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IMPACT OF A SPECIFIC MULTIDISCIPLINARY GERIATRIC ONCOLOGY CLINICAL PATHWAY ON THE NUMBER AND TYPES OF IMPLEMENTED GERIATRIC INTERVENTIONS.

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Introduction: Geriatric interventions may improve several aspects of older cancer patient's condition. Therefore we created a multidisciplinary geriatric oncology (GO) clinical pathway with active implementation of geriatric interventions.

Objectives: The aim of this study was to assess the impact of a specific multidisciplinary GO clinical pathway on the number and types of implemented geriatric interventions.

Methods: Multicenter (N=3) observational study including patients ≥70y with cancer for whom anticancer therapy was considered. Patients with a G8 score ≤ 14 underwent a multidimensional Geriatric Assessment (GA). Each patient with GA was discussed at a weekly Multidisciplinary Geriatric Oncology Meeting (MGOM) gathering at least a geriatrician, an oncologist and a GO care coordinator. A personalized GO care plan including opinion on the proposed anticancer therapy and recommended geriatric interventions was addressed to treating physicians. Implementation of the geriatric interventions was actively coordinated by the GO care coordinator: for each patient, the appropriate healthcare workers were personally contacted and appointments were made. About three months after MGOM, a follow-up was performed and the implementation of the geriatric interventions was checked. At each step of this clinical pathway data were prospectively collected and statistical analysis was performed.

Results: From March 2013 until February 2015, 1310 patients were screened. G8 score was ≤ 14 in 901 (68.8%) of them. Among these patients mean age was 81.4±6.0 years, 56.7% were female, 88.6% lived at home and 54.8% had professional help/care at home at baseline. Cancer was newly diagnosed in 83.1% and stage-IV disease in 35.5% of patients. Chemotherapy was the most frequently proposed treatment (43.8% of patients). Patients took on average 6.4±3.5 different drugs per day. Mean ADL- and IADL-scores were 9.2±4.5 (Katz scale, /24) and 4.6±2.6 (Lawton scale, /8) respectively. Two fifths (39.2%) of patients experienced at least one fall during the past year. Mean Timed Up and Go was 16.6±9.4 seconds. Mean pain- and fatigue-scores (both measured by visual analogical scale, /10) were 3.0±3.2 and 4.5±3.2 respectively. MMSE and GDS-15 scores were abnormal in 18.2% and 28.1% of patients respectively. Malnutrition or risk of malnutrition was present in 84.4% of patients. Mean ZBI-12 score was 9.7±7.7. Geriatric problems were detected in 96.1% of patients by GA. At baseline, 4.1±1.9 geriatric interventions on average per patient were recommended. At follow-up, 86.2% of patients had at least one suggested intervention implemented. The mean number of implemented geriatric interventions per patient at follow-up time point was 3.5±1.7. Most frequent implemented geriatric interventions were: nutritional interventions in 79.6% of patients (incl nutritional supplements in 62.8%), functional support in 40.4% of patients (incl physiotherapy sessions in 22.9% and nursing care in 15.2%), medical treatment adaptation in 28.4% of patients, psychological support in 27.9% of patients, fatigue monitoring in 21.2% of patients and pain management in 20.4% of patients.

Conclusion: In a population of old and frail cancer patients, a multidisciplinary GO clinical pathway with active implementation of GA-based geriatric interventions is feasible and leads to a high level of recommended and implemented interventions. The most frequent implemented geriatric interventions were nutritional and functional supports.

Disclosure of Interest: None Declared

Keywords: geriatric assessment, geriatric interventions, geriatric oncology clinical pathway, multidisciplinarity