

Geriatric Oncology

How can we make this FIT?

Jodi Dumbrell¹, Ranjana Srivastava², Vicki McLeod², Thinza Moe³, Vu Nhung², Jeremy Rodrigues²

¹ Southern Melbourne Integrated Cancer Service (SMICS), Moorabbin, Victoria, Australia,

² Monash Health, oncology department, Moorabbin, Victoria, Australia.

³ Monash Health, aged and rehab division, Victoria, Australia.

Background

- Older people face increased risk of complications and poorer quality of life during cancer treatment due to co-morbidities and age-related vulnerabilities¹
- Geriatric assessment (GA) offers critical insights into domains often overlooked in routine cancer care, enabling clinicians to tailor treatment and support for older patients²

Aim

Frailty Informed Treatment (FIT) aims to:

- capture the vulnerability of older patients
- inform treatment decisions
- improve supportive care and outcomes

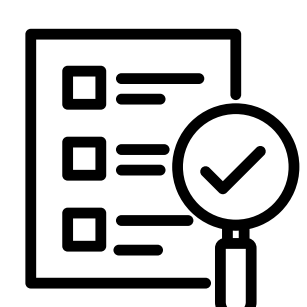
Methodology

This quality improvement pilot ran over 10 months, utilising ASCO's Practical Geriatric Assessment (PGA)² for newly diagnosed gastrointestinal (GI) cancer patients aged ≥ 65 years considered for systemic therapy.

Prior to the first oncology visit, medical notes and PGA results were discussed at a weekly geriatric oncology MDM comprising a geriatric oncologist, geriatrician, nurse practitioner and nurse navigator. Recommendations were made available to the GI team for consideration when treatment planning.

Outcome measures included vulnerabilities identified, referrals generated, treatment related complications (up to 12 weeks) and staff and patient feedback. A retrospective cohort of patients ≥ 65 years receiving treatment in 2023 (usual care) was used for comparison³.

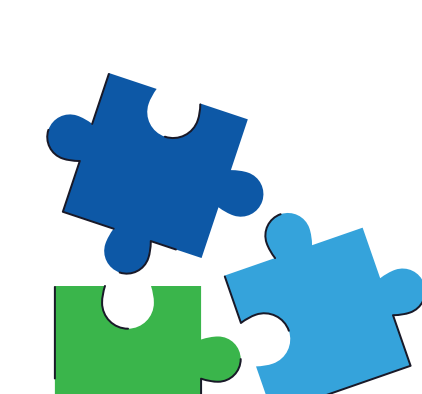
Results

 **64**
PGAs completed

 **345**
vulnerabilities identified

Top 5 Impairment Domains

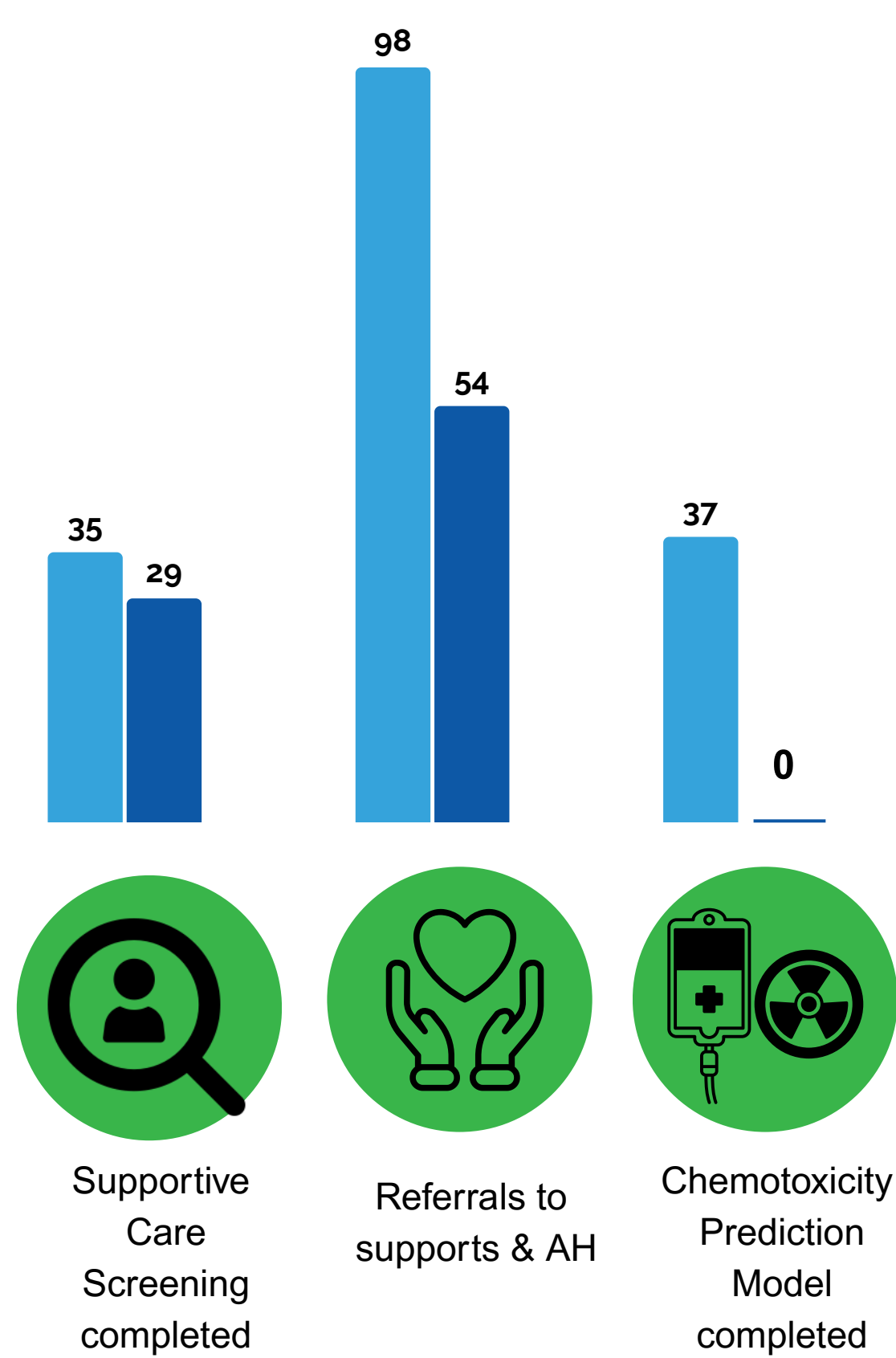
- Chemotoxicity risk (score ≥ 6)
- Comorbidities (≥ 3)
- Physical (walking/ stairs)
- Functional (assist with IADL)
- Nutrition (≥ 3 kg LOW)

 **39**
patients included in FIT

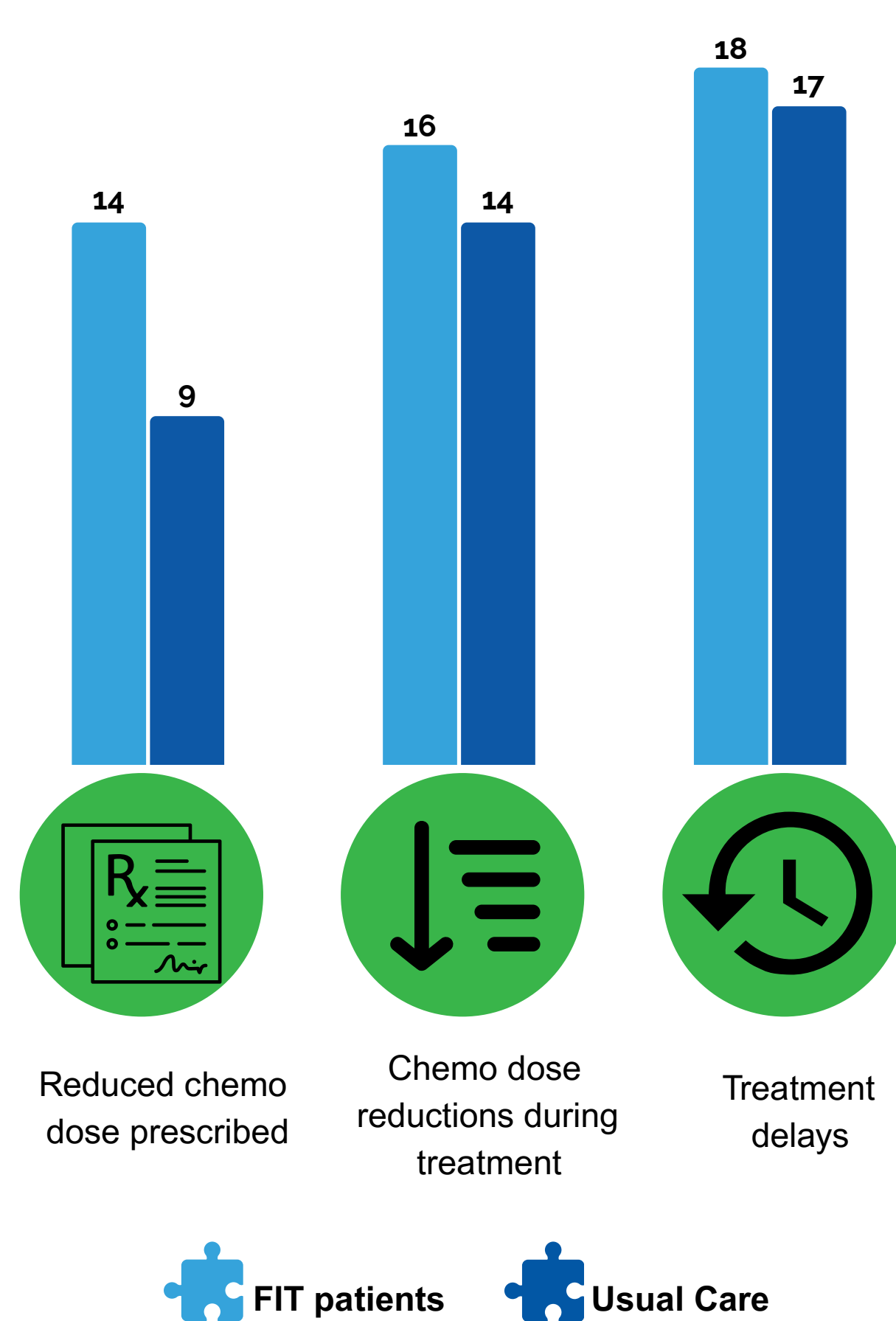
 **35**
patients discussed at geriatric oncology MDM

FIT versus Usual Care Outcomes n=39

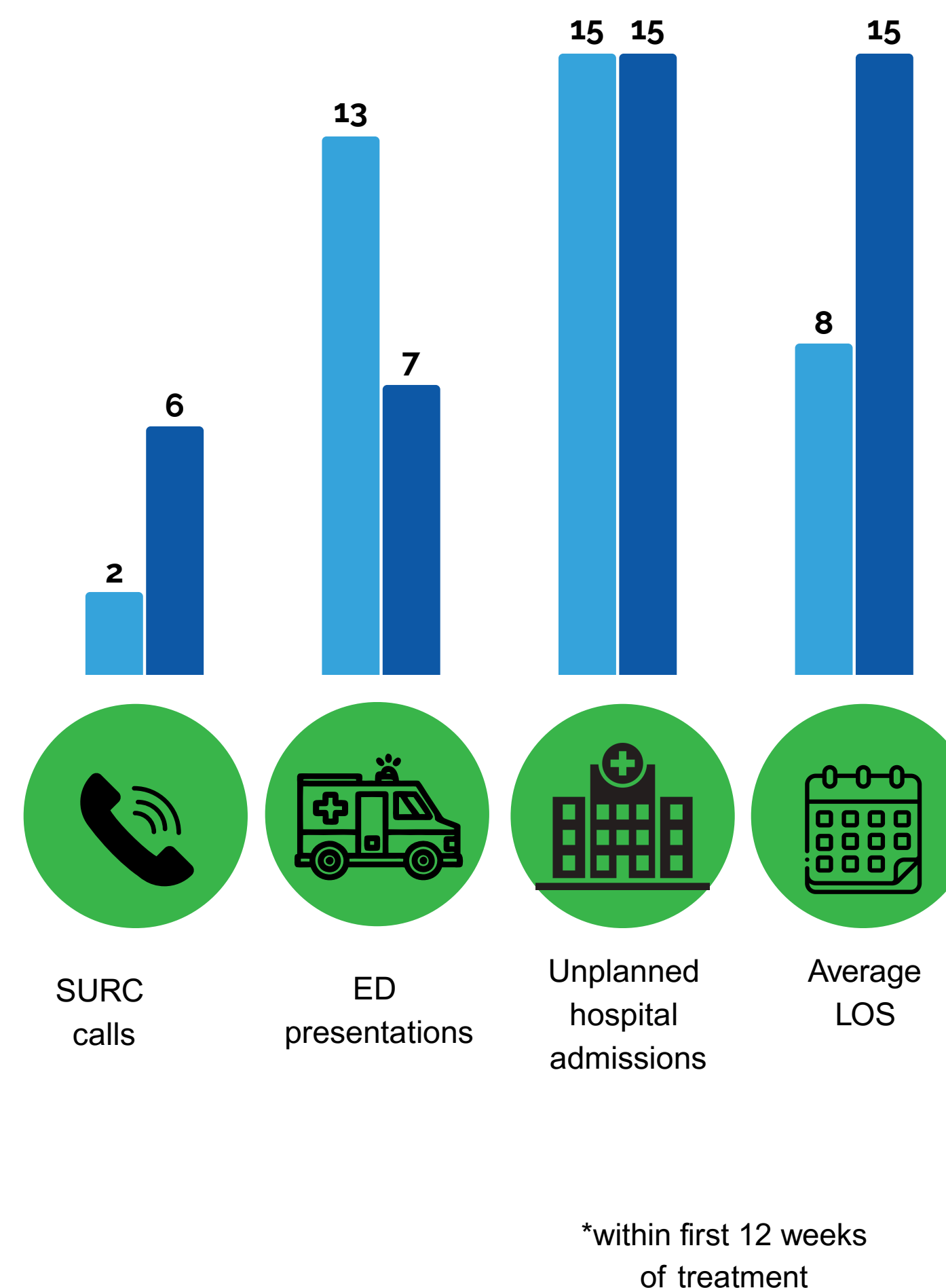
Supportive care & risks



Modified cancer treatment*



Adverse events*



*within first 12 weeks of treatment

"a huge time saver, having an already time limited consultation, with a lot to cover. I felt like I had a better idea of the patient I was seeing and how to navigate the conversation. Really useful!"

– Monash Health staff member

Patients (n=3)[#] reported they:

- felt their information was considered in the cancer treatment plan
- had all services & supports required
- were happy to provide additional information related to their care

[#] Limited numbers due to difficulty reaching patients to obtain feedback

Key Findings of FIT

- Increased cancer supportive care screening
- Almost double the rate of referrals to supportive care services
- Higher use of chemotherapy toxicity prediction tools
- Shorter average hospital stays, despite similar admission rates
- Cost-effectiveness exemplified through MBS billing revenue
- Positive staff & patient feedback, regardless of resource challenges

Conclusion

FIT successfully demonstrated the value of geriatric assessment in identifying vulnerabilities, improved supportive care screening, enhanced referrals and reduced hospital length of stay.

Financial viability and staff support further reinforce the potential for sustainable integration of this model into routine care in oncology outpatient services.

Acknowledgements



The Victorian Integrated Cancer Services are supported by the Victorian Government



References

- Soo, W et al (2022) Integrated geriatric assessment and treatment (INTEGRATE) in older people with cancer planned for systemic anticancer therapy in Australia: a multicentre, open-labelled randomised controlled trial, *Lancet Healthy Longevity*, 3:e617-27
- Dale, W et al (2023) Practical Assessment and Management of Vulnerabilities in Older Patients Receiving Systemic Cancer Therapy: ASCO Guideline Update. *Journal of Clinical Oncology*, 41 (26), 4293-4312. doi: 10.1200/JCO.23.00933.
- Monash Health VAED data 2023

Copyright

© Victorian Integrated Cancer Services, 2025
Data © State of Victoria (Department of Health)

Correspondence

Jodi Dumbrell, Senior Project Manager SMICS
Jodi.Dumbrell@monashhealth.org

