

“FEASIBILITY OF MULTIDIMENSIONAL GERIATRIC EVALUATION IN A SERIES OF GERIATRIC ONCOLOGIC PATIENTS: A PRELIMINARY STUDY”

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PURPOSE: Due to the population aging and to the consequent higher incidence of tumors neurosurgeons are facing over and over the need to define objective criteria for submitting safely older patients with many comorbidities to surgery. In previous studies geriatric patient was generally evaluated by singular and incomplete score systems such as KPS or ECOG. MGE is a more complete evaluation because it takes into account aspects of everyday life and health of the geriatric patient.

The purpose of this study is to assess the appropriateness of the Multidimensional-Geriatric-Evaluation (MGE) in surgery selection of supratentorial gliomas and meningiomas in patients aged ≥ 65 years.

METHODS:

Multidimensional Geriatric Evaluation consists of a series of tests and examinations to obtain a more complete assessment of the patient's health: Mini-mental State for cognitive functions; Katz index and Lawton Scale for autonomy in ADL; Short Physical Performance Battery and Handgrip to assess extremities function; Confusion Assessment Method and Geriatric Depression Scale for evaluate depression and confusion states; SOFA and CIRS for other morbidities; nutrition values with blood testing as well as an anesthesiological evaluation of the operative risk.

In our study patients were evaluated with MGE (by an independent geriatric physician), in addition to clinical-radiological neurological examination.

Cut off for surgery decision were: single supratentorial lesion, glioma or meningioma radiological aspect, Mini-Mental test > 20 , Autonomy evaluation scale > 85 .

According to the global results surgery or conservative treatment were addressed. Follow up time was up to 12 months, with an intermediate evaluation at 6 and 12 months.

RESULTS: Since April 2012, 18 consecutive patients were included: 7 meningiomas and 11 glioblastoma. On the basis of both the geriatric and clinico-radiological evaluation 15 (83,3%) patients underwent surgery: 7 meningiomas and 8 gliomas.

No patient presented post-operative complications related to his comorbidities. At the final follow-up (at 12 months) 12 patients presented a satisfying outcome at neurological evaluation, although in 3 (25%) a worse MGE was observed. Among the operated patients, two (13,3%) gliomas deceased during the follow up.

In the 3 patients treated conservatively, only 1 survived at the final follow up, with a satisfactory neurological and MGE outcome. In the geriatric evaluation we noticed that the worsening concerned cognitive state and self-reliance (judged with Minimal Scale and Bartel Scale).

CONCLUSION:

Our study results suggest that a correct evaluation of the geriatric oncologic patients needs an extended consideration of a series of medical and daily life aspects which are fundamental to address the patient to a major surgery. On the basis of our preliminary results, MGE evaluation could be considered as a feasible integration in the treatment indication for supratentorial tumors in elderly patients.