The care of older adult patients with cancer constitutes an important part of daily oncology practice in Belgium. In a population of about 11 million citizens, 67,087 new diagnoses of invasive tumors (excluding non-melanoma skin cancer) were registered in 2015, with 30,122 (45%) of these patients aged older than 70 years (Belgian Cancer Registry, 2018). Healthcare providers should be aware that older adult patients with cancer require special attention regarding treatment decisions and care.

The comprehensive geriatric assessment (CGA) was developed by geriatricians to obtain a better view on the global health and reserve capacity of older adult patients with cancer (Puts et al., 2012; Wildiers et al., 2014). The CGA is a multidimensional, interprofessional process that includes the performance of geriatric screening and assessment. The development of a coordinated and integrated plan for treatment and long-term follow-up is the ultimate goal (Leak Bryant, 2018; Overcash, Cope, & Van Cleave, 2018; Rubenstein, Stuck, Siu, & Wieland, 1991; Stuck, Stiu, Wieland, Adams, & Rubenstein, 1993) (see Figure 1). The GA itself is an interprofessional, multidimensional assessment that includes areas such as social background, functional status, nutritional status, comorbidities, and polypharmacy (Brunello, Sandri, & Extermann, 2009; Overcash et al., 2018). Using validated geriatric scales, this assessment identifies older adult patients with cancer who are at risk. With the launch of the National Cancer Plan in Belgium in 2008 came an increasing interest in delivering better care for older adult patients with cancer by implementing CGA in daily oncology practice. This article describes CGA integration in the care of patients with cancer in Belgium.

Benefits of CGA

Improvement in overall survival and decrease in risk of institutionalization or hospital readmission are examples of proven benefits of CGA-based care in the general older adult population (Cohen et al., 2002; Ellis, Whitehead, Robinson, O’Neill, & Langhorne, 2011; Stuck et al., 1993). Geriatric screening and assessment, which are part of the CGA process, detect many geriatric problems related to all geriatric domains, predict survival and toxicity, and influence treatment decisions.

The implementation of GA delivers meaningful information for healthcare providers in daily oncology practice. Although the benefits of GA are well known, identified key barriers for a systematic implementation are high workload, not enough time, and financial or staffing issues.