



Cancer Geriatric Assessment

A comprehensive individualized overview of frailty physiological reserve
and resilience for older adults with malignancy



Components

PATIENT



Summary

87-year-old female presents for rehabilitation after recently being diagnosed with hepatic lesions consistent with malignant melanoma

Type of Malignancy

malignant melanoma verified on biopsy. With numerous, hepatic, metastatic lesions pathology and genomic testing still pending

CHARLSON COMORBIDITY PROFILE

Patient does have general for her age including coronary arterial disease and carotid arterial stenting. She does not have left ventricular dysfunction or significant pulmonary disease.

LAWTON/BRODY ADL AND IADL SCALE

Patient remains relatively in the dependent with regard to her activities of daily living and her instrumental activities of daily living as well. She does lose multiple points on Breslau activity scale

MENTAL STATE EXAM:

patient has excellent mental acuity as evidenced from any mental state exam

GAIT SPEED

patient's gait speed is on the higher level of the functional scale

CHAIR STAND:

patient is able to perform chair stance in reasonable amount of time showing great strength of truncal muscles. She still remains at slight risk of falls due to some gait instability


HAND GRIP

hand grip not tested

NUTRITIONAL:

patient's nutritional status is ideal with no significant weight loss and body mass index greater than 21. She has a serum albumin at the threshold at 3.3

Components

PATIENT	
GERIATRIC CHEMOTOX SCORE:	Not calculated as patient is not being evaluated for cytotoxic chemotherapy
HEARING/VISION SCREEN:	patient has no new severe hearing or visual impairment
DEPRESSION SCREEN	patient does not report any signs of major depression
PSYCHOSOCIAL SUPPORT	patient has excellent psychosocial support with family members and friends as well as access to transportation
FRAILTY BIOMARKERS	free LT biomarkers not drawn. However patient's neutrophil to lymphocyte ratio Well below 4.0 signifying no significant gross inflammatory markers consistent with age related frailty
HAND GRIP	hand grip not tested

Treatment Optimization

Cognitive Reserve

patient has general baseline excellent cognitive reserve. She maintains good social networks and is not showing any severe signs of cognitive impairment.



Physical Strength Sarcopenia

Patient's hand grip test not performed however generally from physical therapy standpoint she is performing excellently well. She has some very mild gait instability however she is not at great risk of recurrent falls



Comorbidities Polypharmacy

patient's medication reconciliation performed. She is tolerating Entresto well with currently no significant polypharmacy. Potentially patient can be downgraded on single platelet treatment as she does not require dual anti-platelet therapy long-term



Quality of Life Psychological Delirium Abatement

patient has excellent family and social support who are determined to help with components of her treatment plan



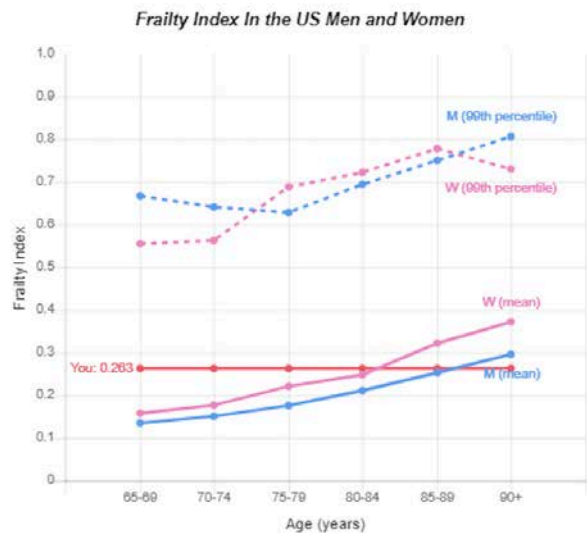
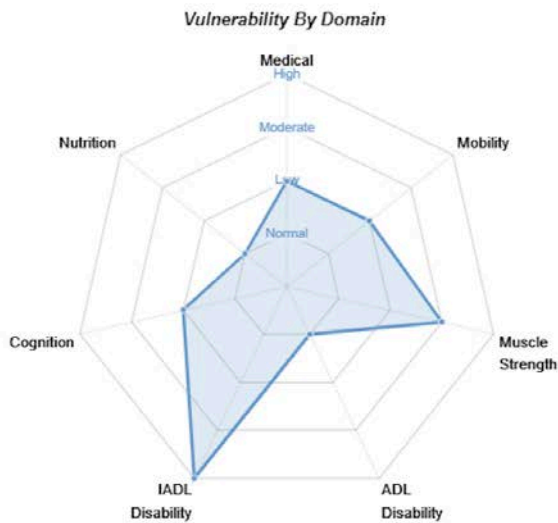
Geriatric Chemotoxicity Score

ChemoTox Score	cytotoxic chemotherapy is not indication indicated
Interpretation	

CGA-FI Frailty Index and Percentile

Health Domains	Normal	Low Risk	Moderate Risk	High Risk	Insufficient Data
1. Medical		✓			
2. Mobility		✓			
3. Muscle Strength			✓		
4. ADL disability	✓				
5. IADL disability				✓	
6. Cognition		✓			
7. Nutrition					✓

YOUR FRAILITY INDEX : 0.307 (MILD FRAILITY)



Interpretation of Comprehensive Geriatric Assessment in Setting of Malignancy

Patient overall has a frailty index score of mild frailty at most however generally patient is robust enough to withstand cancer-directed care which is within her goals of care. BRAF mutation still pending. Patient will likely tolerate BRAF inhibitor if needed likely MEK inhibitor Depending on life expectancy. Patient does not have significant cardiomyopathy which would preclude the use of this agent. Immunotherapy will also be appropriate yet will take longer for response. Patient will and is committed to continuing with supportive oncology and maintaining nutritional support throughout treatment.