

Paper Category:	Health Services
Paper Title: (Arial Font; 14 Pt Size)	Impact of Geriatric Oncologist Interventions on QOL of Older Cancer Patients
Abstract Body: (Arial Font; 12Pt Size)	<ul style="list-style-type: none"> • Background • Objectives • Method • Results • Discussions and Conclusions
<p><u>Background</u> Adverse health outcomes are more likely to occur in frail older adults as they often have risk factors across physical, psychological, and social domains. A multidisciplinary geriatric oncology (GO) service aims to improve or preserve the QOL of older cancer patients</p> <p><u>Objectives</u> To assess the impact of the GO interventions on QOL.</p> <p><u>Method</u> This is a prospective study of older cancer patients ≥ 70 treated at National University Hospital, Singapore. A CGA and EORTC QLQ 30 was performed at study entry to identify areas of vulnerability. Interventions were then offered through the GO service (allied health, geriatricians, and oncologists) using the clinical assessments as a guide. After three months, a follow-up EORTC was conducted.</p> <p><u>Results</u> 230 patients were recruited. Median age was 74 (range:70-90). Majority were male (56%), married (65%), lived with family (60%), resided in public housing (80%), with at least primary school education (42%). Most were diagnosed with gastrointestinal cancers (35%) and were receiving palliative intent treatment (60%). Based on CGA, 11% were classified as frail, 58% as pre-frail and 31% as fit. 79% had a G8 ≤ 14.</p> <p>GO interventions were suggested for 144 patients, with 104 patients completing a 2nd EORTC QOL questionnaire. These patients reported significant improvements in the EORTC emotional and social functioning domains (mean difference +4.6, $p < 0.001$ and +12.3 $p < 0.001$, respectively) and significant improvements in the EORTC symptom scale of pain, insomnia, constipation, and financial difficulties (mean difference -5.8 $p = 0.003$, -8.3 $p < 0.001$, -9.0 $p < 0.001$, and -6 $p = 0.01$).</p> <p><u>Discussions and Conclusions</u> More than half of patients were identified as frail, pre-frail or had G8 ≤ 14, thus having reduced functional abilities, more symptoms and increased risk of mortality. A multidisciplinary GO program was able to optimise the areas of vulnerability identified through these clinical assessments to tailor interventions that led to significant improvements in QOL.</p>	

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