



Contents lists available at ScienceDirect

Journal of Geriatric Oncology



Delphi consensus of an expert committee in oncogeriatrics regarding comprehensive geriatric assessment in seniors with cancer in Spain

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ARTICLE INFO

Article history:

Received 17 June 2017

Received in revised form 2 November 2017

Accepted 29 November 2017

Available online xxxx

Keywords:

Comprehensive geriatric assessment

Delphi method

Consensus

Oncogeriatrics

ABSTRACT

Objectives: The aim of this work was to reach a national consensus in Spain regarding the Comprehensive Geriatric Assessment (CGA) domains in older oncological patients and the CGA scales to be used as a foundation for widespread use.

Material and Methods: The Delphi method was implemented to attain consensus. Representatives of the panel were chosen from among the members of the Oncogeriatric Working Group of the Spanish Society of Medical Oncology (SEOM). Consensus was defined as $\geq 66.7\%$ coincidence in responses and by the stability of said coincidence (changes $\leq 15\%$ between rounds). The study was conducted between July and December 2016.

Results: Of the 17 people invited to participate, 16 agreed. The panel concluded by consensus that the following domains should be included in the CGA: (and the scales to evaluate them): functional (Barthel Index, Lawton-Brody scale, gait speed), cognitive (Pfeiffer questionnaire), nutritional (Mini Nutritional Assessment – MNA), psychological/mood (Yesavage scale), social-familial (Gijon scale), comorbidity (Charlson index), medications, and geriatric syndromes (urinary and/or fecal incontinence, low auditory and/or visual acuity, presence of falls, pressure sores, insomnia, and abuse). Also by consensus, the CGA should be administered to older patients with cancer for whom there is a subsequent therapeutic intent and who scored positive on a previous frailty-screening questionnaire.

Conclusion: After 3 rounds, consensus was reached regarding CGA domains to be used in older patients with cancer, the scales to be administered for each of these domains, as well as the timeline to be followed during consultation.

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1. Introduction

The Comprehensive Geriatric Assessment (CGA) is the main tool used to evaluate older patients, and its benefits are widely recognized [1,2]. In the field of geriatric oncology, the CGA has proven to inform more than other functional scales, such as the *Eastern Cooperative*

Oncology Group (ECOG) “performance status” (ECOG-PS) or the Karnofsky index (KI) [3]. The *National Comprehensive Cancer Network* (NCCN) guidelines recommend that the CGA be performed in patients with cancer ≥ 65 years of age [4]. The *International Society of Geriatric Oncology* (SIOG) also strongly recommends the CGA in this setting [5] and has emphasized the usefulness of frailty screening tests [6].

However, despite the recommendations advocating in favor of the CGA, how to implement it remains controversial. For example, there is no agreement regarding which patients it should be administered to, which scales are most appropriate for each domain evaluated (functional, nutritional, etc.), or which geriatric syndromes should be considered. Two previous publications have examined these issues – one in the

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United States [7] and another within the SIOG [8]. In both cases, consensus was attained. In the former [7], consensus was reached on the optimal assessment methods and interventions required for the most commonly used CGA domains after a four-round Delphi process. However, other aspects of the CGA, such as screening tools and cut-off age for assessment, presented a high degree of discrepancy. In the latter publication [8], consensus was arrived at regarding the cut-off age for assessment, mandatory CGA domains (function, physical performance, comorbidity/polypharmacy, cognition, nutrition, social support, and psychological status), and how the CGA can guide treatment decisions and nononcologic interventions. However, these studies offered inconsistent results in some areas; for instance, the definition of the population in which it should be used. Furthermore, the geriatric syndromes to be taken into account (falls, incontinence, etc.) were not mentioned.

The Oncogeriatric Working Group of the Spanish Society of Medical Oncology (SEOM) also sought consensus on the use of the CGA in the older patient with cancer. We have attempted to include these controversial topics in our analysis. Moreover, we believe that implementing the CGA in seniors with cancer should take into account the health, as well as the economic and social reality, of each country. It therefore seemed fundamental that this project be conducted in Spain. Our final goal was to establish a foundation for further research projects.

2. Material and Methods

A 3-round Delphi process was conducted between July and December 2016 with an expert committee to which members of the SEOM Oncogeriatric Working Group were designated to carry out the objectives set forth. The description of the methodology was as follows.

2.1. Definition of the Issue to Be Addressed

Two international manuscripts have recently been published that reveal the need to reach consensus regarding the tools to be used in the CGA in older patients with cancer, as well as the difficulty in doing so [7,8]. There is no national expert consensus in this regard, and the topic was posed at the first meeting of the SEOM Oncogeriatric Working Group (February 2016) with the aim of resolving this deficit.

2.2. Creation of the Steering Group and Expert Committee

At the second SEOM Oncogeriatric Working Group meeting (July 2016), once the problem (lack of consensus) had been identified, the composition of the Expert Committee was defined. Selection criteria for the panelists (Expert Committee) to participate in this project were: expertise, experience (at least two years of dedication to geriatric oncology), and publications and/or prestige in their field (funded or non-funded research projects). Following these parameters, an initial group of 11 experts was established; subsequently, another 6 professionals with renowned dedication to geriatric oncology were contacted via e-mail; all agreed to participate. A group of 17 experts was thereby formed, although only 16 went on to become the members of the definitive Expert Committee (Fig. 1).

2.3. Method Selection

Following the publication of the previous international manuscripts, the Expert Committee opted in favor of a Delphi process.

The Delphi method is a general method by which to approach agreement in an expert consensus committee, based on the analysis of and reflection on the issue to be addressed, for which the precise solution to which is unknown [9]. This method seeks to achieve a degree of consensus or agreement of the expert panelists regarding the proposed topic, instead of leaving the decision to each professional. It is an iterative process, in which participating experts answer a specifically drafted survey in several rounds which seeks to stabilize the group's opinions. Thanks to the sequence of rounds, each expert has the chance to reflect or reconsider their opinion in light of the group's general proposals. In addition, the information is managed anonymously and no member of the group knows how the other members have responded. Thus, the influence of dominating members is avoided, as well as the inhibition of certain participants.

2.4. Drafting of the Survey and Launching of the Questionnaires (Study Rounds)

The survey was drafted by two of the members of the Expert Committee, members of a Coordinating Subgroup. Their mission was to study and polish the working protocol, collaborate in selecting and

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Fig. 1. Expert committee.

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