Feasibility and results of a pragmatic geriatric assessment (PGA) in a Brazilian Oncology unit. A plan to bypass the most common obstacles in implementing geriatric assessment to older patients with cancer.

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INTRODUCTION:For the majority of geriatric patients with cancer, the dull reality still is never receiving any form of geriatric assessment. Lack of time and human resources, the complexity of tests, and financial issues are reasons frequently cited for not performing these necessary evaluations. To bypass these constraints, we designed a pragmatic geriatric assessment (PGA) with the purpose of efficiently and in a short time, evaluate critical geriatric domains, retrieving crucial information with minimal use of human and financial resources.

OBJECTIVES:To evaluate the feasibility and present the results of a PGA planned to retrieve relevant information and help the oncology team to design tailored medical decisions to the individual patient, as well as implement essential preventive measures before or concomitant to planned treatment(s).

METHODS:Previously to the first patient consultation, the Nurse applied the PGA consisting of: a) Gait speed analysis (4 meters test), b) Polypharmacy questionary, c) Mini-nutritional assessment, d) Geriatric depression scale-5 (GDS-5) and, e) Mini-Cog. We analyzed the descriptive statistics of our population and the results of the PGA, with particular attention to time to complete the assessments.

RESULTS and CONCLUSIONS:In eight months, we evaluated 71patients (60% women) >60 years-old. The mean age was 73 years (range 61-93). The mean time to complete the PGA was 8.5 minutes (range 5-16). Treatment was palliative in 48% of patients. According to gait speed, 39% of patients were fit (≥ 1m/s), 39% pre-frail (< 1m/s > 0.6m/s) and 22% frail (≤ 0.6m/s). Mini-Cog and GDS-5 were positive in 42% and 23% of patients. Nutritional risk and polypharmacy (> 3 medications) were present in 62% and 51% of patients, respectively.
The PGA, as described, is not only feasible and effective but also practical. Speedily, It unveils important pieces of clinical information and is highly suitable for use in oncology units where resources are scarce.

Keywords: PRAGMATIC GERIATRIC EVALUATION

Demographic and characteristics of patients

Characteristic	Total number of patients (pts) (N=71)
Median age	73 years (range 61-93)
Paliative intention of treatment	34 pts (48%)
Mean time to perform PGA	8,5 min (range 5-16)
Gait speed	Mean time 0,94m/sec (range 0,19-1,69)
Fit (≥1m/s)	28 pts (39%)
Pre-frail (<1 m/s > 0.6m/s)	28 pts (39%)
Frail (< 0.6 m/sec)	15 pts (22%)
Polypharmacy (> 3 medications) Mean Number of medications for each patient	36 pts (51%) 4 medications (range 0-14)
Simplified MNA - Risk of malnutrition	44 pts (62%)
GDS-5 - Risk of depression	16 pts (23%)
Mini-Cog - Risk of cognitive impairment or dementia	30 pts (42%)

We used GS <1 m/s with a double measure as a simplified screening tool in older cancer outpatients. 1- Oncotarget. 2017;8(31):50393–50402. 2-J Geriatr Oncol. 2015 Nov;6(6):484-96.