



# DEVELOPMENT OF A NEW MODEL FOR PREDICTION OF RELEVANT TREATMENT-RELATED ADVERSE EVENTS IN OLDER PATIENTS WITH GASTROINTESTINAL CANCER

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## BACKGROUND

- Older adults with GI cancers are at high risk of chemotherapy-related toxicity.
- Existing tools like CARG score may have limitations, especially inpatients with GI cancers on multi-agent chemotherapy.
- There is a need for better and potentially simpler predictive models tailored to this group.

## INCLUSION CRITERIA & DESIGN

### Inclusion criteria

Patients  $\geq 60$  years with GI cancers.

### Assessment

Comprehensive Geriatric Assessment (CGA): Function, comorbidities, nutrition, medications, cognition, psychology, social support

**CARG score** was also calculated.

### TRAE analysis

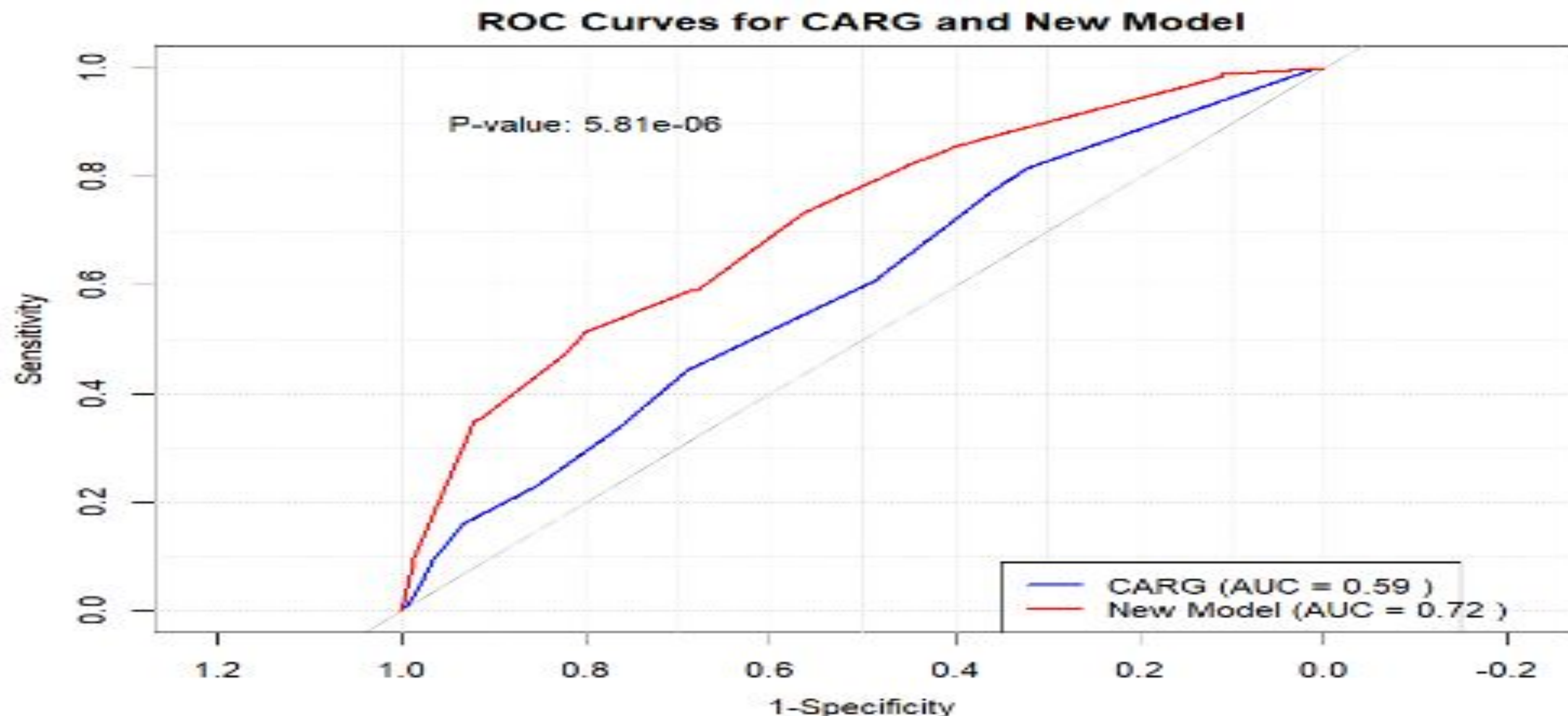
Grade 3–5 adverse events (CTCAE) and emergent hospitalizations.

### Trial design and intervention

Retrospective cohort

## PATIENT PROFILE

- Total Patients:** 701
- Median Age :** 67 (Range-63-72)
- Stage IV Cancers:** 58%
- Cancer Types:**
  - Gastric/Esophageal 50%
  - Pancreatobiliary : 34%
  - Colorectal: 12%

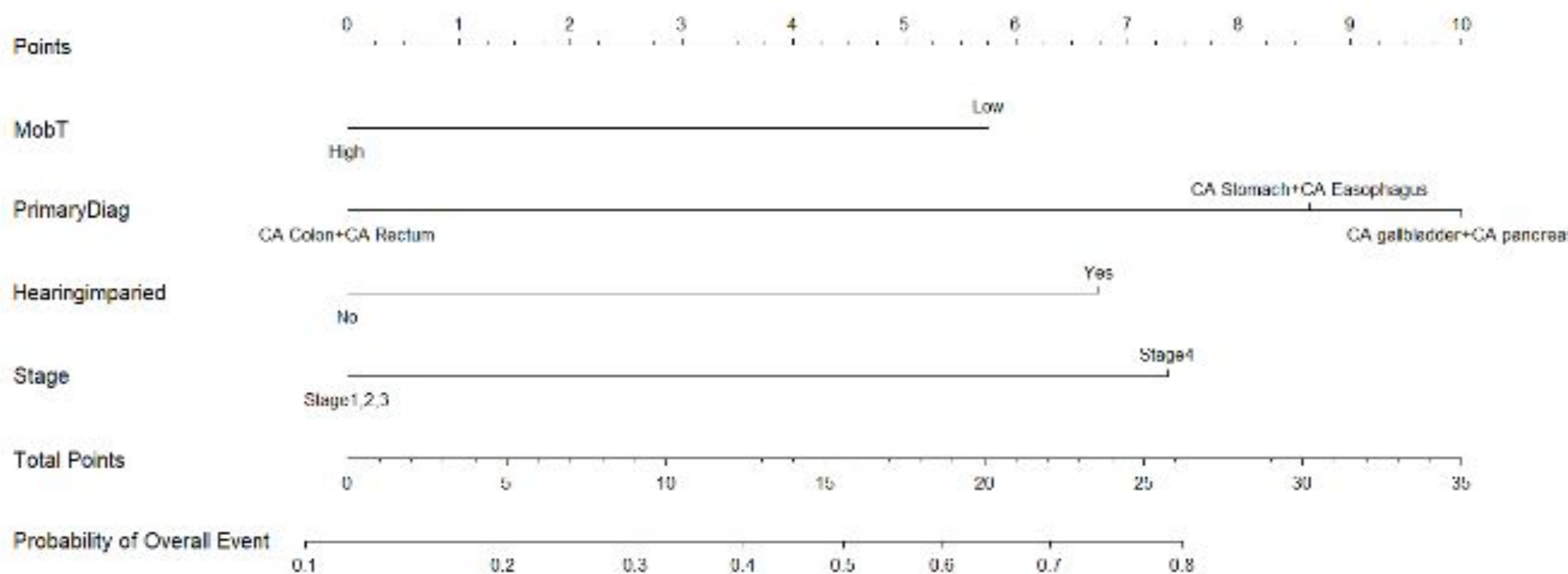


## CONCLUSIONS

- Simpler, more accurate model for predicting chemotherapy toxicity in GI cancers
- Outperforms CARG in older adults with GI cancer.
- Requires validation in prospective studies.
- New model uses simple, clinical variables.
- Can enhance clinical decision-making and improve outcomes.



## NOMOGRAM

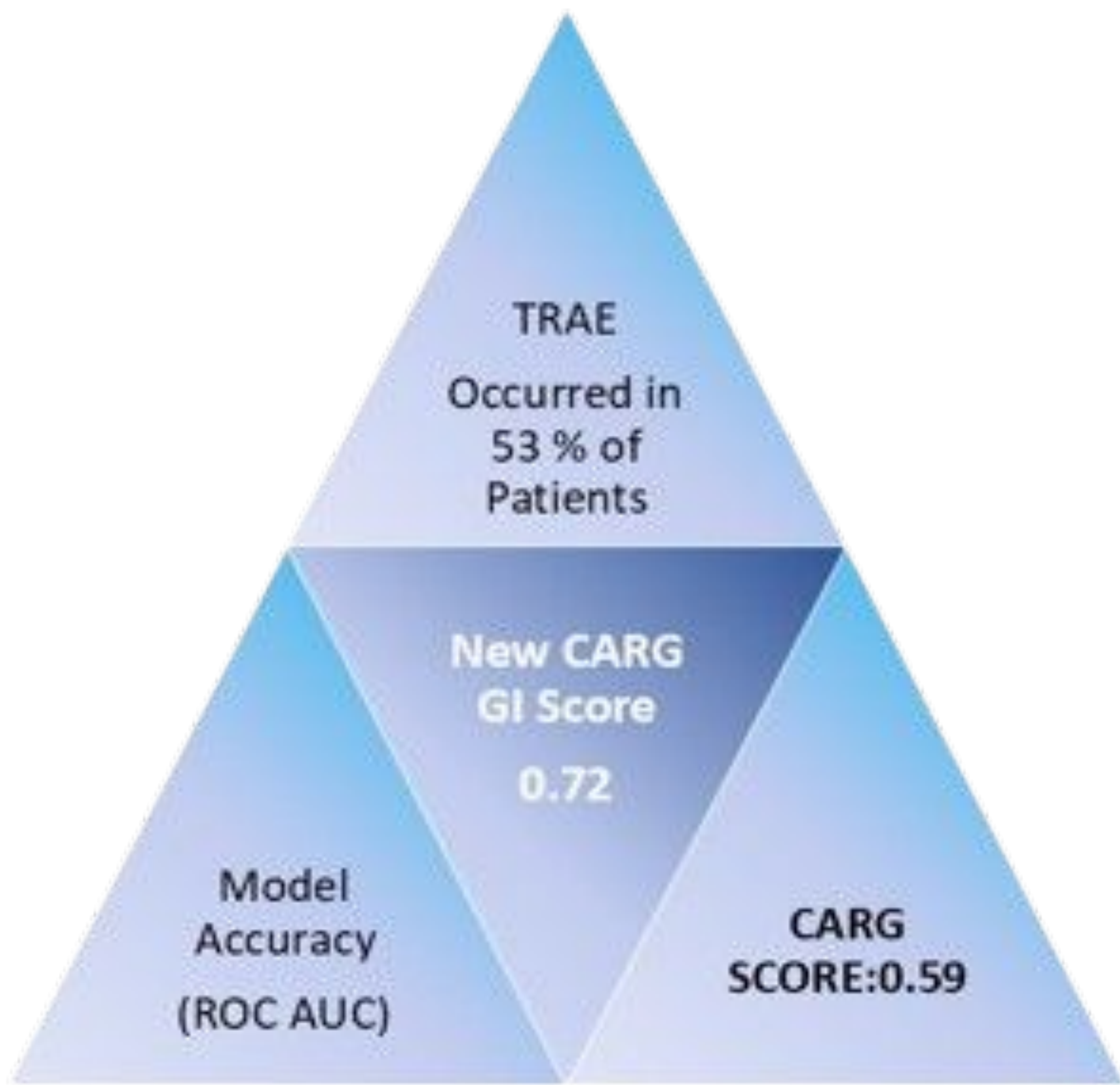


## SCORING CARG-GI - New Tool

Domain	Score
MobT	
• 0-4	6
• 5-6	0 (reference)
Epicenter of Primary	
• Colorectal	0 (reference)
• Gastro-esophageal	8
• Pancreatobiliary	10
Stage	
• I-III	0 (reference)
• IV	7
Impairment of hearing	
• Absent	0 (reference)
• Present	7
Range	0-30

Risk Score	Proportion with Toxicity (%)
Low (0-11)	28
Intermediate Risk (12-23)	52
High (>23)	83

## Results Model Performance



## CONTACT DETAILS AND ACKNOWLEDGEMENT

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