Documents

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Functional status in older patients with cancer and a frailty risk profile: A multicenter observational study

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[a] Department of Medical Oncology, Oncologisch Centrum, Universitair Ziekenhuis Brussel, Vrije Universiteit Brussel, Brussels, Belgium

[b] Department of General Medical Oncology, University Hospitals Leuven, Leuven, Belgium

[c] Department of Geriatric Medicine, University Hospitals Leuven, Leuven, Belgium

[d] Department of Public Health and Primary Care, Academic Centre for Nursing and Midwifery, KU Leuven - University of Leuven, Leuven, Belgium

[e] Department of Medical Oncology, Kortrijk Cancer Centre, AZ Groeninge, Kortrijk, Belgium

[f] Medical Technology Research Centre (MTRC), School of Life Sciences, Faculty of Science and Engineering, Anglia Ruskin University, Cambridge, United Kingdom

[g] Department of Geriatric Medicine, St. Augustinus, Wilrijk, Belgium

[h] Department of Oncology, Clinique CHC Montlégia, Liège, Belgium

[i] Department of Medical Oncology, Cliniques Universitaires Saint-Luc, UCLouvain, Brussels, Belgium

[j] Department of Medical Oncology, GHDC Grand Hôpital de Charleroi, Charleroi, Belgium

[k] Department of Geriatric Medicine, AZ Sint-Lucas, Gent, Belgium

[l] Department of Hematology, ULB Institut Jules Bordet, Brussels, Belgium

[m] Department of Medical Oncology, Imelda Hospital, Bonheiden, Belgium

[n] Department of Medical Oncology, ZNA Middelheim, Antwerp, Belgium

[o] Department Medical Oncology, Iridium Cancer Network Antwerp, AZ Klina, Brasschaat, Belgium

[p] Department of Medical Oncology, University Hospital Antwerp, Antwerp, Belgium

[q] Department of Medical Oncology, Centre Hospitalier Universitaire Sart Tilman and Liege University, Liege, Belgium

[r] Department of Geriatric Medicine, CHU St-Pierre, Free Universities Brussels, Brussels, Belgium

[s] Consultant in Statistics, Department of Oncology, Laboratory of Experimental Oncology, KU Leuven, Leuven, Belgium

[t] Department of Public Health and Primary Care, Gerontology and Geriatrics, KU Leuven - University of Leuven, Leuven, Belgium

[u] Department of Oncology, KU Leuven, Leuven, Belgium

Abstract

Introduction: Functional status (FS) and frailty are significant concerns for older adults, especially those with cancer. Data on FS (Activities of Daily Living [ADL]; Instrumental Activities of Daily Living [IADL]) and its evolution during cancer treatment in older patients and a frailty risk profile are scarce. Therefore, this study examines FS and its evolution in older patients with cancer and a frailty risk profile and investigates characteristics associated with functional decline. Material and Methods: This secondary data-analysis, focusing on FS, uses data from a large prospective multicenter observational cohort study. Patients ≥70 years with a solid tumor and a frailty risk profile based on the G8 screening tool (score ≤ 14) were included. A geriatric assessment was performed including evaluation of FS based on ADL and IADL. At approximately three months of follow-up, FS was reassessed. Univariable and multivariable logistic regression analyses were used to identify predictive factors for functional decline in ADL and IADL. Results: Data on ADL and IADL were available at baseline and follow-up in 3388 patients. At baseline 1886 (55.7%) patients were dependent for ADL, whereas 2085 (61.5%) patients were dependent at follow-up. Functional decline was observed in 23.6% of patients. For IADL 2218 (65.5%) patients were dependent for IADL, whereas 2591 (76.5%) patients were dependent at follow-up. Functional decline in IADL was observed in 41.0% of patients. In multivariable analysis, disease stage III or IV, comorbidities, falls history in the past twelve months, and FS measured by

IADL were predictive factors for functional decline in both ADL and IADL. Other predictive factors for functional decline in ADL were polypharmacy, Eastern Cooperative Oncology Group-Performance Status (ECOG-PS) score 2–4, and cognitive impairment, and for functional decline in IADL were female sex, fatigue, and risk for depression. Discussion: Functional impairments are frequent in older persons with cancer and a frailty risk profile, and several characteristics are identified that are significantly associated with functional decline. Therefore, FS is an essential part of the geriatric assessment which should be standard of care for this patient population. Next step is to proceed with directed interventions with the aim to limit the risk of functional decline as much as possible. © 2022

Author Keywords
Cancer; Frailty; Functional decline; Functional status; Geriatric assessment; Older persons

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Correspondence Address
Decoster L.; Department Medical Oncology, Laarbeeklaan 101, Belgium; email: lore.decoster@uzbrussel.be

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