

COMPREHENSIVE GERIATRIC ASSESSMENT AND CARING FOR THE OLDER PERSON WITH CANCER

JANINE OVERCASH AND MARY ALICE MOMEYER

OBJECTIVES: *To discuss the evolution and effectiveness of the comprehensive geriatric assessment (CGA), the need for interprofessional collaboration, and the role of oncology nurses in the assessment and care coordination of the older patient with cancer.*

DATA SOURCES: *Historical and recent publications.*

CONCLUSION: *Oncology nurses collect and synthesize geriatric data and can be a central resource to the multidisciplinary team.*

IMPLICATIONS FOR NURSING PRACTICE: *Oncology nurses can incorporate CGA and results into their practice to enhance the care of the older person.*

KEY WORDS: *comprehensive geriatric assessment, geriatric oncology nursing, geriatric oncology patient.*

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An older person who develops a diagnosis of cancer requires specialized care compared with the management of younger adults. Issues of comorbidity,¹ lack of adequate social support,² and the prevalence of functional limitations and other geriatric syndromes³ affect cancer treatment and health outcomes. The role of the nurse is a critical component of geriatric oncology care, which requires a comprehensive assessment and plan to accommodate the needs of the patient and family.⁴ The comprehensive geriatric assessment (CGA) is a standard of nursing practice in general health management of the older person.⁵ In geriatric oncology, the CGA

is also a standard of practice to detect actual and potential physical, emotional, cognitive, functional, and psychosocial issues that may impact cancer diagnosis and treatment.^{4,6-8}

Oncology nurses work with other multidisciplinary team members to perform the CGA and implement recommendations that impact cancer care and treatment.⁹ This article will discuss the evolution of the CGA, the effectiveness of the CGA in geriatric oncology, the need for interprofessional collaboration, and the key role of the nurse in assessment and care coordination of the older patient with cancer.

EVOLUTION OF COMPREHENSIVE GERIATRIC ASSESSMENT

The CGA has been used since the 1940s in the United Kingdom to determine how to care for the chronically ill.^{10,11} The CGA has evolved over the years, consisting of a variety of assessment instruments for use in various settings and specialty practices. In the 1970s, the CGA was used in the Veterans Administration (VA) to improve care and quality of life of frail elders.^{10,12-14} The VA used the CGA as a part of Geriatric Evaluation and Management programs, which consisted of an inpatient multidisciplinary team¹⁵ that was conducive to care at VA hospitals because of the financial structure and the proximity to academic medical centers.¹⁶

In the 1980s, use of the CGA transitioned from the VA to academic medical centers for both inpatient and outpatient use.¹⁷ However, the CGA required several hours for administration.¹⁸ In outpatient settings, patients and families were often involved in a lengthy, full day of evaluation that was not only a burden and overwhelming experience for patients, but also a costly, time-intensive process. It was soon noted that the CGA should be condensed to reduce patient burden and shorten visit time in the outpatient geriatric settings.

In 1987, the National Institutes of Health Consensus Conference on Geriatric Assessment Methods for Clinical Decision-making defined the CGA as “multidisciplinary evaluation in which the multiple problems of older persons are uncovered, described and explained, if possible, and in which the resources and strengths of the person are cataloged, need for services assessed, and a coordinated care plan developed to focus intervention on the person’s problems.”¹⁹

As CGA research has evolved, more benefits and outcomes have been recognized in predicting survival²⁰ and health care decision making.²¹ The CGA remains a standard of practice in geriatric care and efforts to reduce assessment time and encourage geriatric oncology practices to incorporate CGA are important to the care of the older patient.^{22,23}

CGA IN ONCOLOGY

In the 1990s, oncology practitioners began to incorporate the CGA into patient care because of the higher prevalence of malignancy in senior adults²⁴ and the number of coexisting diagnoses in the person aged 70 years and over.²⁵ The goal of the CGA in oncology is to detect issues before they develop into health-altering conditions^{4,6} and to illuminate complex syndromes that may interfere with cancer diagnosis and treatment.²¹ By maintaining or enhancing the health of the older person diagnosed with cancer, the patient may better tolerate cancer treatment.^{6,26} Many seniors, particularly those who have financial limitations, may not receive adequate primary health care and undiagnosed health problems can impair or delay cancer treatment and increase the risk of chemotherapy-related toxicities.^{1,27,28}

There is evidence that supports the use of the CGA in geriatric oncology care. For example, the CGA predicts survival in colorectal cancer,²⁹ identifies high-risk surgical oncology patients,³⁰ predicts toxicities associated with breast cancer treatment,^{26,31} helps determine cancer treatment decisions,^{32,33} and identifies those individuals who are most likely to tolerate cancer treatment.³⁴ The Society of International Oncology in Geriatrics supports the evidence that CGA can predict toxicities, survival in some tumors, and factors into treatment and intensity decisions and therefore recommends use in the care of the older cancer patient.³⁵

The National Comprehensive Cancer Network (NCCN) recommends use of the CGA to recognize frailty, identify comorbidity, and to determine fitness for cancer treatment.⁴ Cancer treatment can be challenging and can impact the wellness of many older patients and the CGA helps providers and patients make decisions regarding supportive care treatment versus curative cancer treatment.^{4,29} It is also used in conjunction with patient and family health care goals to determine cancer management strategies.³⁶ The NCCN recommends that

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