RISK FACTORS COMPREHENSIVE GERIATRIC ASSESSMENT FOR EARLY DEATH IN ELDERLY PATIENTS WITH GYNECOLOGICAL CANCER. A PROSPECTIVE COHORT STUDY

Jurema Telles de Oliveira Lima SALES¹, Carla Rameri Alexandre Silva de AZEVEDO¹, Candice Amorim de Araujo Lima

SANTOS¹, Leticia Telles Sales², Mirella Rebello Bezerra¹, Zilda R Cavalcanti¹, Guacyra Bezerra³, Maria Júlia Gonçalves de MELLO¹

(1) Instituto de Medicina Integral professor Fernando Figueira/ IMIP-PE/ Brasil. (2) Faculdade Pernambucana de Saúde- FPS / Brasil (3) Hospital Mestre Vitalino – HMV Caruaru /Brasil

Objective:

To determine risk factors for early death identified the Comprehensive Geriatric Assessment (CGA) in elderly patients with gynecological cancer (EPGC)

Methods:

Prospective cohort study. Participants with a recent diagnosis of cancer were from eight community hospitals and one cancer center in Northeast Brazil and were recruited during their first medical appointment at the outpatient oncologic clinic. A basal CGA was done before the treatment decision (ADL, Charlson Comorbidity Index-CCI, Karnofsky Performance status – KPS, GDS15, IPAQ, MMSE, MNA, MNA-SF, PS, PPS, Polypharmacy, TUG). During the follow up of 12 months, information about the treatments performed, the targeted interventions and early death was collected. Overall survival was estimated using the Kaplan–Meier method, and survival curves were compared using the Log rank test for categorical variables. A multivariate Cox proportional hazards model was used.

Results:

From 2015-2017, 84 EPGC, mean age $69,6 \pm 7,9$; range (60-96), were enrolled, 25% were metastatic disease. tumor site:40,4% cervical uterine, 36,9%,endometrial,20,2% ovary and 2,3 vulva. Nine (10.7%) ECP died in less than 12 months of follow-up. In our multivariate model, controlled by age, site of cancer and cancer stage, the remaining significant risk factors were malnutrition/nonnutrition determined by MNA-SF (HR 3.70, 95%CI 1.81-5.99, $p < 0.001$), Katz index (HR 3.60, CI 1.56-3.81, $p < 0.001$) CCI > 2 (HR 2,74, CI 1.0.74-10.20, $p = 0.013$) and Polypharmacy (HR 2.65, CI 0.71-9.81, $p < 0.001$)

References

1. . ELLIS, G., WHITEHEAD, M.A., ROBINSON, D., O'NEILL, D., LANGHORNE, P. Comprehensive geriatric assessment for older adults admitted to hospital: a meta-analysis of randomized controlled trials.BMJ. 2011;343:d6553 DOI: <http://dx.doi.org/10.1136/bmj.d6553>
2. HURRIA A, TOGAWA K, MOHILE S, OWUSU C, KLEPIN H, Gross C, et al. Predicting chemotherapy toxicity in older adults with cancer: a prospective multicenter study. J Clin Oncol 2011;29(25):3457– 3465
- 3.SOUBEYRAN, Pierre et al. Predictors of early death risk in older patients treated with first-line chemotherapy for cancer. Journal of Clinical Oncology, v. 30, n. 15, p. 1829-1834, 2012
4. Schuurman M.S. Treatment and outcome of elderly patients with advanced stage ovarian cancer: A nationwide analysis Gynecol Oncol. 2018 May;149(2):270-274. doi: 10.1016/j.ygyno.2018.02.017. Epub 2018 Mar 4.

Kaplan-Meier survival curves according to GDS-15 (A) and MNA-SF (B) values, Katz index (C) and KPS (D) on admission, associated with 12-month survival. IMIP, 2015-2017

Conclusions:

The CGA at admission identified risk factors (Depression Risk, Nutritional risk, polypharmacy, functionality for Katz index and comorbidity index) for premature death in EPGC. CGA can help to plan a personalized care in elderly patients with gynecological cancer.

Corresponding Author:

Jurema Telles – jurematsales@gmail.com