# GOAT – Geriatric and Oncologic Assessment before Treatment

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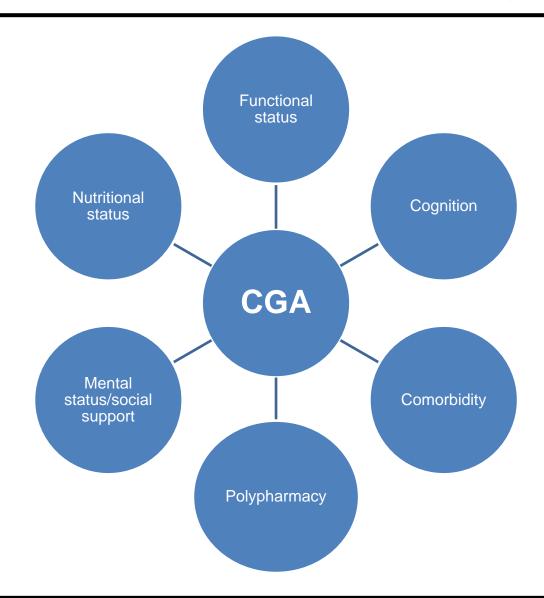








## **Comprehensive Geriatric Assessment (CGA)**



### SIOG Consensus on CGA in Older Patients with Cancer

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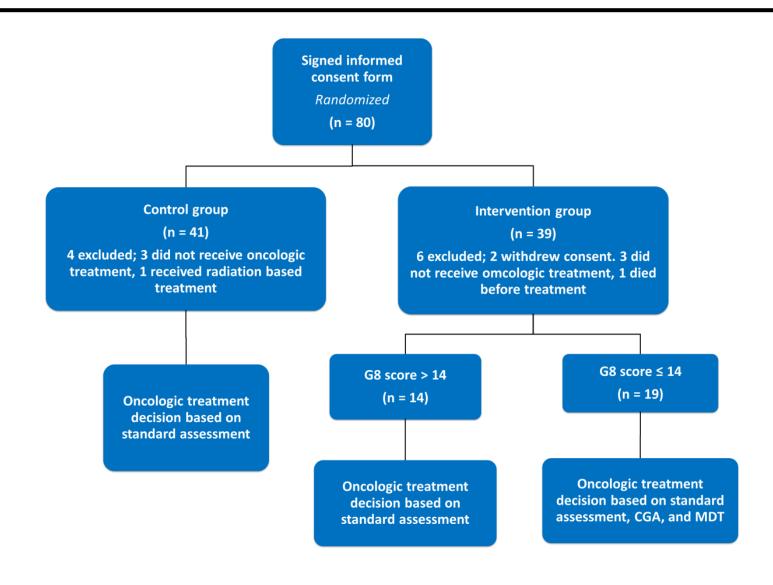
REVIEW ARTICLE

International Society of Geriatric Oncology Consensus on Geriatric Assessment in Older Patients With Cancer

Comprehensive Geriatric Assessment (CGA) is valuable for the following reasons:

- Detection of impairments not identified in routine history or physical examination.
- Ability to predict severe treatment-related toxicity.
- Ability to predict overall survival (OS).
- Ability to influence treatment choice and intensity.

## Study design



## **Endpoints**

#### **Primary endpoint**

Rate of completion of oncologic treatment as scheduled (number of planned courses)
without premature termination due to unacceptable toxicity, progression of disease or
death.

#### **Secondary endpoints**

- Toxicity
- Quality of life (QoL)
- Time to first treatment
- Progression-free survival (PFS)
- Overall survival (OS)

# **Preliminary results – first 80 patients**

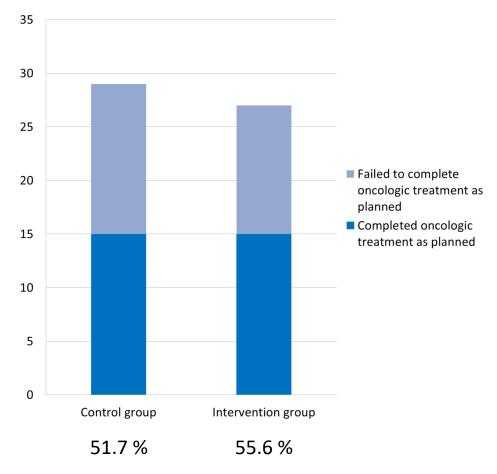
Table 1: Patient characteristics	
Diagnosis, N (%)	
Gynecological cancer	36 (45.0)
Urological cancer	37 (46.3)
Lung cancer (NSCLC)	7 (8.8)
Gender, N (%)	
Male	39 (48.8)
Female	41 (51.3)
Age, median (range)	74 (70-87)

## Preliminary results – first 80 patients

**56 patients** had completed oncologic treatment at the time of this summary – 29 in the control group and 27 in the intervention group.

- ≥ 1 dose reduction: 3 patients (all in the control group)
- > 14 days dose delay: 0 patients

Primary endpoint: completion of oncologic treatment as planned.



## **Preliminary conclusions**

- Incorporating geriatric assessment in the clinical oncologic setting seems feasible.
- Not a convincing difference in completion of oncologic treatment as scheduled for the first 56 patients, who had completed treatment – this can change, when the total population is assessed.
- Inclusion completed in May 2018.
- Interesting to see, if there is a difference in toxicity and the other secondary endpoints between the two groups.



## **Comprehensive Geriatric Assessment (CGA)**

Domain	Tests
Functional status	Barthel-20 Index, fall assessment, Hand Grip Strength Test, Chair Stand Test, and lung function test
Comorbidity	Charlson Comorbidity Index (CCI)
Polypharmacy	STOPP/START
Nutrition	Modified Mini Nutritional Assessment (modified MNA)
Cognition	Blessed Orientation-Memory- Concentration test (BOMC test).
Mental status	No specific test
Social support	No specific test
Geriatric syndromes	Dementia, delirium, osteoporosis ect.