



GERIATRIC ASSESSMENT IN PATIENTS PRESENTING TO RADIATION ONCOLOGY OUTPATIENT CLINIC: A CROSS-SECTIONAL STUDY

Vaishali Kataria*, Shikha Goyal, Bhavana Rai, Srinivasa GY, Sushmita Ghoshal
 Department of Radiotherapy and Oncology, Post Graduate Institute of Medical Education and Research, Chandigarh - 160012, India

CARG (Cancer and Aging research group) chemotherapy toxicity calculator :

- Low : 0-5 (30%)
 - Intermediate : 6-9 (52%)
 - High : 10-19 (83%)
- Predictive of serious chemotherapy related toxicities

GFI (Groningen Frailty index) : Cut off score for frailty: ≥4

- Physical
- Cognitive
- Social
- Psychological domain

G8 questionnaire : screening tool to assess frailty

≤14 points → more frequent health care resource use

TUG (Timed up and go) test : cut off >20 seconds

- Used to assess physical performance
- Functional mobility of older adults
- Assess their risk of falls

Mini-cog score : brief screening tool for cognitive impairment

- Cut off score <4

INTRODUCTION

- Age, Frailty - routinely not incorporated in treatment decisions in cancer patients
- Increased longevity & cancer incidence → higher need for comprehensive geriatric assessment (GA)
- GA: Evaluate comorbidities & nutritional status; screen for cognitive decline
 - To guide referrals to supportive care services
 - To allow for patient centered decision making
- Aim of current study
 - Feasibility of geriatric screening by radiation oncologists during first consult
 - Estimate proportion of frail elderly patients who require a more comprehensive evaluation

METHODS AND MATERIALS

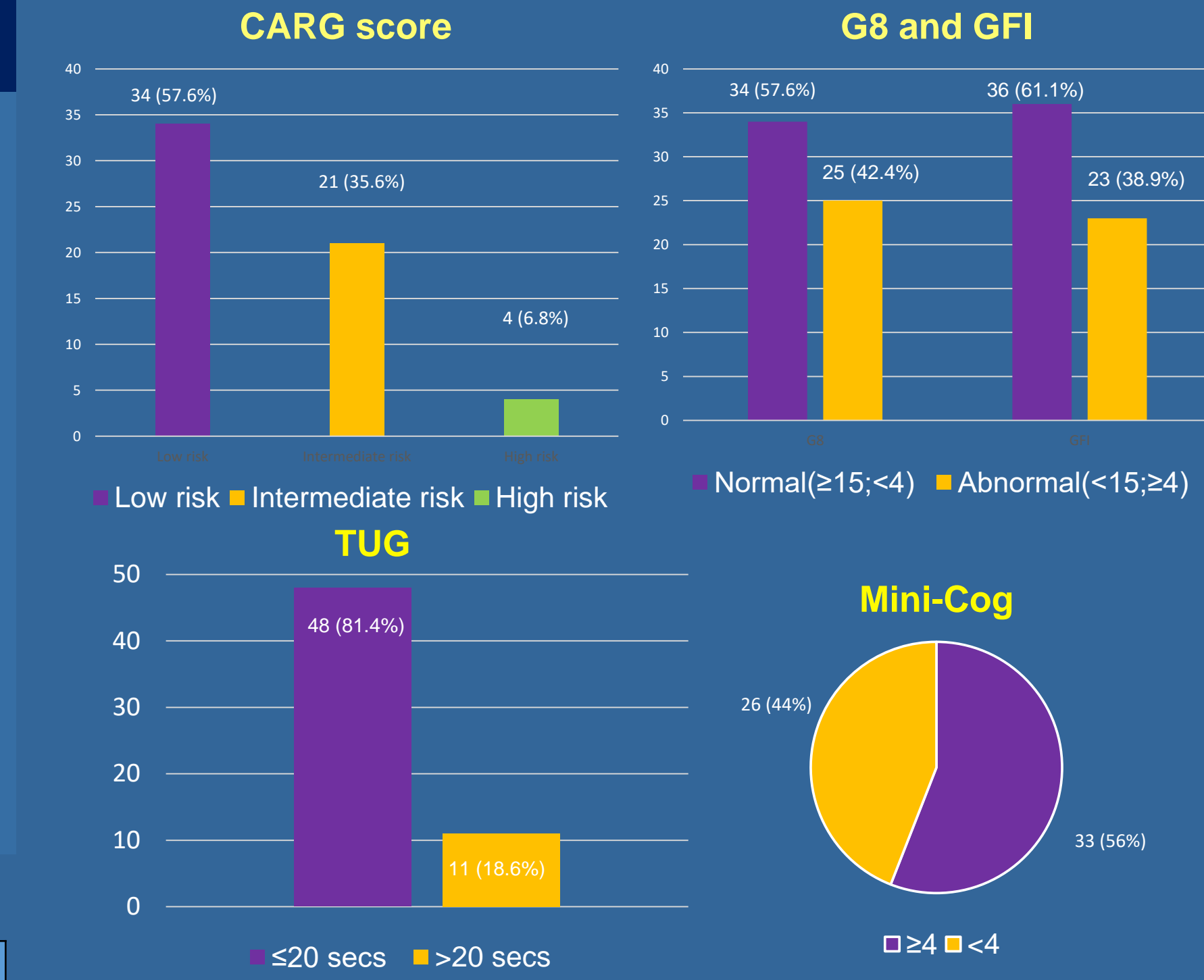
- STUDY DESIGN: Prospective, cross-sectional study
- STUDY POPULATION: Patients aged ≥65 years registered in radiation oncology clinic
- STUDY PERIOD: April to December 2023 (9 months)
- SAMPLE SIZE: 59 patients
- SCREENING TOOLS
 - CARG, G8 geriatric assessment questionnaire, GFI, Timed up & go test, Mini-Cog
- STATISTICAL ANALYSIS
 - Descriptive statistics using SPSS v.26

RESULTS

- Male:female ratio = 2:1
- Median age 71 years (range: 65-86 years)
- Median KPS 80 (range: 50-90)
- Comorbidities
 - HTN (35.6%), DM (22%), Cardiac ds (11.8%)
 - 23.7% patients had ≥2 comorbidities
- 43 patients received RT: intent was curative in 72%
- Questionnaire completion rate: 100%
- History of falls in 6 (10.1%) patients
- All four scores were abnormal in 11 (18.6%) patients.

Table 1. Disease characteristics and planned treatment

Parameter	Subset	N (%)
Site of malignancy	Genitourinary	
	Prostate	27 (45.8%)
	Bladder	7 (11.8%)
	Kidney	2 (3.4%)
	Gynecological	
	Cervix	13 (22.0%)
	Ovary	1 (1.7%)
	Others	
	Lung	5 (8.5%)
	CNS	3 (5.1%)
Thyroid	1 (1.7%)	
Disease stage	Localized or locally advanced	34 (57.6%)
	Metastatic	25 (42.4%)
Treatment intent	Curative	44 (74.6%)
	Palliative	15 (25.4%)
Treatment modality	Surgery	10 (16.9%)
	Chemotherapy	27 (45.0%)
	Radiotherapy	43 (73.0%)
	Hormone therapy	26 (44.0%)



CONCLUSIONS

- Geriatric screening by ROs is feasible in outpatient setting
- In our dataset, 18.6% patients were frail and 6.8% had high chemotherapy toxicity risk
- Cognitive impairment was common.
- These patients need dedicated geriatric evaluation modification of treatment protocols, and social support for care and medication

*Corresponding author:
 Dr Vaishali Kataria (katariavaishali96@gmail.com)