

International organizations, such as the International Society of Geriatric Oncology and the American Society of Clinical Oncology, recommend integrating comprehensive geriatric assessment (CGA) into the care of older adult patients with cancer. 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.

AT A GLANCE

- The Belgian experience shows that the implementation of geriatric screening and assessment, and the integration of geriatric recommendations and interventions, remains a challenge in daily oncology practice.
- 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.

KEYWORDS

comprehensive geriatric assessment; older adults with cancer; geriatric screening

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Comprehensive Geriatric Assessment

The Belgian experience of implementation in the care of older adult patients with cancer

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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, Siu, 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 are two important steps of the CGA process. In comparison with studies in geriatric medicine, studies performed in oncology have mainly focused on the implementation of geriatric screening and assessment and less on the comprehensive aspect (Wildiers et al., 2014). There are multiple reasons why a GA should be performed (Kenis et al., 2013; Loh et al., 2018; Overcash et al., 2018; Szumacher et al., 2018). GA can identify previously unknown geriatric problems that may be missed in daily oncology practice. Treating physicians face the difficulty