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Role of geriatric assessment in tailoring treatment of locally advanced head and neck cancer: The ELDERLY study

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Background

Approximately 45% of head and neck squamous cell carcinoma (HNSCC) patients are ≥ 65 years old, and this rate is expected to increase. We prospectively evaluated the role of comprehensive geriatric assessment (CGA) as a tool to personalize therapeutic approach in the elderly with locally advanced (LA) HNSCC.

Methods

We enrolled patients aged ≥ 65 years old, with stages III-IVb HNSCC according to the AJCC 7th, and potentially suitable for curative treatment. At first, the HN multidisciplinary team (HN-MDT) defined a therapeutic indication driven by clinical judgement and standard evidence-based recommendations, and a geriatrician performed CGA, preceded by a G8 screening tool. Later, the same HN-MDT re-discussed the curative strategy in light of the CGA results. Primary objective was to define the proportion of changes in therapeutic indications after CGA. Secondary aims were to assess the distribution of elderly LA-HNSCC patients into three geriatric categories (fit, vulnerable, and frail) according to CGA and the accuracy of the G8 geriatric screening tool in this setting.

Results

Between December 2017 and March 2021, we enrolled 101 patients: 33.7% were fit, 39.6% vulnerable, and 26.7% frail. After geriatric assessment, the major therapeutic strategy changed in 12 cases (11.8%): in 7 it was de-intensified, in 4 intensified, and in one it changed from surgery to chemoradiation. Furthermore, CGA resulted in an increased demand for certain supportive care needs, such as nutritional (27.7% at first HN-MDT evaluation vs. 49.5% after CGA), psychological support and psychiatric treatments (3.9% vs. 19.8%), and chronic therapy modification (1% vs. 9%). G8 score >14 corresponded to fit patients at CGA in 83.3%, whereas ≤ 14 to vulnerable/frail in 87.3%. G8 score with cut-off ≤ 14 had sensitivity and specificity of 92.5% and 73.5%, respectively.

Conclusions

Geriatric intervention changed major therapeutic choices in about one out of 10 patients. In addition, CGA played an important role in tailoring elderly patients supportive care needs. Moreover, G8 can be used as a screening tool in LA-HNSCC, with a good sensitivity in identifying unfit patients who then need a complete geriatric evaluation, even if with limited specificity.

Legal entity responsible for the study

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Disclosure

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