

Practical Assessment and Management of Vulnerabilities in Older Patients Receiving Systemic Cancer Therapy: ASCO Guideline Update				
Clinical Question	Recommendation	Type	Evidence Quality	Strength
What is the role of geriatric assessment in older adults with cancer to suggest specific interventions to improve clinical outcomes?	<b>1.1. (Updated)</b> All patients with cancer aged 65 and over with geriatric assessment (GA)-identified impairments should have GA-guided management (GAM) included in their care plan. GAM includes using GA results to: 1) inform cancer treatment decision-making and 2) address impairments through appropriate interventions, counseling, and/or referrals. <b>Amendment 1.1a.</b> This includes older adults receiving systemic therapy, including chemotherapy, targeted therapy, or immunotherapy.	EB	H	S
For older patients who are considering undergoing chemotherapy and other systemic treatments, which GA tools should clinicians use to predict adverse outcomes (including chemotherapy toxicity and mortality)?	<b>2.1. (Updated)</b> A GA should include high priority aging-related domains known to be associated with outcomes in older patients with cancer to include assessment of physical and cognitive function, emotional health, comorbid conditions, polypharmacy, nutrition, and social support.	EB	H	S
	<b>2.2. (Updated)</b> The Panel recommends the Practical Geriatric Assessment (PGA) as one option for this purpose. See the <a href="#">PGA tool</a> and associated videos ( <a href="#">How to do a Geriatric Assessment</a> , <a href="#">What to do with the Results of a Geriatric Assessment</a> )	IC	M	W
What general (i.e., non-cancer specific) life expectancy data for community-dwelling patients should clinicians consider to estimate mortality and best inform treatment decision-making for older patients with cancer?	<b>3.</b> Based on the best clinical opinion of the Expert Panel, clinicians should use one of the validated tools listed at <a href="#">ePrognosis</a> to estimate life expectancy (LE) greater than or equal to 4 years. <ol style="list-style-type: none"> <li>The Expert Panel especially recommends either the <a href="#">Schonberg or Lee Index</a>. The most common variables considered in these indices include age, sex, comorbidities (e.g. diabetes, COPD), functional status (e.g. ADLs, IADLs, mobility), health behaviors and lifestyle factors (e.g. smoking status, body mass index), and self-reported health.<sup>1-5</sup></li> <li>Several indices have “presence of cancer” as a relevant variable, answering “no” to this question will allow for non-cancer life expectancy, in order to consider competing risks of mortality.</li> </ol>	IC	H that it predicts mortality	S that it predicts mortality
			Ins that it improves outcomes or improves decision making	W that it improves outcomes or improves decision making

**Practical Assessment and Management of Vulnerabilities in Older Patients Receiving Systemic Cancer Therapy: ASCO Guideline Update**

Clinical Question	Recommendation	Type	Evidence Quality	Strength
How should GA be used to guide management of older patients with cancer?	<p><b>4.</b> Delphi consensus panels of experts have established approaches for implementing GA-guided care processes in older adults with cancer.</p> <p>The Expert Panel recommends that clinicians apply the results of GA to develop an integrated and individualized plan for patients that informs treatment selection by helping to estimate risks for adverse outcomes and to identify nononcologic problems that may be amenable to intervention.</p> <p>Based on clinical experience and the results of formal expert consensus studies, the Expert Panel suggests that clinicians take into account GA results when recommending treatment and that the information be provided to patients and caregivers to guide decision making for treatment. In addition, clinicians should implement targeted, GA-guided interventions to manage nononcologic problems.</p>	IC	M	M

**Abbreviations.** ADL, Activities of Daily Living; EB, evidence based; COPD, chronic obstructive pulmonary disease; GA, geriatric assessment; GAM, GA-guided management; H, high; I, IADL, Instrumental Activities of Daily Living; IC, informal consensus; LE, life expectancy; M, moderate; PGA, Practical Geriatric Assessment; S, strong; W, weak

**References.**

1. Lee SJ, Lindquist K, Segal MR, et al: Development and validation of a prognostic index for 4-year mortality in older adults. *JAMA* 295:801-808, 2006
2. Schonberg MA, Davis RB, McCarthy EP, et al: Index to Predict 5-Year Mortality of Community-Dwelling Adults Aged 65 and Older Using Data from the National Health Interview Survey. *Journal of General Internal Medicine* 24:1115, 2009
3. Schonberg MA, Davis RB, McCarthy EP, et al: External Validation of an Index to Predict up to 9-year Mortality of Community-Dwelling Adults Aged 65 and Older. *Journal of the American Geriatrics Society* 59:1444-1451, 2011
4. S.J. L, W.J. B, K.A. K, et al: Individualizing Life Expectancy Estimates for Older Adults Using the Gompertz Law of Human Mortality. *PLoS ONE* 9:e108540, 2014
5. MA. S, V. L, ER. M, et al: Predicting Mortality up to 14 Years Among Community-Dwelling Adults Aged 65 and Older. *J Am Geriatr Soc*:In Press, 2017