

Comprehensive Geriatric Assessment

Interprofessional team recommendations for older adult women with breast cancer

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BACKGROUND: Geriatric oncology incorporates comprehensive geriatric assessment (CGA) and traditional oncology care.

OBJECTIVES: The aims are to identify limitations reflected by mean scores on the CGA instruments and describe the CGA recommendations documented in the medical record.

METHODS: CGA was administered and consisted of the Timed Up and Go Test, the Activities of Daily Living Scale, the Instrumental Activities of Daily Living Scale, grip strength, falls, pain, the Brief Fatigue Inventory, the Pittsburgh Sleep Quality Index, the Geriatric Depression Scale, the Mini-Cog, and the Mini Nutritional Assessment. CGA recommendations were obtained from the medical record. Descriptive statistics were used to analyze the data.

FINDINGS: Most recommendations were for general cancer treatment, followed by fall referral/education.

KEYWORDS

comprehensive geriatric assessment; geriatric oncology; older adults; ambulatory

DIGITAL OBJECT IDENTIFIER

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CARE OF OLDER ADULTS DIAGNOSED WITH CANCER often includes a comprehensive geriatric assessment (CGA), conducted by an interprofessional team (Balducci & Yates, 2000; Biesma et al., 2011; Hurria et al., 2007, 2014; Vallet-Regi et al., 2017), to provide the foundation for oncologic treatment (Schulkes et al., 2017; van de Water et al., 2014) and continued supportive care (Balducci, Colloca, Cesari, & Gambassi, 2010). CGA is a battery of screening instruments used to detect emotional, physical, and cognitive limitations that can predict postoperative complications (Chao et al., 2014; Fukuse, Satoda, Hijiya, & Fujinaga, 2005), survival (Clough-Gorr, Thwin, Stuck, & Silliman, 2012; Denewet et al., 2016), caregiver burden (Rajasekaran et al., 2016), and toxicity associated with cancer treatment (Aaldriks et al., 2011; Hamaker et al., 2014; Park et al., 2015). CGA provides clinical data to develop treatment decisions and to illuminate the actual and potential patient limitations that require attention (Decoster et al., 2013; Hamaker et al., 2014; Vallet-Regi et al., 2017). Patients who receive CGA are more likely to complete cancer treatment (Kalsi et al., 2015) with the support of an interprofessional team to help navigate the landscape of living with cancer.

Data specific to CGA-derived healthcare recommendations in geriatric oncology are lacking. Recommendations can be designed to accommodate any type of health limitation that is detected as a result of CGA. Research on how to better implement CGA recommendations is needed to ameliorate the issue that many recommendations fail to be followed by the patients and their family members (Baitar et al., 2015; Girre et al., 2008; Kenis et al., 2013; Kenis, Heeren, et al., 2014). The purpose of the current study is to identify recommendations based on the CGA findings that are specific to older adult women diagnosed with breast cancer. This study provides the foundation for an intervention study to address and manage limitations that were detected as part of CGA in older adult women with breast cancer.