Integrating Geriatric Care Improves Quality of Life for Seniors With Cancer

Other benefits include better cancer care planning for people over 70.

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Providing geriatric care for people over 70 years old who are facing treatment for cancer improves quality of life and leads to better cancer care planning, among other benefits, according to a recent Australian study.

Presenting their findings as part of the virtual scientific program of the 2020 American Society of Clinical Oncology (ASCO) Annual Meeting in May, Australian researchers recruited 154 people to the prospective, randomized, open-label INTEGERATE trial. The participants were over 70 and were about to receive cancer treatment, including chemotherapy, targeted therapy or immunotherapy.

The trial's participants were randomized to receive cancer-focused geriatric care or the usual standard care. The geriatric intervention included a systematic evaluation of the participants to identify medical, psychosocial and functional limitations. Otherwise, the standard of care typically entails referring seniors to a geriatrician only in the later stages of their illness when they develop significant difficulty in completing everyday tasks.

"The comprehensive geriatric assessment is a powerful tool because it helps optimize care for older cancer patients," said the study's lead author Wee-Kheng Soo, MBBS, a geriatrician and medical oncologist at Eastern Health in Melbourne.

At 12, 18 and 24 weeks of follow-up, the participants in the intervention group reported significantly better scores on a validated tool used to assess function in elderly patients compared with the usual-care group. The intervention group also saw better outcomes in other quality-of-life measures, including their functioning, mobility, burden of illness and worries about the future.

For each year of follow-up, those in the intervention groups experienced 1.3 fewer visits to the emergency department (a 39% lower rate than in the usual-care group),1.2 fewer unplanned hospital admissions (43% lower rate) and seven fewer overnight stays in the hospital (24% lower rate).

A third of those in the intervention group discontinued their cancer treatment early, compared

with 53% of those in the usual-care group—a decline that appears to have been driven by a reduction in treatment-related toxicity in the intervention group.

“The number of people worldwide over the age of 65 is expected to continue to grow, making the need for more rigorous research to help optimize the quality of care we provide to older patients an urgent priority. This study shows that geriatric assessments lead to clear improvements in quality of life and better care planning for older patients with cancer,” ASCO president Howard A. Burris III, MD, said in a press release.

To read a press release about the study, click here.

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