Effect of geriatric intervention on physical function in patients operated for colorectal cancer – results from a randomized controlled trial

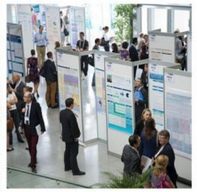
Troels Gammeltoft Dolin
MD PhD. Geriatrician in training
Department of Medicine
Herlev and Gentofte Hospital
Denmark

@troelsdolin

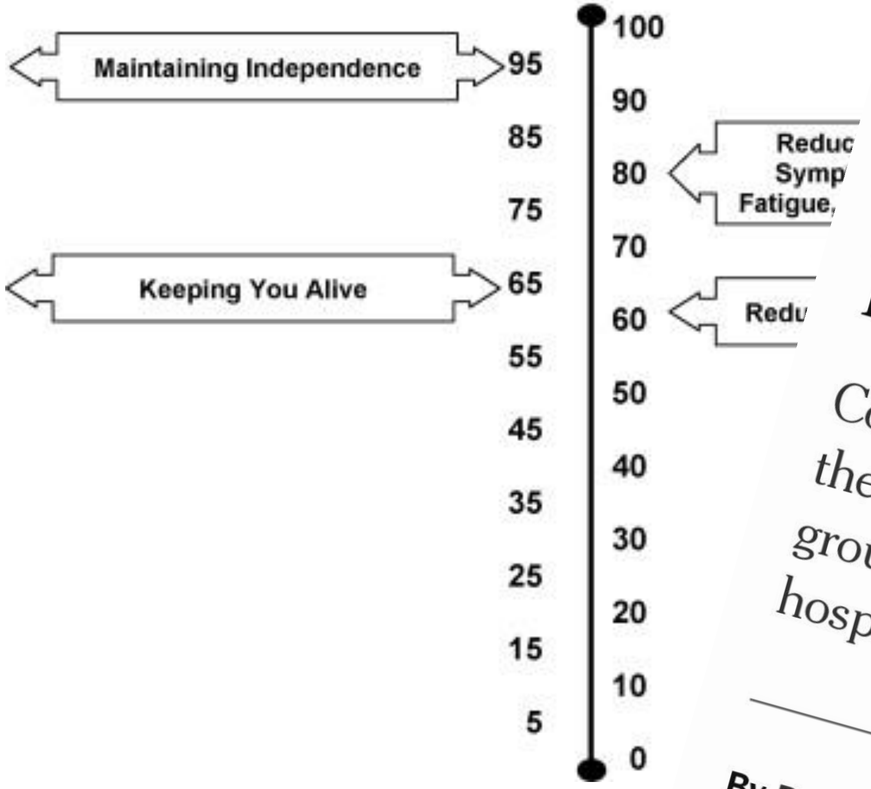
Conflict of Interest Disclosure

Speakers are required to disclose their potential conflict of interest going back three years prior to this presentation.

I do not have any relationships with companies to report. ·



Introduction



Fried et al., Patient Educ Couns. 20

The New York Times

THE NEW OLD AGE

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The Elderly Are Getting Complex Surgeries. Often It Doesn't End Well.

Complication rates are high among the oldest patients. Now a surgeons' group will propose standards for hospitals operating on the elderly.

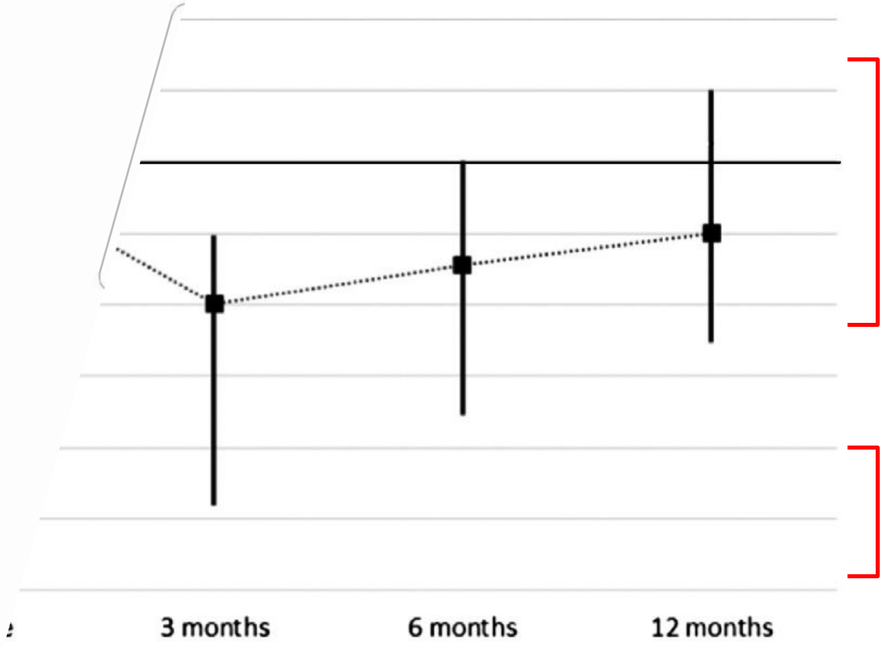
By Paula Span

June 7, 2019

Prioritization ratings after elective surgery

after rectal cancer surgery (QoL)

dies)



Mean score

ays at home; DFS = not developing a new disability; LOS = length of stay

Hamarker et al., JGO, 2015

Abdellatif et al., Can J Anesth 2022

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Aim

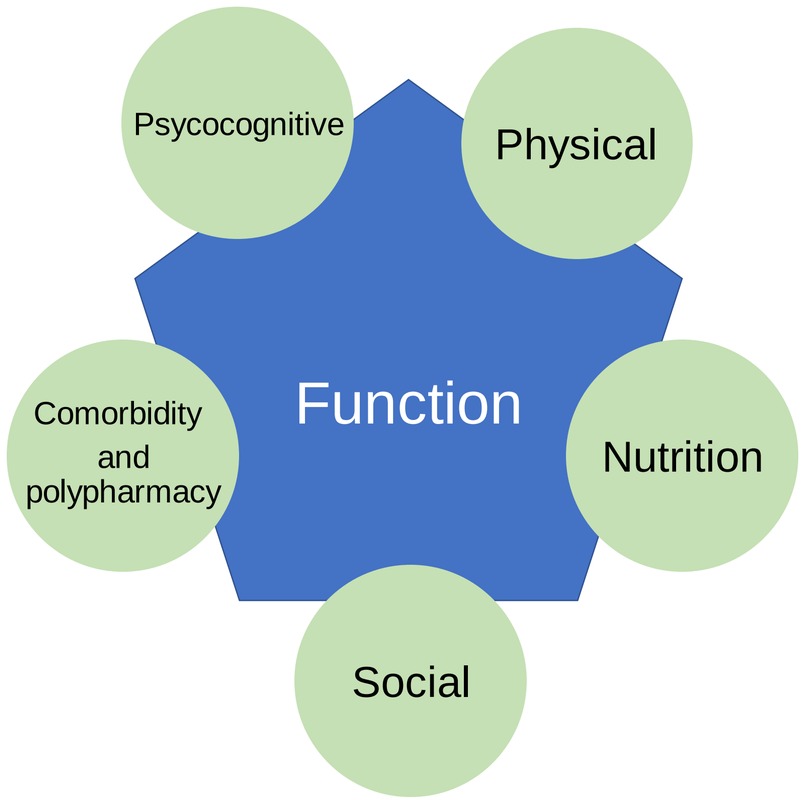
GEPOC trial – RCT (GEriatric PeriOperative Care for older patients with colorectal cancer) *NCT03719573*

Impact of a **CGA including exercise** on **physical function** in older patients with frailty undergoing resection for CRC

Change from preoperative to 14 weeks after resection in:

- 30-second Chair Stand (primary outcome)
- 6-minute Walking
- 5xChair Stand
- Handgrip Strength

Feasibility



Inclusion and exclusion criteria

Inclusion:

- Age ≥ 65 years
- Scheduled for curative intended colorectal cancer resection (UICC Stage I-III)
- Frailty according to Geriatric-8 (≤14/17)

Exclusion:

- Neoadjuvant treatment
- Bound to chair or bed
- Severe dementia

© New York Times 2019

Trial flow

Screening G8

Frailty
(G8 ≤14)

Baseline test

Randomization

• Home visit with CGA • Progressive resistance training program	• Postoperative geriatric rounds • Exercise with physiotherapist during hospitalization	• Follow-up to the CGA • Progressive resistance training program

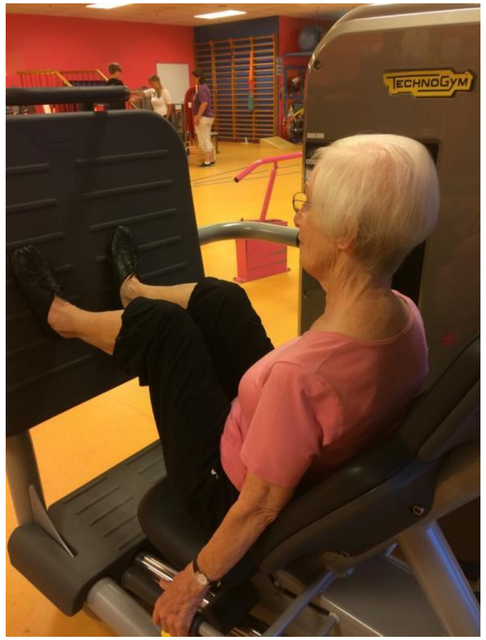
Intervention group

Optimization	surgery	Rehabilitation

Control group

Usual care	surgery	Usual care

<u>12 weeks resistance training (2/week)</u>
Week 1: 2 sets x 15 reps (15 RM)
Week 2 + 3: 2 sets x 12 reps (12 RM)
Week 4-7: 3 sets x 10 reps (10RM)
Week 8-12: 3 sets x 8-10 reps (8-10 RM)



Patient flow chart and dropouts

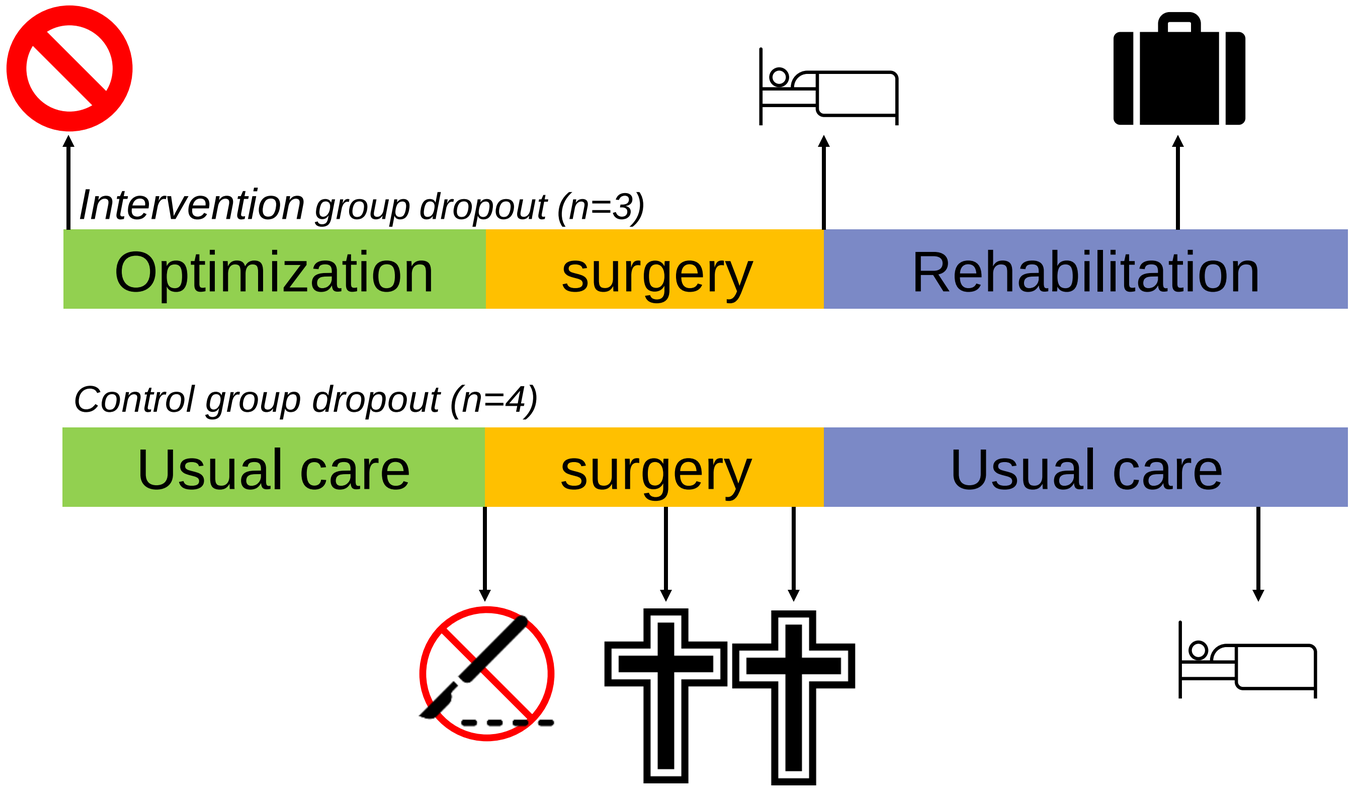
Screening G8 (*n*=208)

G8 ≥ 14.5 (*n*=84)

G8 ≤ 14 (*n*=124)

No participation (*n*=57)
- Short time to surgery (*n*=14)
- Difficulty with transportation (*n*=9)
- Did not want more time at hospital (*n*=9)
- Felt too weak to participate (*n*=6)
- Refused due to fear of COVID-19 (*n*=4)
- Did not want to exercise (*n*=4)
- Included in other projects (*n*=2)
- Municipal training (*n*=2)
- Other (*n*=7)

Patients included (*n*=67)



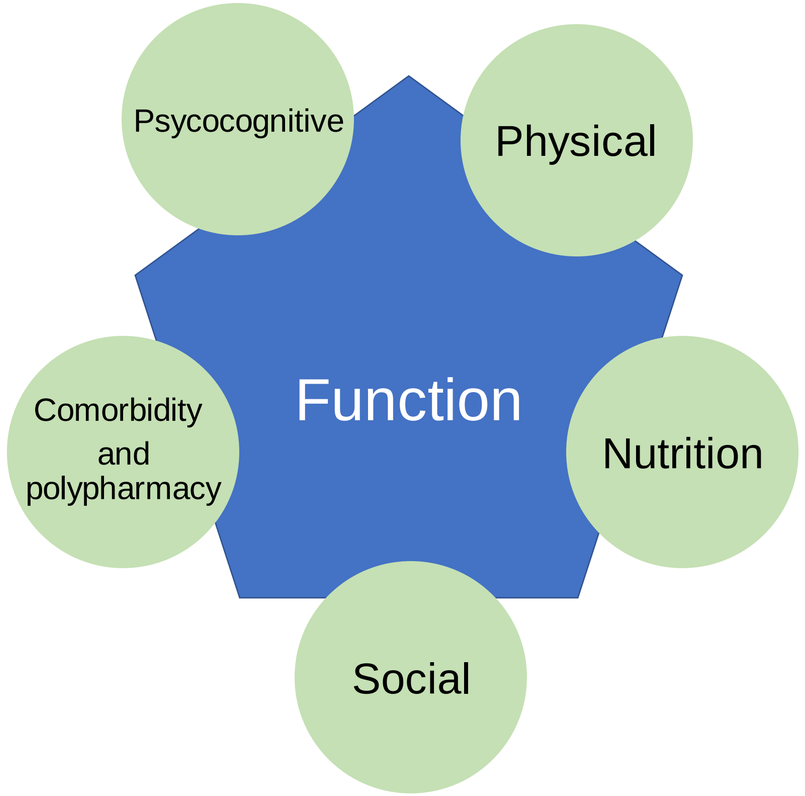
Baseline characteristics

Characteristics, n (%)*		Intervention group (n = 33)	Control group (n = 34)	P value
Age, median (range)	Years	80 (65–91)	80 (65–93)	0.55
Gender	Male	14 (42)	12 (35)	0.62
Tumor stage, IUCC	I II III	5 (15) 14 (42) 14 (42)	4 (12) 22 (65) 8 (24)	0.17
CIRS-G, median (range)	Score	8 (2–21)	6 (1–13)	**0.004**
ASA	II III	18 (55) 15 (46)	25 (64) 9 (34)	0,13
G8, median (range)	Score	13 (7–14)	12 (8–14)	0.06

**unless indicated otherwise*

Interventions from CGA

Intervention	Interventions performed n, (%)
Changes in medication	22 (67)
Nutritional advice/intervention	21 (64)
Correction of anemia	14 (42)
Referrals	12 (36)
Social/Municipal contact	2 (6)
Physical exercise program	31 (94)



RESULTS

GEPOC trial

Shared with patient consent

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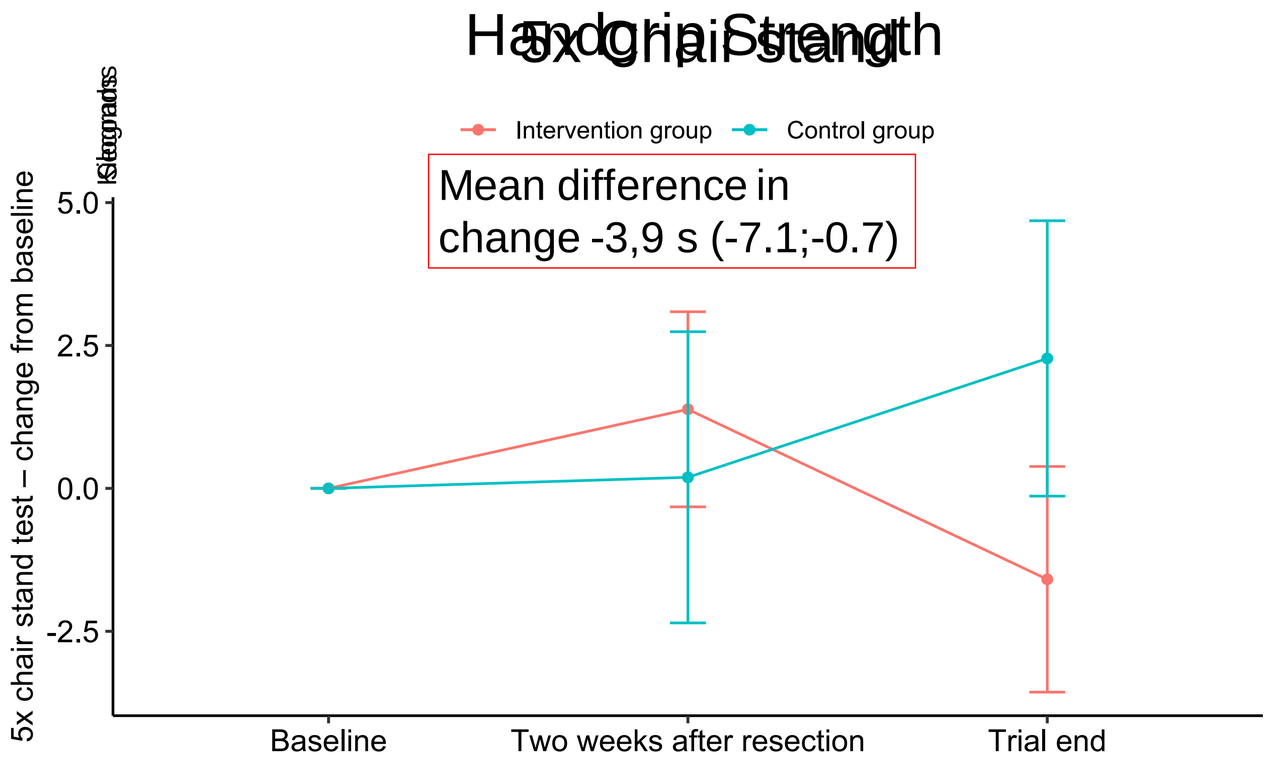
RESULTS



ifference in
e: 3.8 kg (1.8;5.8)

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Conclusion

- Intervention from **CGA prevented physical decline** in older patients with frailty undergoing resection for CRC
- A geriatric intervention was feasible in the trajectory of treatment for CRC

Limitations

- “Just” the effect of exercise?
- Patients who said no (selection bias)

Shared with patient consent

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Patients from the GEPOC trial

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Aase og Ejnar Danielsens Fond

Troels.gammeltoft.dolin@regionh.dk
@troelsdolin