studien zur Dosisoptimierung
4. Konklusion und Diskussion

# Development Cancer Therapy and Epidemiology



Age / Epidemiology

FRANK SCHIRRMACHER

# Das Methusalem- Komplott

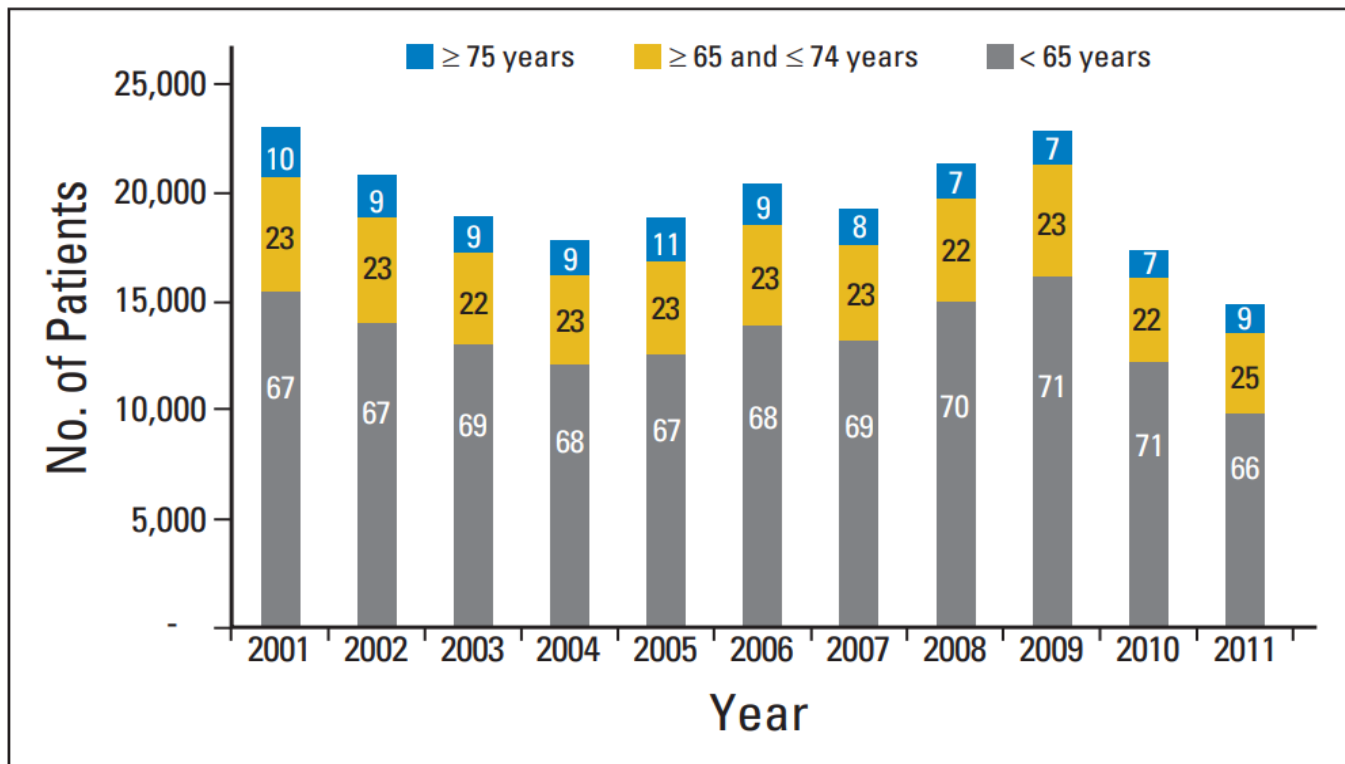
Die Menschheit altert in unvorstellbarem Ausmaß. Wir müssen das Problem unseres eigenen Alters lösen, um das Problem der Welt zu lösen.

<https://www.amazon.de/Das-Methusalem-Komplott-Menschheit-unvorstellbarem-Problem>  
<https://www.fr.de/wissen/altern-beginnt-11382006.html>



1. Paul Carbone, MD. 2. Rosemary Yanick, PhD. Together with Dr. Carbone, Dr. Yanick organized the NIH conference on Cancer in the Elderly in 1983. 3. E. J. Kennedy, MD, 1988 ASCO President, published on the need for clinical trials dedicated to cancer treatment in older patients.

# Mangel an Evidenz für ältere Patienten

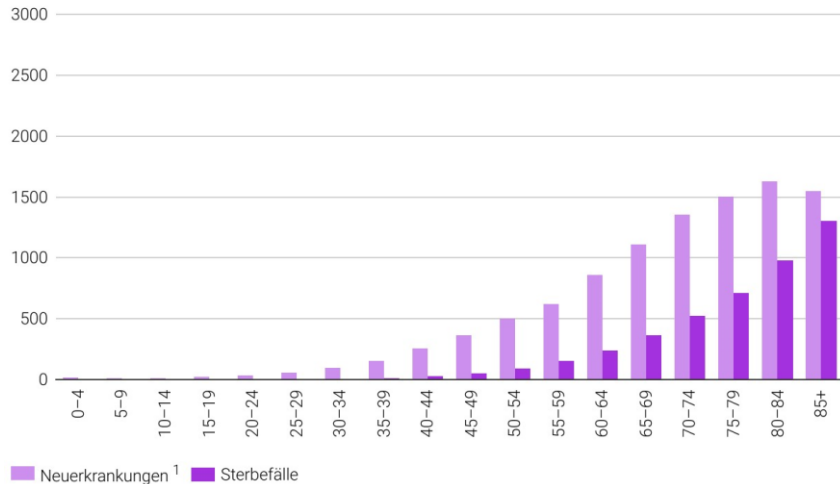


# Wir müssen uns vorbereiten

## Krebs insgesamt nach Alter, 2015–2019

Altersspezifische Rate, pro 100 000 Einwohner

### Frauen



<sup>1</sup> Neuerkrankungen geschätzt aufgrund der Daten der Krebsregister, ohne nicht-melanotischer Hautkrebs

Quelle: NKRS – Neuerkrankungen; BFS – Sterbefälle

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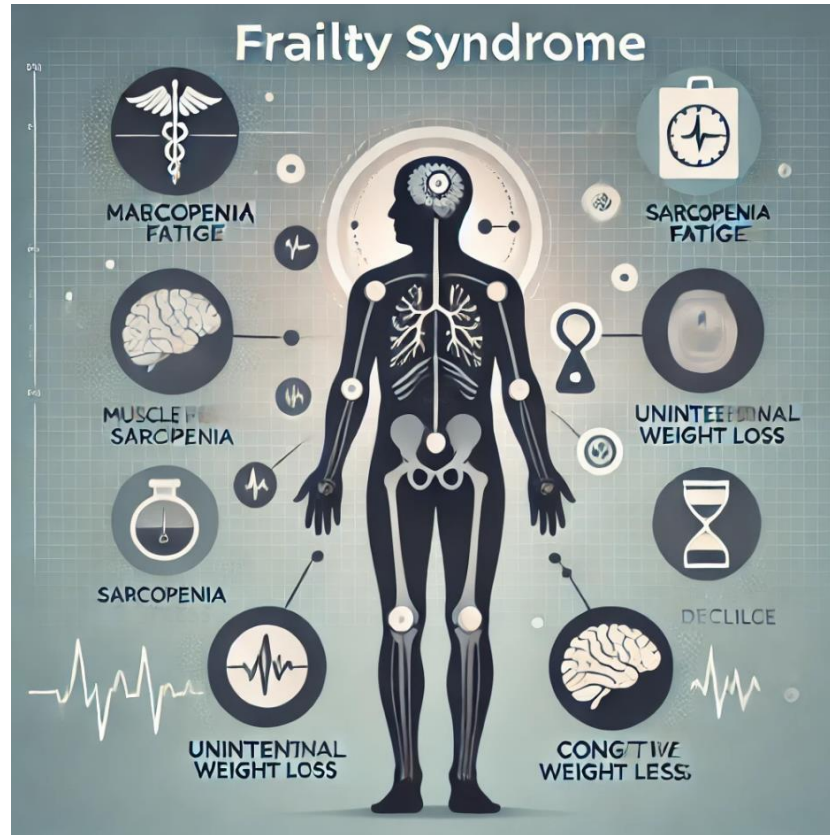


# Frailty Definition



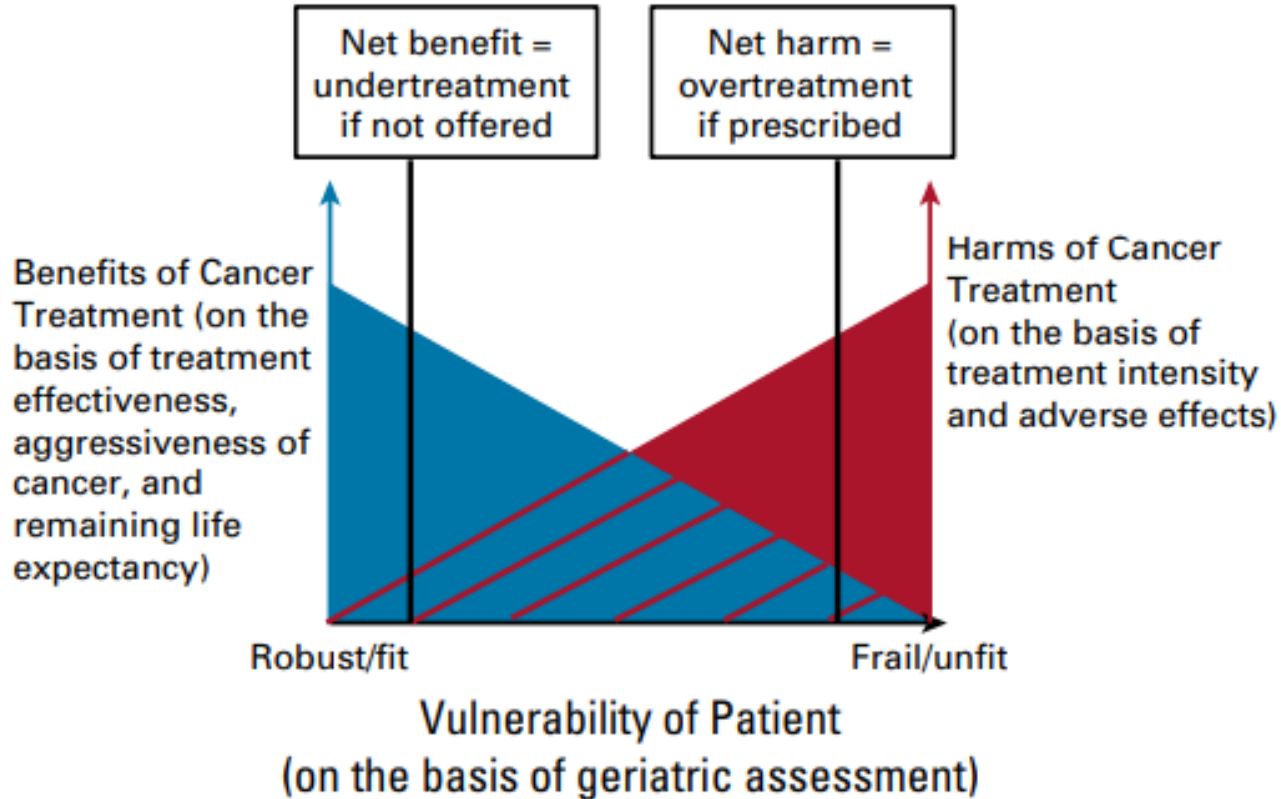
Der Begriff **Frailty** oder **Gebrechlichkeit** beschreibt ein geriatrisches Syndrom, das durch eine allgemein erhöhte **Anfälligkeit älterer Menschen** gegenüber exogenen Stressfaktoren (Überlastung, Unruhe, Erkrankungen, etc.) gekennzeichnet ist.

# Gebrechlichkeitssyndrom





# Unterbehandlung vs. Ueberbehandlung



# Was macht die GO



## Diagnosis

- Frailty
- Nutrition
- Geriatric Syndrom
- Co-Morbidities
- Poly-pharmacy



## Treatment

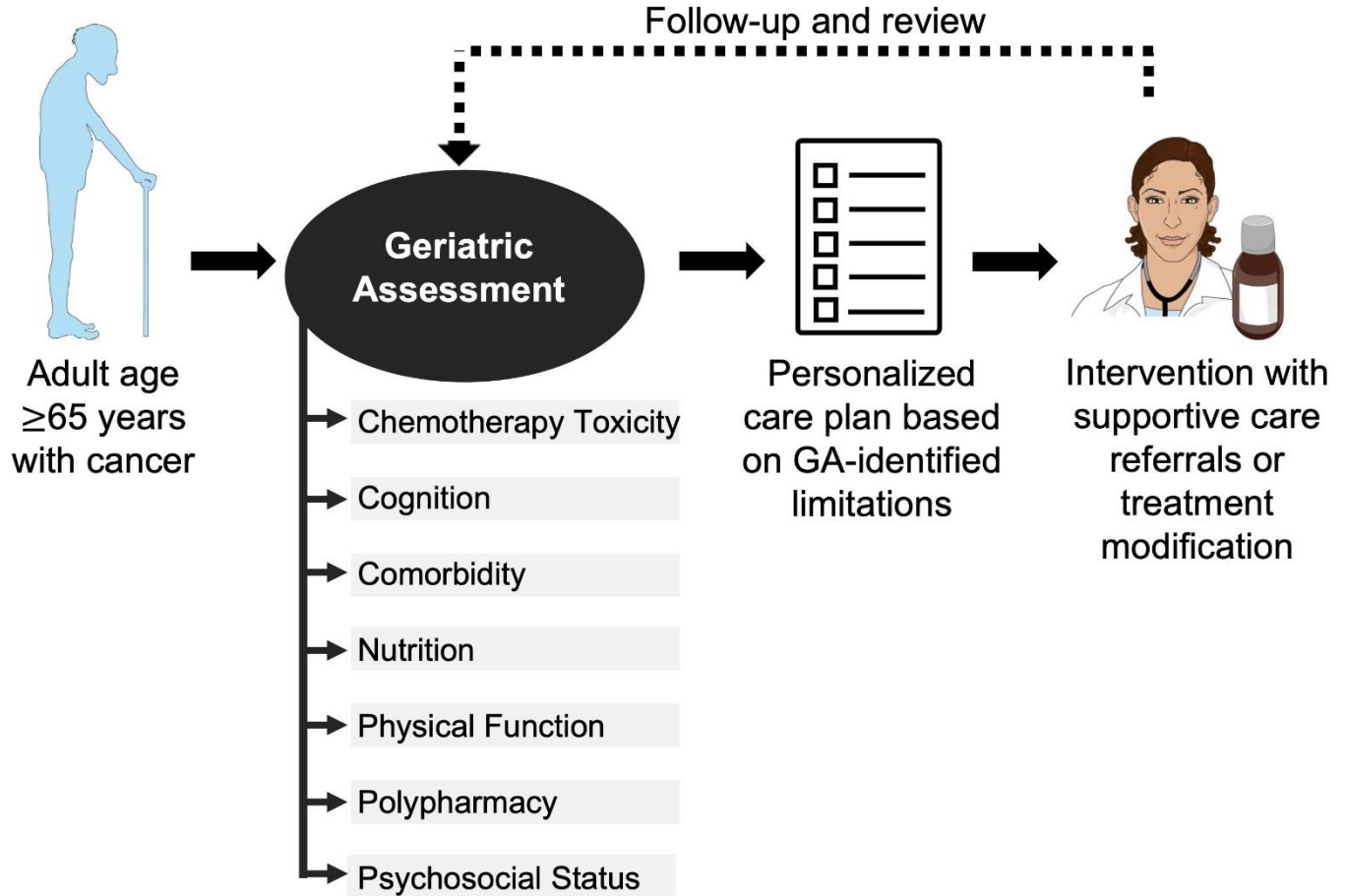
- Optimize dose of therapy
- Optimize Treatment plan



## Pre-rehabilitation

- Care plan for older patients
- Re-integration
- Sarcopenia treatment, etc.

# CGA



# Relevance of a systematic geriatric screening and assessment in older patients with cancer: results of a prospective multicentric study

C. Kenis<sup>1</sup>, D. Bron<sup>2</sup>, Y. Libert<sup>3</sup>, L. Decoster<sup>4</sup>, K. Van Puyvelde<sup>5</sup>, P. Scalliet<sup>6</sup>, P. Cornette<sup>7</sup>, T. Peppersack<sup>8</sup>, S. Luce<sup>9</sup>, C. Langenaeken<sup>10</sup>, M. Rasschaert<sup>11</sup>, S. Allepaerts<sup>12</sup>, R. Van Rijswijk<sup>13</sup>, K. Milisen<sup>14,15</sup>, J. Flamaing<sup>14,16</sup>, J.-P. Lobelle<sup>17</sup> & H. Wildiers<sup>18,19\*</sup>

<sup>1</sup>Department of General Medical Oncology and Geriatric Medicine, University Hospitals Leuven, Leuven; Departments of <sup>2</sup>Hematology; <sup>3</sup>Psycho-oncology, ULB Institut Bordet, Brussels; Departments of <sup>4</sup>Medical Oncology, Oncologisch Centrum; <sup>5</sup>Geriatric Medicine, Universitair Ziekenhuis Brussel, Vrije Universiteit Brussel, Brussels; Departments of <sup>6</sup>Radiotherapy; <sup>7</sup>Department of Geriatric Medicine, Cliniques Universitaires Saint-Luc, UCL, Brussels; Departments of <sup>8</sup>Geriatric Medicine; <sup>9</sup>Medical Oncology, University Hospital Erasme, Université Libre de Bruxelles (ULB), Brussels; <sup>10</sup>Department of Medical Oncology, Iridium Cancer Network Antwerp, AZ Klina, Brasschaat; <sup>11</sup>Department of Medical Oncology, Iridium Cancer Network Antwerp, St. Augustinus, Wilrijk; <sup>12</sup>Department of Geriatric Medicine, Centre Hospitalier Universitaire Sart Tilman, Liege; <sup>13</sup>Department of Medical Oncology, ZNA Stuivenberg, Antwerpen; <sup>14</sup>Department of Geriatric Medicine, University Hospitals Leuven; <sup>15</sup>Centre for Health Services and Nursing Research, KU Leuven, Leuven; <sup>16</sup>Department of Clinical and Experimental Medicine, KU Leuven, Leuven; <sup>17</sup>Consultant in Statistics, Beernem; <sup>18</sup>Department of General Medical Oncology, University Hospitals Leuven, Leuven; <sup>19</sup>Department of Oncology, KU Leuven, Leuven, Belgium

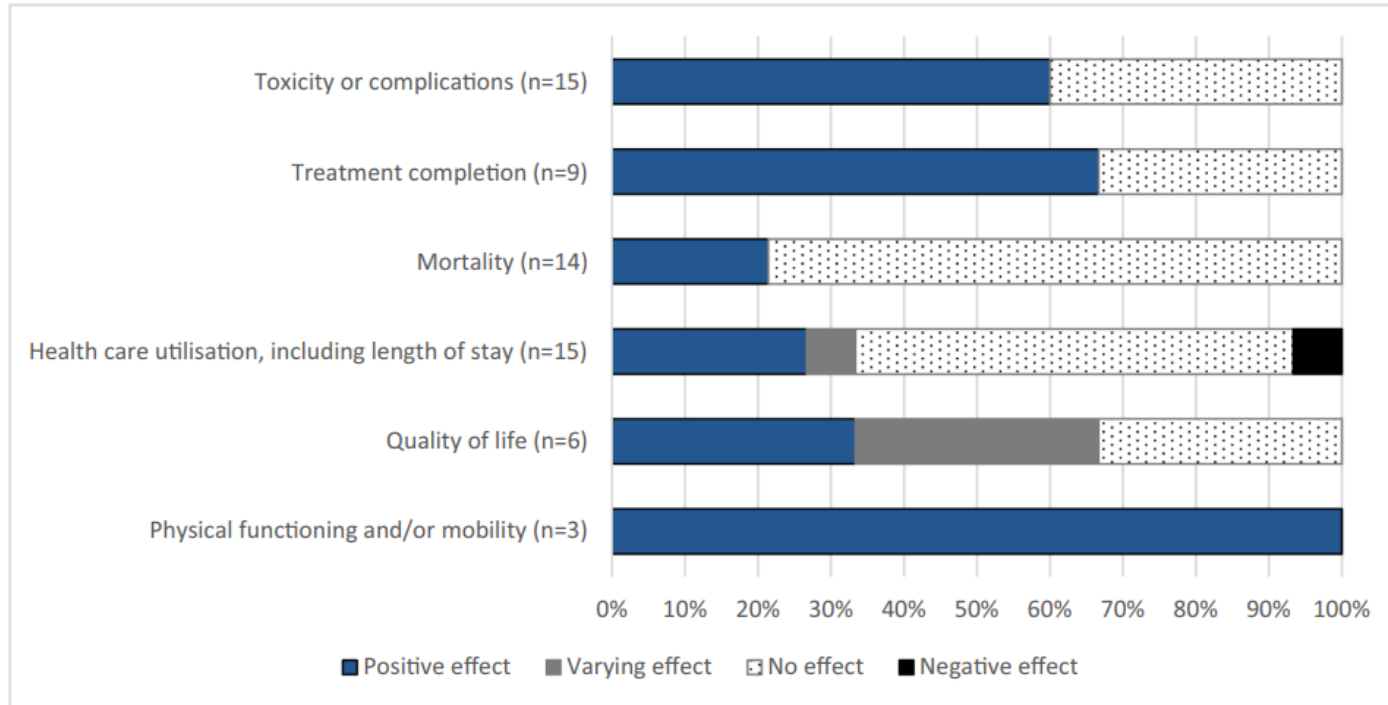
# New geriatric «Diagnosis-Syndrome» in 51.2% of Patients

- N = 1967 patients
- 70.7% Abnormaler G8 → CGA
- 51.2% New geriatric diagnosis
- 25.7 % Geriatric Intervention
- 25.3% Treatment change after CGA

	n	%	95% CI
Questionnaire completed by the treating physician (n = 1967)	1820	92.5	91.4–93.7
Physician aware of the results of the assessment at the time of treatment decision <sup>a</sup> (n = 1820)	1115	61.3	59.0–63.5
Period 1: 10/2009–05/2010 (n = 661)	336	50.8	47.0–54.6
Period 2: 06/2010–12/2010 (n = 624)	412	66.0	62.3–69.7
Period 3: 01/2011–07/2011 (n = 535)	367	68.6	64.7–72.5
Patients with unknown geriatric problems detected (n = 1820)	931	51.2	48.9–53.5
Detected geriatric problems related to: (n = 931)			
Functionality	373	40.1	36.9–43.2
Nutrition	350	37.6	34.5–40.7
Fatigue	341	36.6	33.5–39.7
Falls	284	30.5	27.6–33.5
Depression	253	27.2	24.3–30.0
Pain	221	23.7	21.0–26.5
Cognition	177	19.0	16.5–21.5
Social status	95	10.2	8.3–12.2
Patients with interventions planned based on assessment <sup>b</sup> (n = 1115)	286	25.7	23.1–28.2
Planned interventions related to: (n = 286)			
Nutrition	162	56.6	50.9–62.4
Depression	107	37.4	31.8–43.0
Fatigue	107	37.4	31.8–43.0
Pain	99	34.6	29.1–40.1
Functionality	93	32.5	27.1–38.0
Falls	64	22.4	17.6–27.2
Cognition	60	21.0	16.3–25.7
Social status	59	20.6	15.9–25.3
Influence of assessment on treatment decision <sup>b</sup> (n = 1115)	282	25.3	22.7–27.8

# Meta-Analysis Impact of CGA

## On course of Therapy & outcome



# GAIN Study

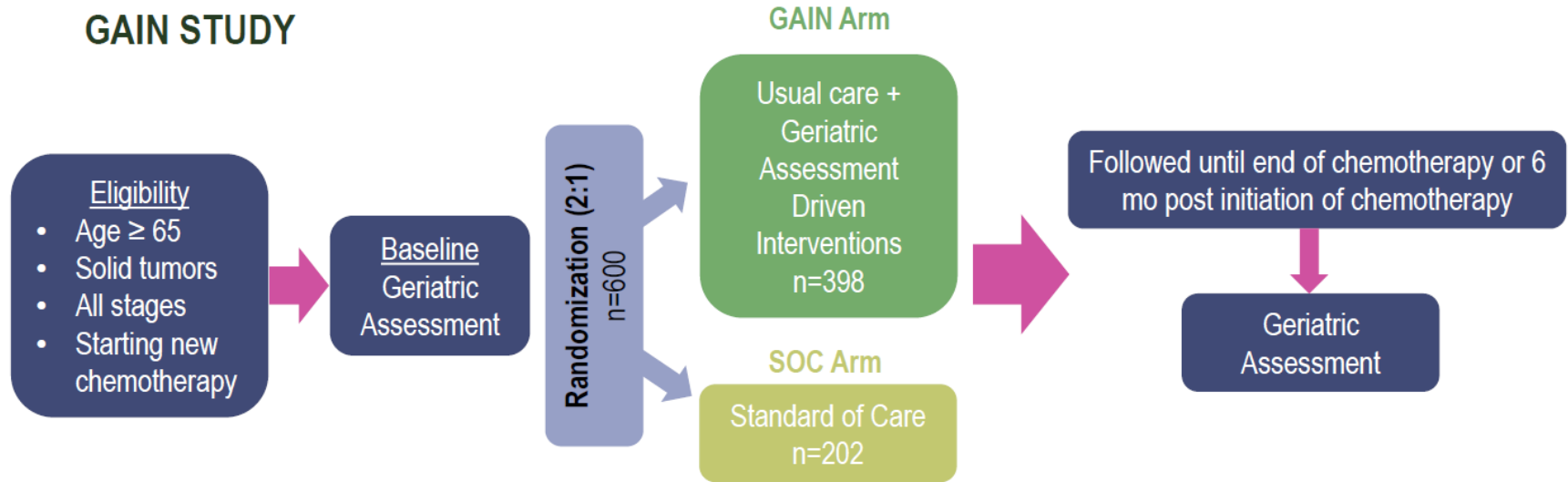
605 patients 65+ randomized 2:1 GAIN vs SOC

**50.5% vs 60.6%** grade  $\geq 3$  chemo-related toxic effects (p=.02)

28.4% vs 13.3% advance directive completion (p<.001)

# Gain Study: Study regime

## GAIN STUDY



### Primary endpoints:






- Incidence of grade 3-5 chemotoxicity






### Secondary endpoints:

- Advance directive completion
- ER visits
- Unplanned hospitalizations
- Average length of stay



# GAIN: CGA

 <b>Nutrition</b>	<ul style="list-style-type: none"> <li>• Weight loss <math>\geq 5\%</math></li> <li>• Body mass index <math>\leq 21</math> or <math>\geq 30</math></li> <li>• Problems with eating or feeding</li> </ul>	<ul style="list-style-type: none"> <li>• Diet recommendations</li> <li>• Supplements</li> <li>• Oral care</li> <li>• Physical/occupational therapy for food intake problems</li> </ul>
 <b>Cognition</b>	<ul style="list-style-type: none"> <li>• Abnormal cognitive screening</li> <li>• Confusion</li> <li>• Memory loss/impairment</li> </ul>	<ul style="list-style-type: none"> <li>• Assess decision-making capacity</li> <li>• Involve caregivers</li> <li>• Review of medications</li> <li>• Delirium prevention</li> <li>• Cognitive testing</li> </ul>
 <b>Polypharmacy</b>	<ul style="list-style-type: none"> <li>• <math>\geq 5</math> Prescribed medications</li> <li>• <math>\geq 1</math> Over-the-counter medication</li> <li>• <math>\geq 1</math> Herb/vitamin supplement</li> </ul>	<ul style="list-style-type: none"> <li>• Recommendations regarding drug interactions, potentially inappropriate medications, duplicative medications</li> </ul>
 <b>Spiritual well-being</b>	<ul style="list-style-type: none"> <li>• Anxiety in relation with religious belief/experience</li> </ul>	<ul style="list-style-type: none"> <li>• Chaplaincy referral and counseling</li> <li>• Encourage normal spiritual habits</li> </ul>
 <b>Clinical symptoms</b>	<ul style="list-style-type: none"> <li>• Pain</li> <li>• Skin breakdown</li> <li>• Nausea</li> <li>• Incontinence</li> <li>• Adverse effects of treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Supportive care/pain management referral</li> <li>• Manage symptoms with primary care team</li> <li>• Educational interventions</li> </ul>

 <b>Functional status</b>	<ul style="list-style-type: none"> <li>• Limitations in activities of daily living and/or instrumental activities of daily living</li> <li>• History of falls</li> <li>• Timed Up and Go <math>&gt; 13</math> s</li> <li>• Lack of energy</li> </ul>	<ul style="list-style-type: none"> <li>• Exercise prescription</li> <li>• Evaluate fall risk</li> <li>• Home safety evaluation</li> <li>• Gait strengthening</li> <li>• Reiki therapy</li> </ul>
 <b>Comorbidities</b>	<ul style="list-style-type: none"> <li>• Presence of comorbid conditions</li> <li>• Hearing/visual impairments</li> </ul>	<ul style="list-style-type: none"> <li>• Management with treating physician or primary care</li> <li>• Referrals as appropriate</li> <li>• Pharmacy review of medications</li> </ul>
 <b>Psychological status</b>	<ul style="list-style-type: none"> <li>• Feeling sad or depressed</li> <li>• Anxiety</li> <li>• Feeling nervous/worried</li> </ul>	<ul style="list-style-type: none"> <li>• Social work counseling</li> <li>• Psychiatry referral</li> <li>• Psychology referral</li> <li>• Chaplaincy referral</li> <li>• Support programs</li> </ul>
 <b>Social activity</b>	<ul style="list-style-type: none"> <li>• Interference of physical or emotional problems on social activity</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation of physical/emotional concerns</li> <li>• Social work referral</li> <li>• Occupational therapy</li> </ul>
 <b>Social support</b>	<ul style="list-style-type: none"> <li>• Lack of social support identified</li> <li>• Patient lives alone</li> </ul>	<ul style="list-style-type: none"> <li>• Counseling</li> <li>• Social work referral</li> <li>• Home safety evaluation</li> <li>• Support programs</li> <li>• Community resources</li> </ul>

# Baseline

Characteristic	No. (%)		
	GAIN (n = 402)	SOC (n = 203)	Overall (n = 605)
Demographic characteristics			
Age, y			
Mean (SD)	72.0 (5.8)	72.5 (6.2)	72.2 (5.9)
Median (range)	71 (65-91)	72 (65-88)	71 (65-91)
Sex			
Female	235 (58.5)	122 (60.1)	357 (59.0)
Male	167 (41.5)	81 (39.9)	248 (41.0)
Race			
Asian	58 (14.4)	32 (15.8)	90 (14.9)
Black	27 (6.7)	9 (4.4)	36 (6.0)
White	316 (78.6)	160 (78.8)	476 (78.7)
Other <sup>a</sup>	1 (0.2)	2 (1.0)	3 (0.5)

# Cancer type & Stage

Characteristic	No. (%)		
	GAIN (n = 402)	SOC (n = 203)	Overall (n = 605)
Cancer type			
Gastrointestinal	135 (33.6)	67 (33.0)	202 (33.4)
Breast	93 (23.1)	43 (21.2)	136 (22.5)
Lung	61 (15.2)	36 (17.7)	97 (16.0)
Genitourinary	63 (15.7)	28 (13.8)	91 (15.0)
Gynecologic	35 (8.7)	19 (9.4)	54 (8.9)
Other	15 (3.7)	10 (4.9)	25 (4.1)
Cancer stage			
I	26 (6.5)	5 (2.5)	31 (5.1)
II	35 (8.7)	21 (10.3)	56 (9.3)
III	54 (13.4)	32 (15.8)	86 (14.2)
IV	287 (71.4)	145 (71.4)	432 (71.4)

# Behandlung

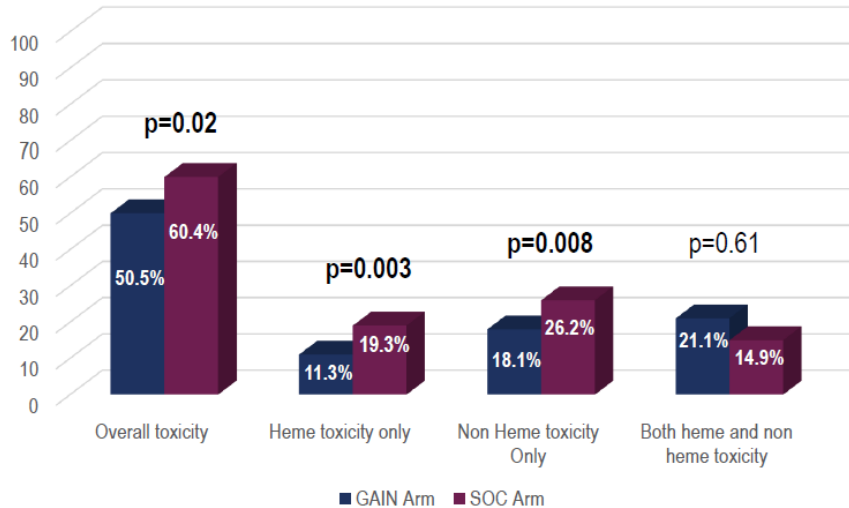
Characteristic	No. (%)		
	GAIN (n = 402)	SOC (n = 203)	Overall (n = 605)
Treatment characteristics			
Line of chemotherapy			
First	247 (61.4)	129 (63.6)	376 (62.1)
Second or beyond	155 (38.6)	74 (36.4)	229 (37.9)
No. of chemotherapy agents			
1	129 (32.1)	66 (32.5)	195 (32.2)
2	256 (63.7)	132 (65.0)	388 (64.1)
3	17 (4.2)	5 (2.5)	22 (3.6)
Concurrent targeted therapy	32 (8.0)	20 (9.9)	52 (8.6)
Primary myeloid growth factor prophylaxis	129 (32.1)	63 (31.0)	192 (31.7)
Initial dose reduction	148 (36.8)	87 (42.9)	235 (38.8)
Geriatric assessment variables			
Timed Up and Go, s			
Mean (SD)	11.3 (3.7)	11.4 (3.3)	11.3 (3.6)
Median (range)	10.5 (5.5-40.3)	10.6 (4.8-30.3)	10.5 (4.8-40.3)

# Outcome I

Toxic effects	No. (%)			P value
	GAIN (n = 402)	SOC (n = 203)	Total (n = 605)	
Patients with grade 3 or higher chemotherapy-related toxic effects [95% CI]	203 (50.5) [45.6-55.4]	123 (60.6) [53.9-67.3]	326 (53.9) [49.9-57.9]	.02
Hematologic only	45 (11.2) [8.1-14.3]	39 (19.2) [13.8-24.6]	84 (13.9) [11.1-16.6]	.003
Nonhematologic only	74 (18.4) [14.6-22.2]	54 (26.6) [20.5-32.7]	128 (21.2) [17.9-24.4]	.007
Both hematologic and nonhematologic	84 (20.9) [16.9-24.9]	30 (14.8) [9.9-19.7]	114 (18.8) [15.7-22.0]	.64
Type of grade 3 or higher chemotherapy-related toxic effects (with incidence in ≥2% of patients) <sup>a</sup>				
Hematologic				
Anemia	73 (18.2)	39 (19.2)	112 (18.5)	NA
Neutropenia	62 (15.4)	33 (16.3)	95 (15.7)	NA
White blood cell count decreased	39 (9.7)	17 (8.4)	56 (9.3)	NA
Platelet count decreased	18 (4.5)	8 (3.9)	26 (4.3)	NA
Febrile neutropenia	10 (2.5)	5 (2.5)	15 (2.5)	NA
Nonhematologic				
Infection with normal ANC	74 (18.4)	29 (14.3)	103 (17.0)	NA

# Outcome II

Incidence of grade 3-5 Chemo related toxicity



Statistically significant reduction of 9.9% in chemo-related toxicity compared to the SOC Arm

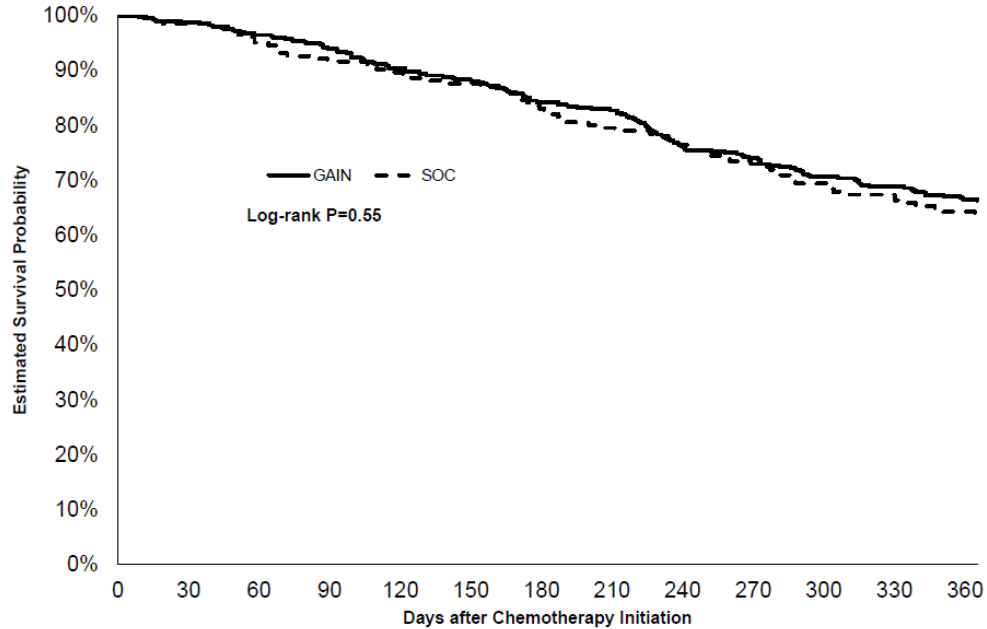
Secondary endpoints

	GAIN Arm n (%)	SoC Arm n (%)	p-value
Advanced directive completion	278 (70%)	119 (59%)	<0.01
ER visits for chemotox	109 (27%)	62 (31%)	0.40
Hospitalizations due to grade 3+ chemotox	88 (22%)	39 (19%)	0.43
Hospitalizations due to grade 4+ chemotox	19 (22%)	14 (36%)	0.09
Average Length of stay [median (range)]	4.8 (1-23)	5 (1.7-26)	0.60

Statistically significant increase in AD completion

# GAIN: Overall-Survival

eFigure. Kaplan Meier Curves, Overall Survival, GAIN versus SOC arm



Abbreviations: GAIN, Geriatric Assessment Intervention; SOC, standard of care.

# GAP70+ Study

718 patients 70+, cluster randomised 1:1 tailored GA vs SOC

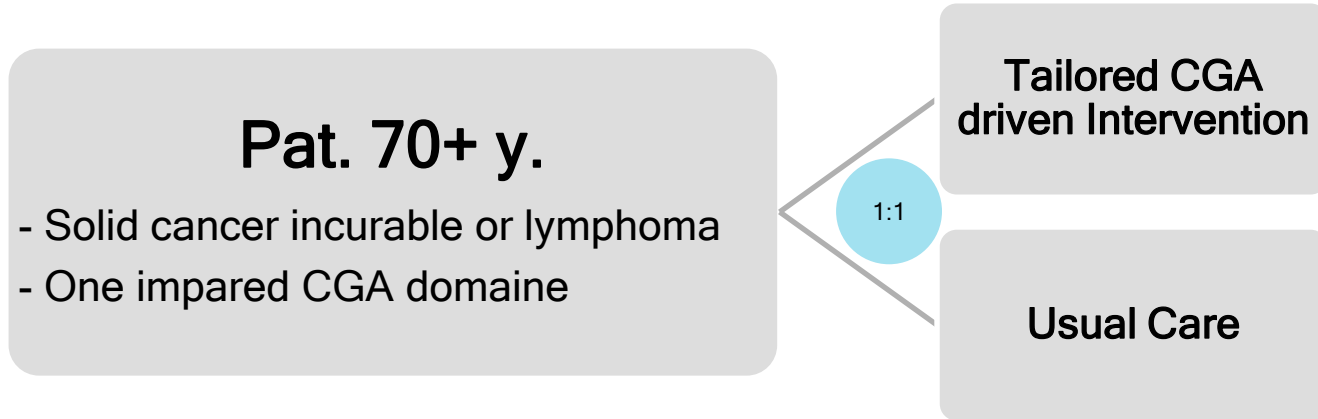
**51% vs 71% grade  $\geq$  3 chemo-related toxic effects** (p=.0001)

Fewer falls, more treatment discontinuations, more adjusted initial dose



# GAP70+

- N=718 patients 70+, cluster randomization 1:1 tailored GA vs SOC
- Incurable solid tumours or lymphoma
- At least one impaired geriatric assessment domain



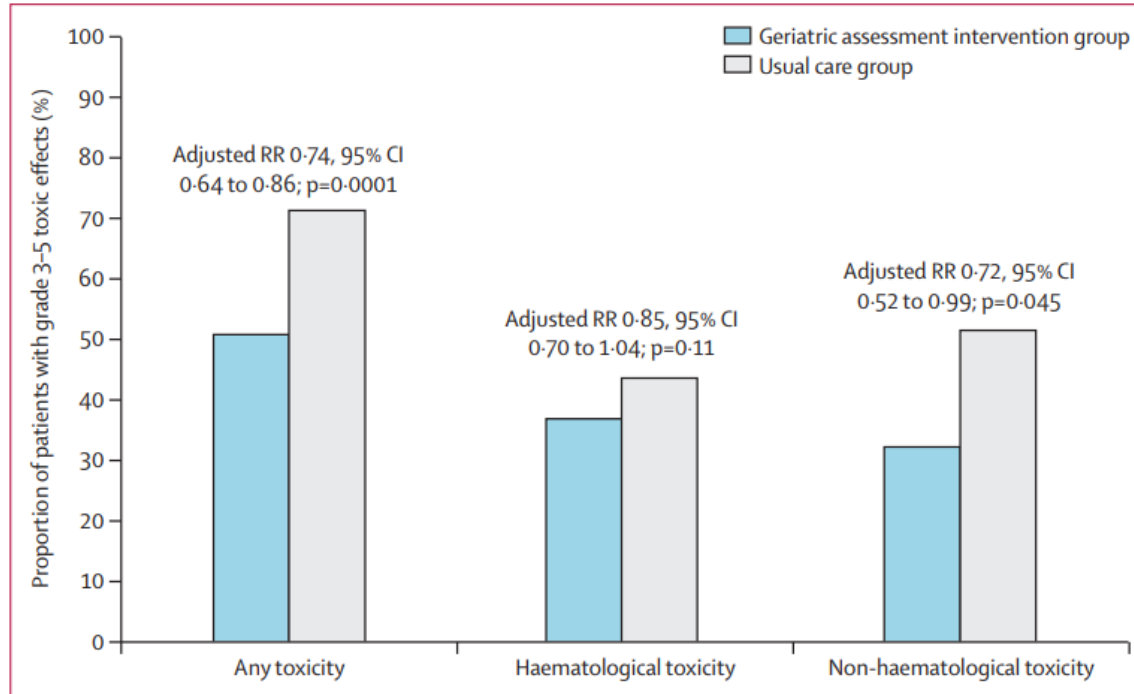
# GAP70+ Results

Accrual 2014-2019, N=718, Median Age 77.2  
years, 311 patients female (43%)  
Mean Number of CGA Domains impaired was 4.5,  
was not significant different

	All patients (n=718)	Geriatric assessment intervention group (n=349)	Usual care group (n=369)
(Continued from previous column)			
Cancer type			
Breast	56 (8%)	19 (5%)	37 (10%)
Gastrointestinal	246 (34%)	132 (38%)	114 (31%)
Genitourinary	109 (15%)	56 (16%)	53 (14%)
Gynaecological	43 (6%)	29 (8%)	14 (4%)
Lung	180 (25%)	64 (18%)	116 (31%)
Lymphoma	46 (6%)	23 (7%)	23 (6%)
Other	38 (5%)	26 (7%)	12 (3%)
Cancer stage			
III	77 (11%)	42 (12%)	35 (9%)
IV	628 (87%)	304 (87%)	324 (88%)
Other	13 (2%)	3 (1%)	10 (3%)
Previous chemotherapy	185 (26%)	104 (30%)	81 (22%)
Number of impaired geriatric assessment domains	4.5(1-6)	4.6(1-6)	4.4(1-5)
Impaired geriatric assessment domains*			
Physical performance	669 (93%)	314 (90%)	355 (96%)
Polypharmacy	584 (81%)	287 (82%)	297 (80%)
Comorbidity	484 (67%)	236 (68%)	248 (67%)
Functional status	412 (57%)	200 (57%)	212 (57%)
Nutrition	439 (61%)	211 (60%)	228 (62%)
Cognition	261 (36%)	140 (40%)	121 (33%)
Social support	194 (27%)	111 (32%)	83 (22%)
Psychological status	205 (29%)	107 (30%)	98 (27%)

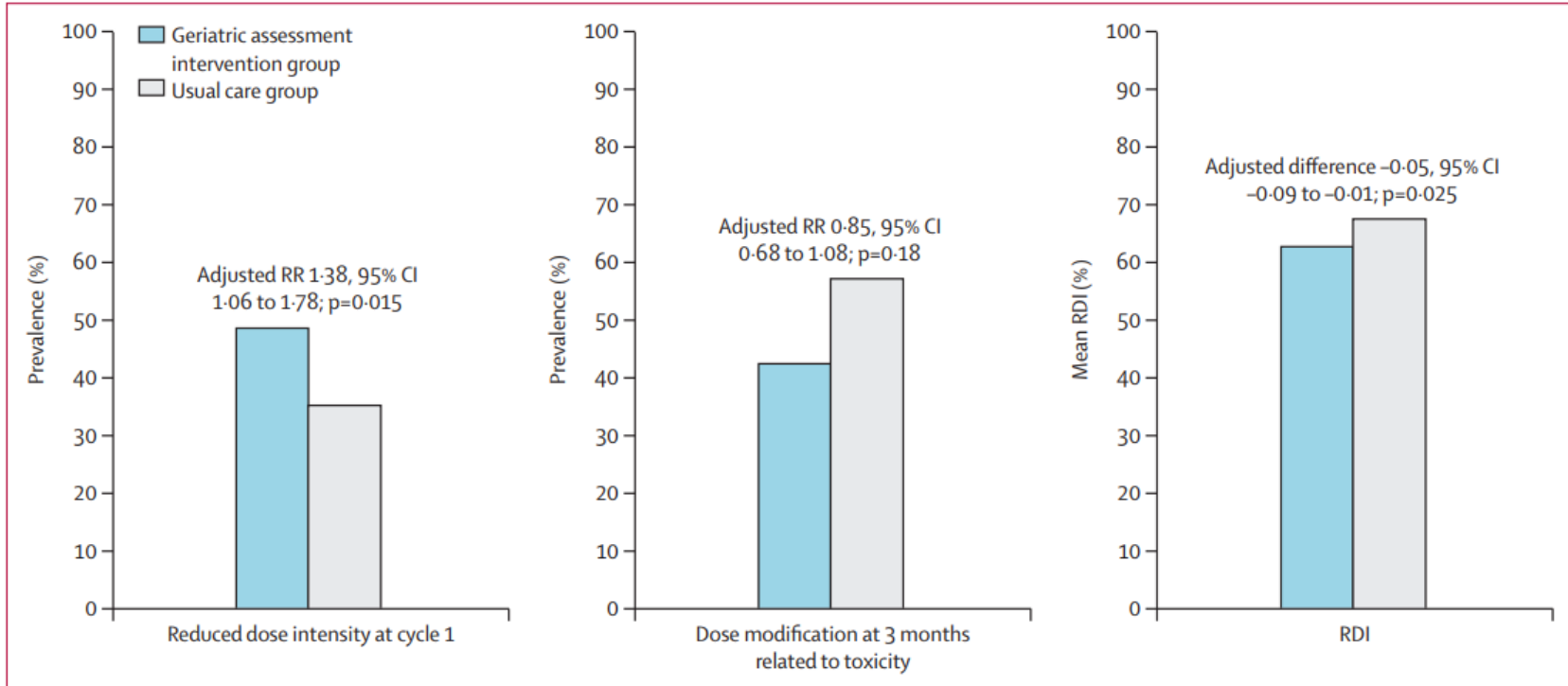
# Prävalenz

Any Grade 3-5 common Terminology Criteria for adverse events toxic effects over 3 months

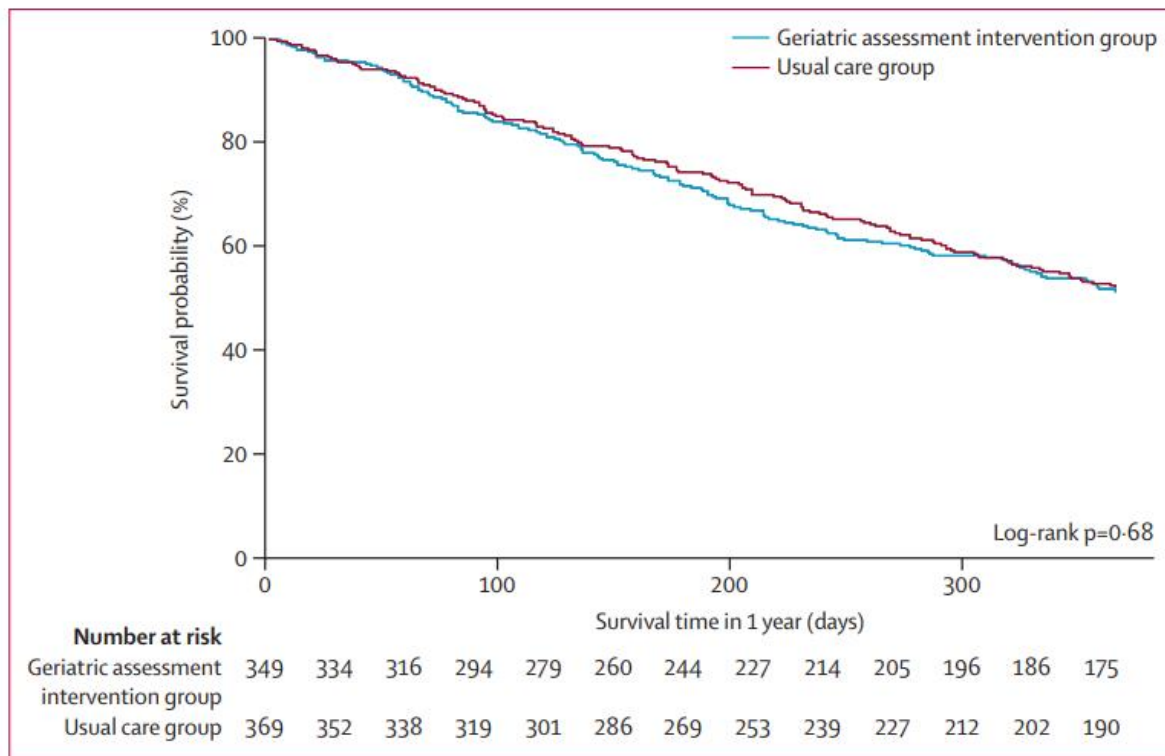


# Treatment intensity by study group

Prevalence of reduced treatment at cycle 1 / over 3 months/Relative dose intensity



# Follow-up: Survival over 1 year



**Ist eine Dosisreduktion «onkologisch sicher»  
Mehr Daten sind hier erforderlich!**



**Ein Beispiel**

An example:

# Dose-optimizing trial in gastroesophageal cancer

JAMA Oncology | **Original Investigation**

## Efficacy of Reduced-Intensity Chemotherapy With Oxaliplatin and Capecitabine on Quality of Life and Cancer Control Among Older and Frail Patients With Advanced Gastroesophageal Cancer The GO2 Phase 3 Randomized Clinical Trial

Peter S. Hall, PhD; Daniel Swinson, MD; David A. Cairns, PhD; Justin S. Waters, PhD; Russell Petty, PhD; Christine Allmark; Sharon Ruddock, BSc; Stephen Falk, MD; Jonathan Wadsley, MA; Rajarshi Roy, MSc; Tania Tillett, MSc; Jonathan Nicoll, MA; Sebastian Cummins, MBBS; Joseph Mano, MD; Simon Grumett, PhD; Zuzana Stokes, MUDr; Konstantinos-Velios Kamposioras, PhD; Anirban Chatterjee, MBBS; Angel Garcia, MD; Tom Waddell, MD; Kamalnayan Gupta, MD; Nick Maisey, MD; Mohammed Khan, MD; Jo Dent, MSc; Simon Lord, PhD; Ann Crossley, DipHE; Eszter Katona, MA; Helen Marshall, MSc; Heike I. Grabsch, PhD; Galina Velikova, PhD; Pei Loo Ow, MSc; Catherine Handforth, PhD; Helen Howard, PhD; Matthew T. Seymour, MD; for the GO2 Trial Investigators

# Question?

**Multicenter, noninferiority, open-label randomized trial took place at oncology clinics in the United Kingdom with nurse-led geriatric health assessment**

Question??

**Do older and/or frail patients with advanced gastroesophageal cancer benefit from less intensive palliative chemotherapy, and can a formal geriatric assessment assist treatment decision-making?**

Two Randomizations: Dose level A, B, C and Dose-level C vs. BSC



# Randomizations

**Oxaliplatin/capecitabine at Level A** (oxaliplatin 130 mg/m<sup>2</sup> on day 1, capecitabine 625 mg/m<sup>2</sup> twice daily on days 1-21, on a 21-day cycle)

Level B (doses 0.8 times A)

Level C (doses 0.6 times A)

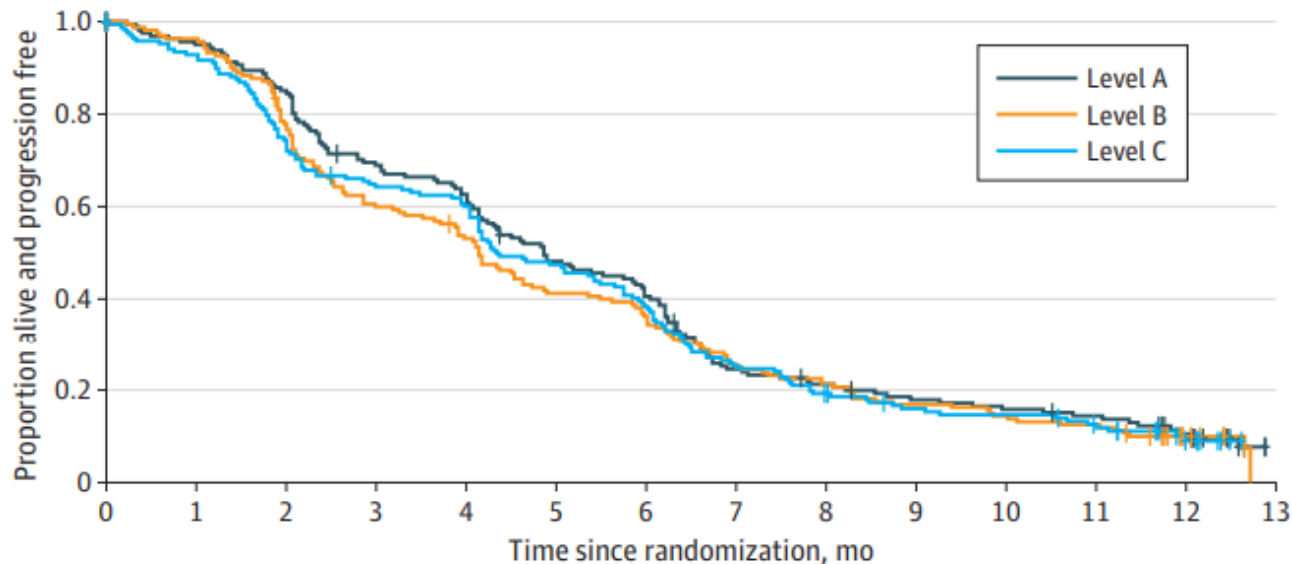
Alternatively, if the patient and clinician agreed the **indication for chemotherapy was uncertain**, the patient could instead enter **CHEMO-BSC**, comparing Level C vs best supportive care.

# Baseline characteristics

Treatment allocation	No. (%)				
	CHEMO-INTENSITY <sup>a</sup> pathway			CHEMO-BSC <sup>a</sup> pathway	
	Level A (n = 170)	Level B (n = 171)	Level C (n = 173)	Level C (n = 23)	BSC (n = 22)
Age, median (range), y	76 (57-96)	76 (51-91)	77 (56-88)	79 (66-89)	78.5 (58-88)
Male gender	131 (77)	129 (75)	125 (72)	14 (61)	13 (59)
WHO performance status					
0	27 (16)	23 (13)	22 (13)	0	0
1	90 (53)	94 (55)	95 (55)	9 (39)	6 (27)
2	49 (29)	47 (27)	52 (30)	11 (48)	14 (64)
>2	3 (1.8)	7 (4.1)	3 (1.7)	3 (13)	2 (9.1)
Frailty					
Not frail (0-1 domains)	23 (14)	30 (18)	41 (24)	2 (8.7)	1 (4.5)
Slightly frail (2 domains)	44 (26)	45 (26)	32 (18)	5 (22)	6 (27)
Severely frail (≥3 domains)	103 (61)	96 (56)	100 (58)	16 (70)	15 (69)
Frailty/age					
Age ≥75 y and frail	74 (44)	81 (47)	71 (41)	15 (65)	16 (73)
Age ≥75 y and nonfrail	16 (9)	15 (9)	20 (12)	1 (4)	1 (4)
Age <75 y and frail	73 (43)	60 (35)	61 (35)	6 (26)	5 (23)
Age <75 y and nonfrail	7 (4)	15 (9)	21 (12)	1 (4)	0

# Chemo-Intensity

## Progression-free Survival

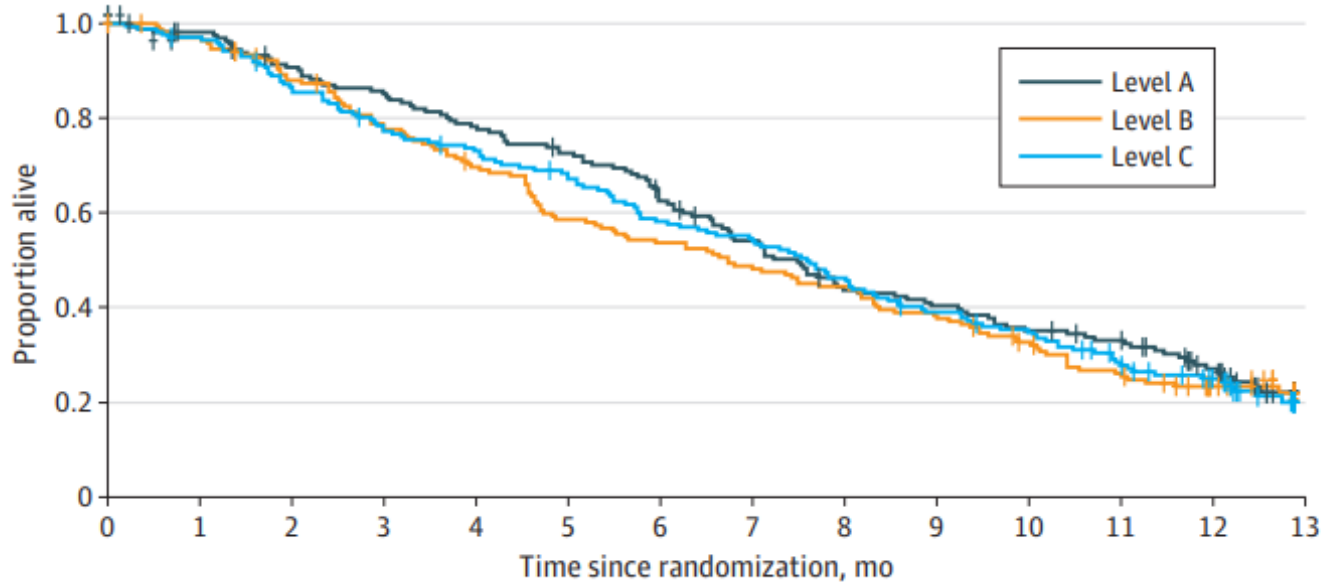


No. at risk

Level A	170	153	137	110	100	76	64	38	32	26	23	20	12	0
Level B	171	157	126	97	85	66	58	40	34	27	23	20	8	0
Level B	173	156	125	107	100	79	64	42	31	24	22	17	7	0

# Chemo-Intensity

## Overall Survival

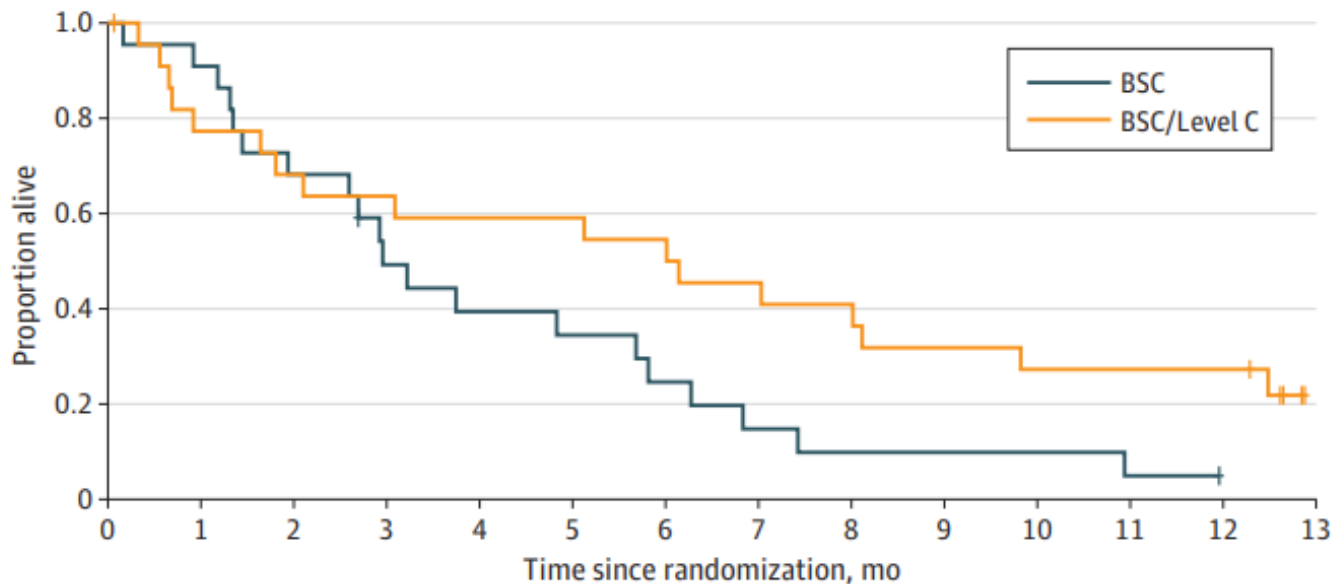


No. at risk

Level A	170	159	145	136	125	115	98	83	66	61	53	48	32	0
Level B	171	163	145	127	113	95	87	78	72	62	50	39	25	0
Level B	173	167	148	131	123	112	97	90	77	64	56	43	31	0

# Chemo-BSC

## Overall Survival



No. at risk

BSC	22	20	15	10	8	7	5	3	2	2	2	1	0	0
BSC/Level C	23	17	15	14	13	13	12	10	9	7	6	6	6	0

# Toxic effects

## Reported within 9 weeks of starting chemotherapy

Allocation	Randomization, No. (%)							
	CHEMO-INTENSITY <sup>a</sup>						CHEMO-BSC <sup>a</sup>	
	Level A (n = 162)		Level B (n = 162)		Level C (n = 168)		Level C (n = 18)	
Max CTCAE grade (week 1-9) <sup>b</sup>	≥2	≥3	≥2	≥3	≥2	≥3	≥2	≥3
Nausea or vomiting	47 (29)	14 (8.6)	33 (20)	8 (4.9)	29 (17)	12 (7.1)	2 (11)	0
Anorexia	45 (28)	11 (6.7)	46 (28)	14 (8.6)	32 (19)	3 (1.8)	13 (17)	0
Diarrhea	34 (21)	10 (6.2)	19 (12)	10 (6.2)	7 (4.2)	3 (1.8)	1 (5.6)	1 (5.6)
Peripheral neuropathy	24 (15)	4 (2.5)	11 (6.7)	1 (0.6)	6 (3.6)	1 (0.6)	2 (11)	0
Fatigue	86 (53)	24 (15)	72 (44)	20 (12)	67 (40)	18 (11)	6 (33)	4 (22)
Infection	7 (4.3)	4 (2.5)	15 (9.3)	9 (5.6)	5 (3.0)	1 (0.6)	0	0
Thrombosis	5 (3.1)	5 (3.1)	4 (2.5)	3 (1.9)	3 (1.8)	2 (1.2)	2 (11)	2 (11)
Any nonhematological <sup>c</sup>	125 (77)	62 (38)	116 (72)	58 (36)	101 (60)	38 (23)	10 (56)	7 (39)
WBC/neutrophils (×10 <sup>9</sup> /l)	10 (6.2)	1 (0.6)	3 (1.9)	0	5 (3.0)	1 (0.6)	0	0
Anaemia	26 (16)	1 (0.6)	33 (20)	6 (3.7)	22 (13)	3 (1.8)	2 (11)	0
Any hematological <sup>d</sup>	33 (20)	3 (1.9)	36 (22)	6 (3.7)	27 (16)	4 (2.4)	2 (11)	0

# Was sind GO-Interventionen?

- Dosisoptimierung
- Polypharmazie vermeiden
- Physiotherapie (Prä-Rehabilitation)
- Ergotherapie
- Ernährungsberatung und Einstellung
- Behandlung von Kachexie
- Einstellung von Depression & Demenz
- Optimierung aller Komorbiditäten
- Schaffen eines sozialen Netzes














# Welche Expertise wird benötigt?

A photograph showing the hands of several people of different ethnicities and ages stacked together in a circle. The hands are of various skin tones, from light to dark. Some people are wearing watches or bracelets. The background is a blurred, light-colored wall.

- Onkologe/Hämatologie
- Geriatrie
- Hausarztmedizin
- Pflegeexpertise
- Rehabilitative Medizin
- Pharmakologie
- Psychiatrie
- Und andere



# Practical Assessment and Management of Vulnerabilities in Older Patients Receiving Systemic Cancer Therapy: ASCO Guideline Update

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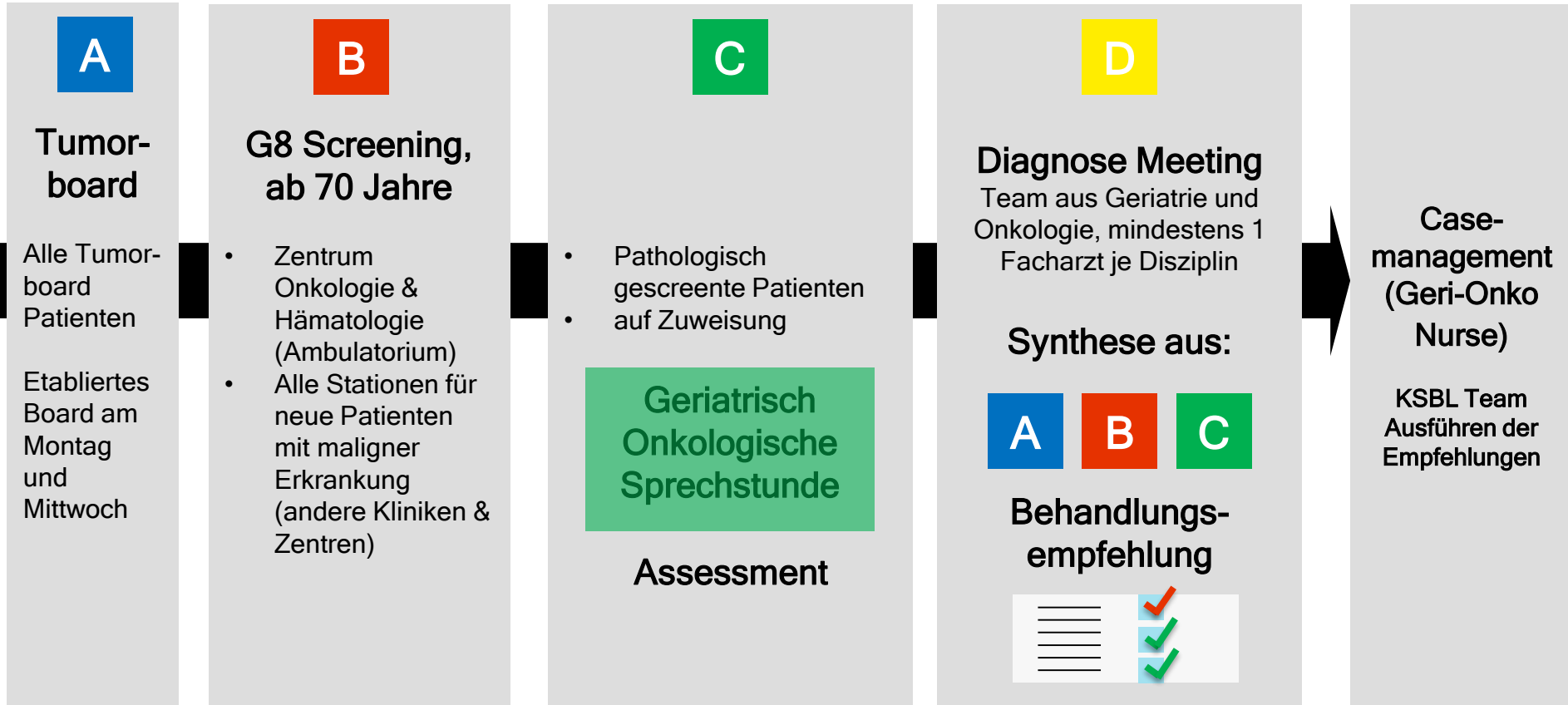
Cancer and Aging Res Group

TABLE 3. Practical Geriatric Assessment Proposed Scoring and Recommendations

Domain	Measure	Items	Definition of Impairments	Recommendation if Patient Meets Threshold for Impairment
Physical function/performance	Falls Physical function 4-meter gait speed	Single item of falls in last 6 months Walking one block and climbing one flight of stairs Time in seconds	≥1 falls <sup>44,45</sup> Any limitation (a little or lot) <sup>44</sup> Time ≥4 seconds (or gait speed ≤1.0 m/s <sup>46,47</sup> )	(For falls specifically)—check orthostatic blood pressure and adjust blood pressure medications if blood pressure is low or low normal. Offer falls prevention handout Weigh risks and benefits of cancer treatment options, incorporating information about physical performance Consider physical therapy (outpatient or home-based depending on eligibility for home care); request gait/assistive device evaluation, lower-extremity strength, and balance training Consider occupational therapy (if eligible for home care, referral for home safety evaluation); request evaluation and treatment
Functional status	QARS IADL QARS activities of daily living (IADL)	6 IADL items (walking, transportation, meals, housework, medicines, and money) 3 ADL items (in/out of bed, dressing, and bath/shower)	Any IADL items with some help or unable <sup>41,48,49</sup> Any ADL items with some help or unable	Consider the following potential cancer treatment modifications, particularly in the noncurative treatment setting: (1) consider single agent rather than doublet therapy; (2) modify dosage (eg, 20% dose reduction with escalation as tolerated); (3) modify treatment schedule if appropriate Consider more frequent toxicity checks (weekly or every other week) Consider physical therapy (outpatient or home-based depending on eligibility for home care); request gait/assistive device evaluation, strength, and balance training Consider occupational therapy (outpatient or home-based depending on eligibility for home care); request evaluation and treatment for functional impairment
Nutrition/weight loss	Single item from the G-8 and MNA	Weight loss during the past 3 months? 0 = weight loss >3 kg (6.6 lbs) 1 = does not know 2 = weight loss between 1 and 3 kg (2.2 and 6.6 lbs) 3 = no weight loss (range, 0-3)	Score of 0 <sup>50,51</sup>	Discuss concerns related to nutrition and how potential treatment may impact nutrition Consider recommendations and/or handouts for nutritional supplements, liberalize calorie-restricted diets; small frequent meals, and/or high-protein/high-calorie snacks Consider referral to (1) nutritionist/dietician, (2) dentist if poor dentition or denture issues, (3) speech therapy if difficulty with swallowing; (4) meals-on-wheels Use caution with highly emetogenic regimens and use aggressive antiemetic therapy Refer to physical therapy/occupational therapy for functional impairments affecting food intake Consider medications for loss of appetite
Social support	MOS social support 8 item	Instrumental items 1-4 Emotional items 5-8	Any instrumental item with none, a little, or some of the time <sup>52,53</sup> Any emotional item with none, a little, or some of the time <sup>53,54</sup>	Discuss adequacy and availability of social support at home Discuss who the patient can contact in case of an emergency Confirm documented health care proxy is in the medical record Consider referral or information on (1) social worker or (2) visiting nurse service or home health aide (if meets criteria) Order on-person lifeline emergency service
Psychological	PROMIS Anxiety 4-item GDS 5	Summed 4-20 raw score Sum of 1 point for no answer to item 1 and 1 point for yes answers to items 2-5 (range 0-5)	Raw score: ≥11 <sup>54,55</sup> Score: ≥2 <sup>56,57</sup>	Discuss history of mood issues and treatment history Consider referral to (1) psycho-oncology (social work, clinical psychology) for counseling, (2) psychiatry if severe symptoms or if already on medications that are inadequate, (3) spiritual counseling or Chaplaincy services, (4) palliative care if other physical and/or cancer symptoms present Consider initiating pharmacologic therapy if appropriate in conjunction with PCP Provide linkage to community resources (such as support groups and local/national buddy or volunteer programs) Assess suicide risk and/or elder abuse if appropriate

(continued on following page)

# Interdisziplinärer Patientenpfad: Programm KSBL 2024



# Zusammenfassung

## Geriatrische Onkologie

- Mehr Forschung im Bereich «geriatrische Onkologie» ist notwendig.
  - Z.B. Dosisfindungsstudien bei gebrechlichen Patienten
- Hohe Evidenz bezüglich Prädiktion Toxizität in der:
  - Gain Study
  - GAP70+
- Patientinnen ab 70 Jahren sollte das Angebot einer geriatrischen Evaluation gemacht werden, wenn das Screening auffällig ist.
- Ein Aufbau von mehr Units geriatrische Onkologie in der Schweiz wäre wünschenswert

10. Dezember 2024 -Hausarztfortbildung

# Vielen Dank!

Perspektive vom KSBL - Marcus Vetter

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