

Action Chart for Practical Geriatric Assessment

| DOMAIN | MEASURE/PGA QUESTION # | ITEMS | DEFINITION OF IMPAIRMENTS | RECOMMENDATION IF PATIENT MEETS THRESHOLD FOR IMPAIRMENT |
|---------------------------------------|---|---|---|--|
| Physical Function/ Performance | Falls Question #1 | Single item of falls in last 6 months | ≥1 falls | <ul style="list-style-type: none"> • Falls: check orthostatic blood pressure and adjust medications appropriately. Offer falls prevention information. • Weigh risks/benefits of cancer treatment options, incorporate information on physical performance. • Physical Therapy: request strength, balance, and gait/assistive device evaluation; • Occupational Therapy: request evaluation and treatment for functional loss |
| | Physical function Question #2 & #3 | Walking one block and climbing one flight of stairs | Any limitation (a little or lot) | |
| | 4-meter Gait speed | Time in seconds | Time ≥ 4 secs (or gait speed ≤1.0 meters/sec) | |
| Functional Status | OARS instrumental activities of daily living (IADL) Questions #4-#9 | 6-items IADL items (walking, transportation, meals, housework, medicines, money) | Any IADL items with "some help" or "unable" | <ul style="list-style-type: none"> • Cancer treatment modifications: 1) single agent rather than doublet chemotherapy; 2) modify dose (e.g. 20% dose reduction with escalation as tolerated); 3) modify treatment schedule if possible; 4) More frequent toxicity checks • Physical Therapy: request strength, balance, and gait/assistive device evaluation; Occupational Therapy: request evaluation and treatment for functional loss |
| | OARS activities of daily living (ADL) Questions #10-#12 | 3-items ADL items (in/out of bed, dressing, bath/shower) | Any ADL items with "some help" or "unable" | |
| Nutrition/ Weight Loss | Single item from the G8 and MNA | Weight loss during the past 3 months? 0= weight loss greater than 3 kg (6.6 lbs) 1= does not know 2= weight loss between 1 and 3 kg (2.2 and 6.6 lbs) 3= no weight loss (range 0-3) | Score of 0 | <ul style="list-style-type: none"> • Discuss concerns related to nutrition and how treatments impact nutrition • Consider information for nutritional supplements, liberalize calorie-restricted diets; small frequent meals, high protein/ calorie snacks. • Consider referrals: 1) nutritionist, 2) dentist if poor dentition or denture issues; 3) speech therapy if difficulty with swallowing; 4) meals-on-wheels. • Use caution with emetogenic regimen, aggressive anti-emetic use. Refer to physical/occupational therapy for functional impairments affecting food intake; Consider medications to stimulate for loss of appetite |
| Social Support | Medical Outcomes Survey (MOS) Social support 8 item Question #17 | Instrumental items 1-4 Emotional items 5-8 | Any instrumental item with none, a little, or some of the time Any emotional item with none, a little, or some of the time | <ul style="list-style-type: none"> • Discuss adequacy and availability of social support at home • Discuss who the patient can contact in case of an emergency • Confirm documented health care proxy is in the medical record • Consider referral or information on: 1) social worker 2) visiting nurse service or 3) home health aide • Order lifeline emergency service. |

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| Psychological | PROMIS Anxiety 4-item Question #18 | Summed 4-20 raw score | Raw score: ≥ 11 | <ul style="list-style-type: none"> • Discuss history of mood issues and treatment history • Consider referrals: 1) psycho-oncology (social work, psychology) for counseling; 2) psychiatry if severe symptoms or already on medications which are inadequate, 3) spiritual counseling services, 4) palliative care • Consider pharmacologic therapy if appropriate in conjunction with PCP • Provide linkage to community resources (support groups, volunteer programs) • Assess for suicide risk and elder abuse |
| | Geriatric Depression Scale (GDS) 5 | Sum of 1 point for 'no' answer to item 1 and 1 point for 'yes' answers to items 2-5. (range 0-5) | Score: ≥ 2 | |
| Comorbidity | OARS comorbidity Question #19 | No/yes summed (0-13) Interference for each | ≥ 3 conditions Or any condition with a great deal of interference Specific for any history of diabetes, heart disease, or liver/kidney disease | <ul style="list-style-type: none"> • Initiate direct communication (written, electronic, or phone) with patient's PCP about the plan for the patient's cancer • Discuss how comorbidities affect risks and benefits of treatments choices • Modify dosage or schedule if concern about treatment tolerability or about worsening of comorbidities • Diabetes: avoid neurotoxic agents if another option is equivalent • Heart disease: minimize volume of agents and use slower infusion rate • Chronic liver or kidney disease: adjust med dose to avoid accumulation |
| | Hearing Question #15 | Single item | fair/poor/deaf | |
| | Vision Question #14 | Single item | fair/poor/blind | |
| Cognitive Function | Mini-cog | 1 point for each word recall 2 points for clock draw if normal, 0 if abnormal Total of 5 points (range 0-5). | Score: 0-2 high likelihood of cognitive impairment | <ul style="list-style-type: none"> • Provide explicit written instructions for appointments and treatments • Elicit input from confidant on cognition; Assess decision-making capacity; Elicit health care proxy info; Cognitive specialist (neurologist/ geriatrician) referral; OT referral for cognitive rehabilitation; consider neuropsychological testing |
| Geriatric Assessment Screening Tool* | Geriatric-8 (G-8) | 8-items (age food intake, weight loss, mobility, BMI, neuropsych issue, prescription drugs, health self-assessed) | Score: 0-14 recommend completing a full geriatric assessment evaluation | <ul style="list-style-type: none"> • Administer the PGA or another GA and implement the recommendations based on the results (see above) |
| Risk of Chemotherapy Toxicity** | CARG Toxicity Tool: www.mycarg.org Go to the "Chemo-Toxicity Calculator" under CARG TOOLS | 11-items (sociodemographics, tumor/treatment variables, laboratory test results [hemoglobin, creatinine clearance], and geriatric assessment variables) | Score: 0-5 Low Risk 6-9 Intermediate Risk 10-23 High Risk | <ul style="list-style-type: none"> • For Intermediate/High Risk patients, consider administering the full PGA and implement the recommendations noted above based on the results • Consider the following cancer treatment modifications, particularly for intermediate/high risk patients and considering non-curative treatment settings: 1) consider single agent rather than doublet therapy; 2) modify dosage (e.g., 20% dose reduction with possible escalation); 3) modify treatment schedule. • Consider more frequent toxicity checks (weekly or every other week) |

*The Vulnerable Elders Survey-13 (VES-13) is an alternative geriatric assessment screening tool

**Chemotherapy Risk Assessment Scale for High-Age Patients (CRASH) Score is an alternative tool that can be used to calculate risk of chemotherapy toxicity
See ASCO Guidelines for Older Adults: ascopubs.org/doi/abs/10.1200/JCO.23.00933