

4ème congrès annuel UCOG Bretagne



Intérêt de l'évaluation gériatrique en amont de la chirurgie cancérologique : lecture critique d'articles

Intervenants :

- Dr PRUD'HOMM J., Gériatre, CHU Rennes
- Dr LE GOURRIEREC A., Gynécologue, CHRU Brest

Modératrices :

- Dr CATTENOZ C., Gériatre, CHU Rennes
- Dr LAMY R., Oncologue, CHBS Lorient

Pontivy, Jeudi 16 Mars 2017

Introduction

PLoS One. 2013; 8(6): e64834.

PMCID: PMC3686791

Published online 2013 Jun 19. doi: [10.1371/journal.pone.0064834](https://doi.org/10.1371/journal.pone.0064834)

Outcomes of a Geriatric Liaison Intervention to Prevent the Development of Postoperative Delirium in Frail Elderly Cancer Patients: Report on a Multicentre, Randomized, Controlled Trial

[Liesbeth Hempenius](#),^{1,2,*} [Joris P. J. Slaets](#),¹ [Dieneke van Asselt](#),² [Geertruida H. de Bock](#),³ [Theo Wiggers](#),⁴ and [Barbara L. van Leeuwen](#)⁴

Antony Bayer, Editor

- Pas d'effet sur le risque de confusion, mortalité, complications post-op
- Mais : EGS **APRES** décision de chirurgie, exclusion en cas de TNC

Introduction




Journal of the American College of Surgeons, The
Volume 221, numéro 6
pages 1083-1092 (décembre 2015)

Doi : 10.1016/j.jamcollsurg.2015.08.428

Reçu le : 21 juillet 2015 ; accepté le : 26 août 2015

Collective Review

Frailty for Surgeons: Review of a National Institute on Aging Conference on Frailty for Specialists

Thomas N. Robinson, MD, MS, FACS ^{a, *} , Jeremy D. Walston, MD ^b, Nathan E. Brummel, MD, MSCI ^d,
Stacie Deiner, MD, MS ^e, Charles H. Brown, MD, MHS ^c, Maura Kennedy, MD, MPH ^f, Arti Hurria, MD ^g

- **Augmentation de la mortalité** post-opératoire à 30 J chez les patients fragiles
 - phenotype model (adjusted HR 2.67, 95% CI 1.08–6.62)
 - CGA (adjusted HR 3.39, 95% CI 1.82–6.69)
- Et chez les patients pré-fragiles (adjusted HR 2.33, 95% CI 1.20–4.52)

Introduction

The prevalence and outcomes of frailty in older cancer patients: a systematic review

C. Handforth ; A. Clegg; C. Young; S. Simpkins; M. T. Seymour; P. J. Selby; J. Young

Ann Oncol (2015) 26 (6): 1091-1101. **DOI:** <https://doi.org/10.1093/annonc/mdu540>

Published: 17 November 2014 **Article history** ▼

- 22 études analysées sur 180 retenues
- Prévalence de la fragilité : 43%

Nécessité d'une interdisciplinarité

The assessment and management of older cancer patients:
A SIOG surgical task force survey on surgeons' attitudes

Ghignone et al. EJSO 2016

Objectif: évaluer l'approche des chirurgiens envers les patients âgés atteints de cancer et leur outils de dépistage en préopératoire

251 interrogés: 62,1% chirurgie du sein/ 43% chirurgie colorectale

48 % pensaient **évaluer la fragilité** en préopératoire avec outils variables

Plus d'**1/3** n'avaient **aucune collaboration** avec équipe gériatrique

Objectif de la chirurgie: **gain de qualité de vie et statut fonctionnel (et non survie)**

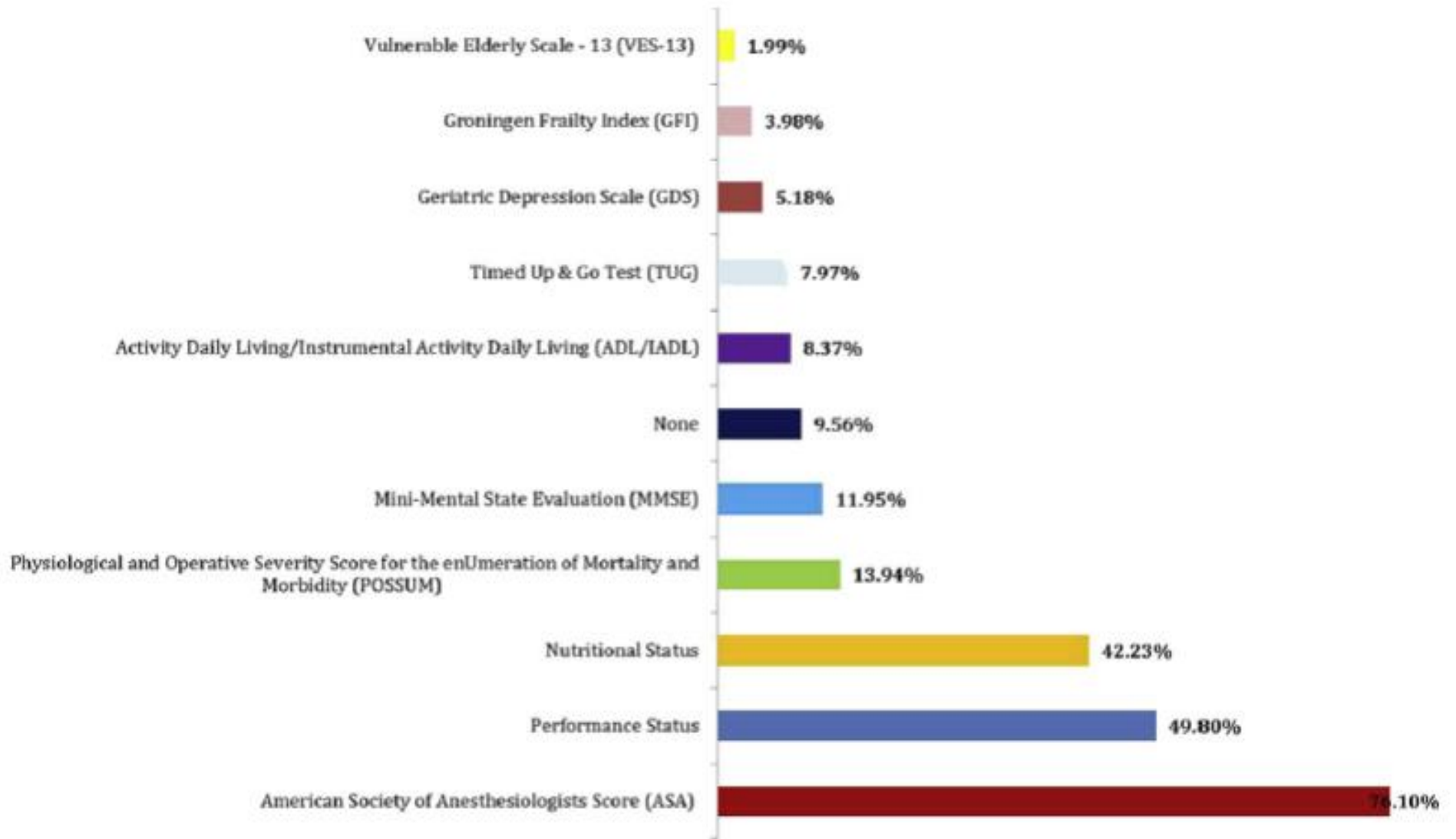


Figure 3. Preoperative tools routinely utilized to assess fitness for surgery.





Journal of the American College of Surgeons

Volume 215, Issue 4, October 2012, Pages 453–466



Special article

Optimal Preoperative Assessment of the Geriatric Surgical Patient: A Best Practices Guideline from the American College of Surgeons National Surgical Quality Improvement Program and the American Geriatrics Society



Warren B. Chow, MD, MS, MSHSOR^{a, b},  , Ronnie A. Rosenthal, MD, MS, FACS^c, Ryan P. Merkow, MD, MSHSOR^a, Clifford Y. Ko, MD, MS, MSHS, FACS^{a, b}, Nestor F. Esnaola, MD, MPH, MBA, FACS^d

- **Pre-existing cognitive impairment** strongly predicts postoperative delirium, which is associated with **worse surgical outcomes**, including longer hospital stays, increased risk of perioperative **mortality**, and postoperative **functional decline**



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- **Preoperative depression** has been associated with increased **mortality** after coronary artery bypass graft (CABG) and longer postoperative length of stay after coronary artery bypass graft and valve operations.

Depression has also been associated with higher **pain perception** and increased postoperative analgesic use.



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- Incidence of **delirium** ranging from 5.1% to 52.2%, with higher rates after hip fracture and aortic surgery
- Strongest predisposing factor being **pre-existing cognitive impairment and dementia**
- Higher **mortality and complications**, rates of institutionalization, greater costs and use of hospital resources, longer lengths of stay, and compromised functional recovery



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- **Functional dependence** was the strongest predictor of postoperative 6-month mortality
- **Impaired mobility** in elderly patients has also been linked to increased risk of postoperative **delirium** and **surgical site infections** with MRSA



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- Poor nutritional status is associated with increased risk of **postoperative adverse events**
 - mostly **infectious complications** (eg, surgical site infections, pneumonia, urinary tract infections, etc),
 - **wound complications** (eg, dehiscence and anastomotic leaks),
 - and increased length of stay for patients undergoing elective gastrointestinal surgery





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compliance. The risk of adverse drug reactions also increases with greater numbers of medications, leading to more hospital admissions.

Burden of Geriatric Events Among Older Adults Undergoing
Major Cancer Surgery Tan et al. JCO 2016

Etude transversale à partir des données d'un échantillon national de données de patients hospitalisés (NIS) ≥ 55 ans aux USA entre 2009 et 2011

Objectif: prévalence des événements post opératoires pour les 10 chirurgies carcinologiques les plus fréquentes : vessie, sein, colon, endomètre, rein, poumon, ovaire, pancreas, prostate et estomac (code CIM10)

Evènements post opératoires évalués: déshydratation, confusion, chutes et fractures, altération nutritionnelle et escarres

- Entre 2009 et 2011, 939 150 patients ≥ 55 ans hospitalisés pour chirurgie carcinologique.
- 9,2 % avec au moins une complication post op
 - 81,3 % altération nutritionnelle et déshydratation
 - 17,1 % sd confusionnel
- Plus de complications liées à l'âge (≥ 75 ans), aux comorbidités (Charlson ≥ 2) et à la chirurgie non programmée

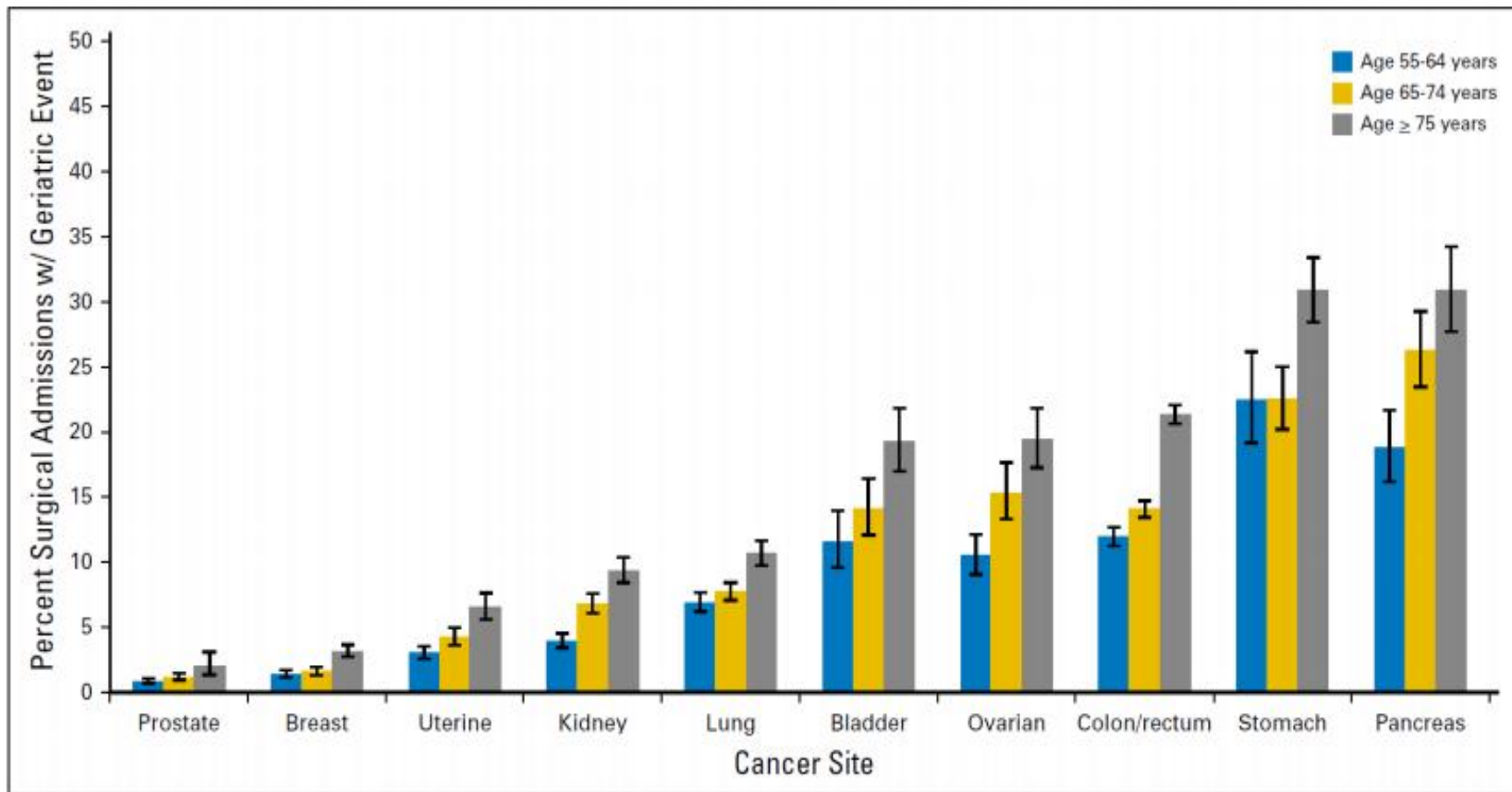
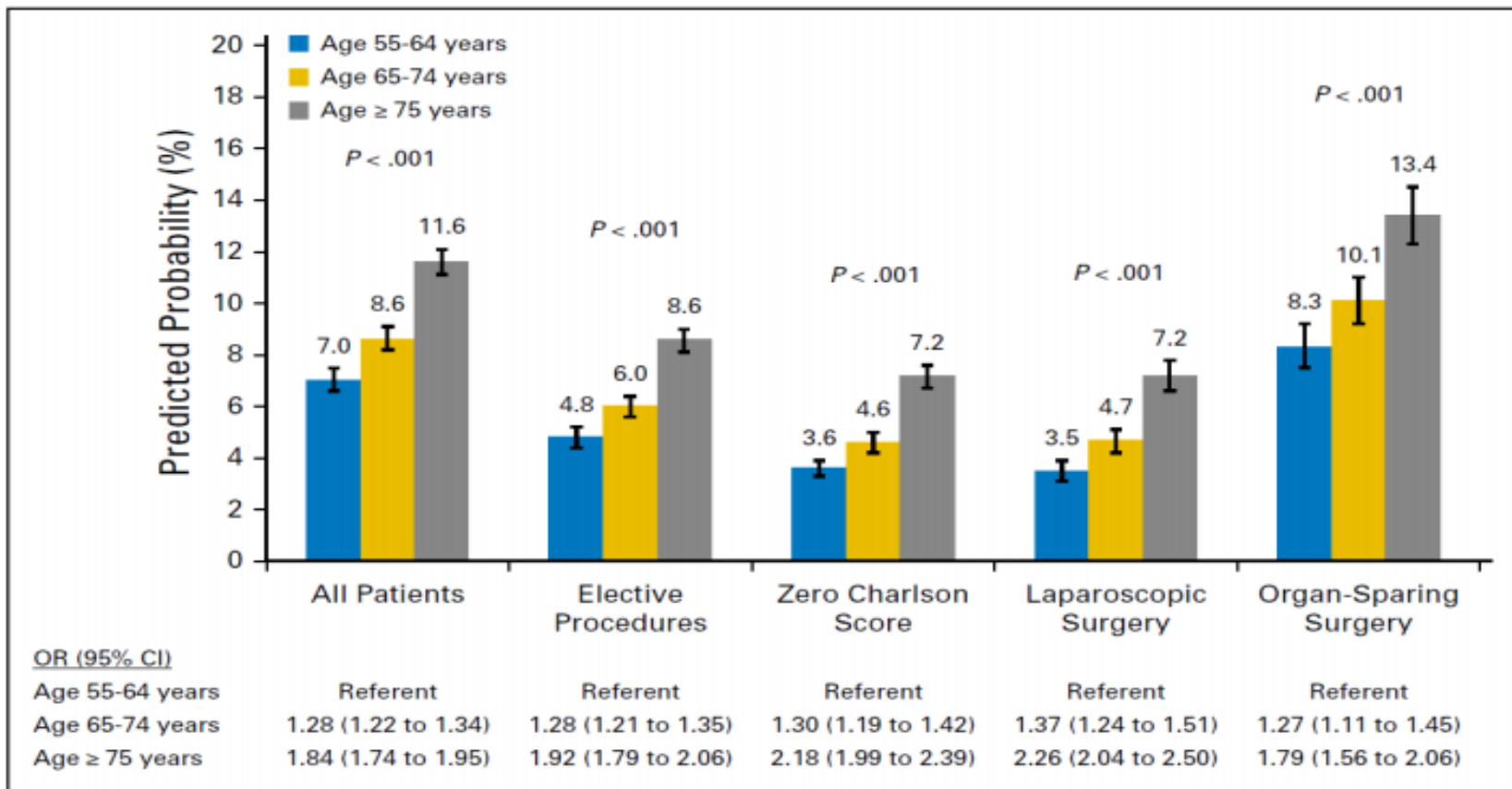


Fig 1. Proportion of patients with a geriatric event according to cancer site and age. Age stratified into three groups: age 55 to 64, age 65 to 74, and age ≥ 75 years. Proportions are derived from the number of patients with at least one geriatric event divided by the number of patients treated surgically. The association between geriatric events and age was assessed by using χ^2 testing and found to be significant for all sites ($P < .001$).



Probabilité ajustée d'événements post opératoires

Ajustement sur le sexe, le niveau socio économique, le type de cancer et les caractéristiques d'hospitalisation

Intérêt Nutrition péri-opératoire

Frailty in the older surgical patient: a review

Judith S. L. Partridge ✉; Danielle Harari; Jugdeep K. Dhesi

Age Ageing (2012) 41 (2): 142-147. DOI: <https://doi.org/10.1093/ageing/afr182>

Published: 01 March 2012 **Article history** ▼

« [...], the potential effect that nutritional supplementation may have on surgical outcomes in frail individuals should be explored ».

Effet positif

Effect of Nurse Case Management on the Treatment of Older Women With Breast Cancer

James S. Goodwin, MD, Shiva Satish, MD, MPH, Elizabeth T. Anderson, RN, DrPH, Ann B. Nattinger, MD, MPH, Jean L. Freeman, PhD

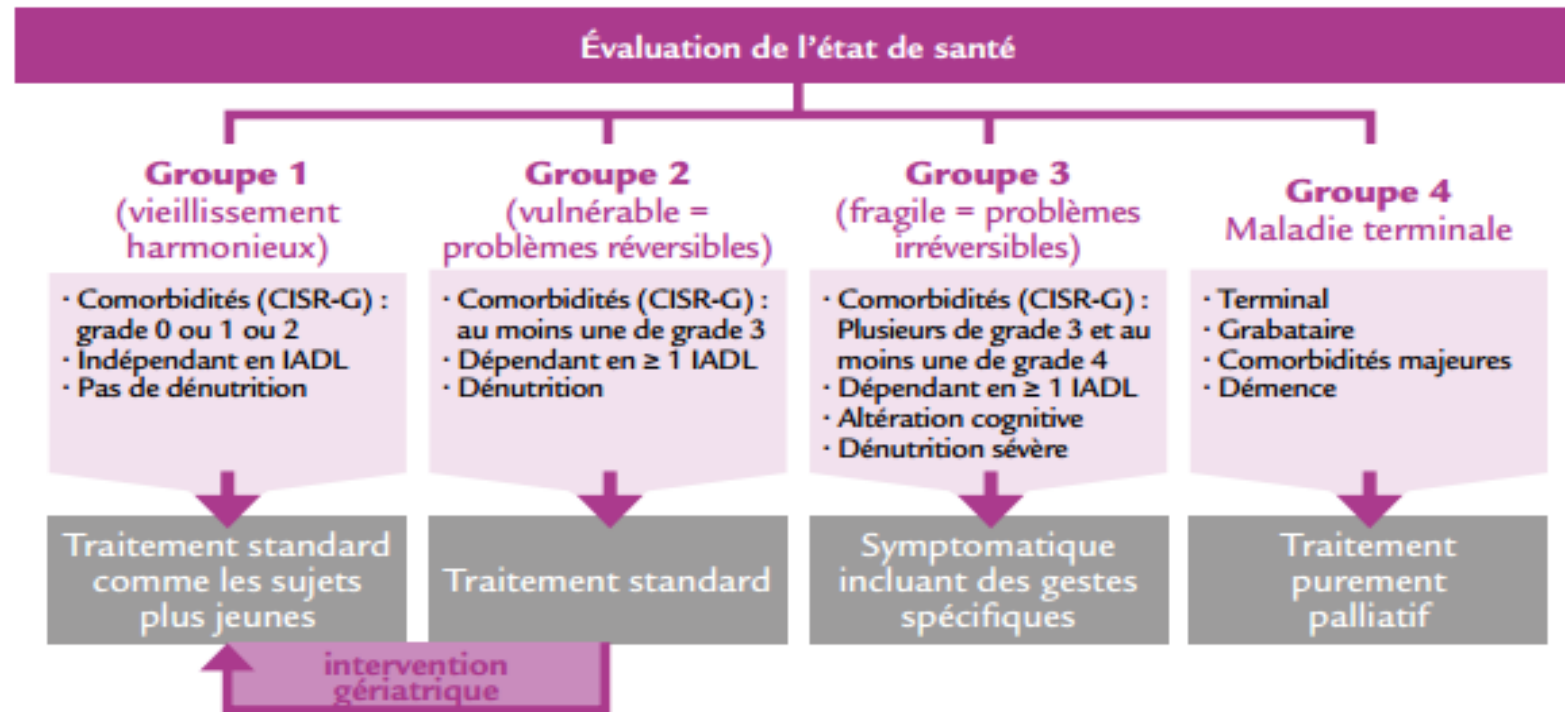
Disclosures

J Am Geriatr Soc. 2003;51(9)

- **Augmentation** du nombre de chirurgies conservatrices du sein (18,7 % vs 28,6%, $p = 0,031$)
- **Augmentation** de décision de radiothérapie (19,0 vs 36,0%, $p = 0,003$)
- Sentiment d'avoir le « **vrai choix** » à propos de décision de traitement (82,2% vs 69,9%, $p = 0,02$)

Spécificités du cancer de prostate

Figure 1 / Schéma général de prise en charge d'un patient âgé atteint de cancer de prostate



CISR-G (Cumulative Illness Score Rating- Geriatrics : mesure des comorbidités) ; ADL (Activity Daily Living : mesure de la dépendance) ; IADL (Instrumental ADL : mesure de la dépendance instrumentale).

- Formes localisées : toutes les thérapeutiques standards, hormis la prostatectomie > 75 ans
- Rôle actif du gériatre dans le diagnostic des cancers à un stade précoce
- Formes métastatiques : de nombreuses possibilités thérapeutiques efficaces

Spécificités du cancer de prostate

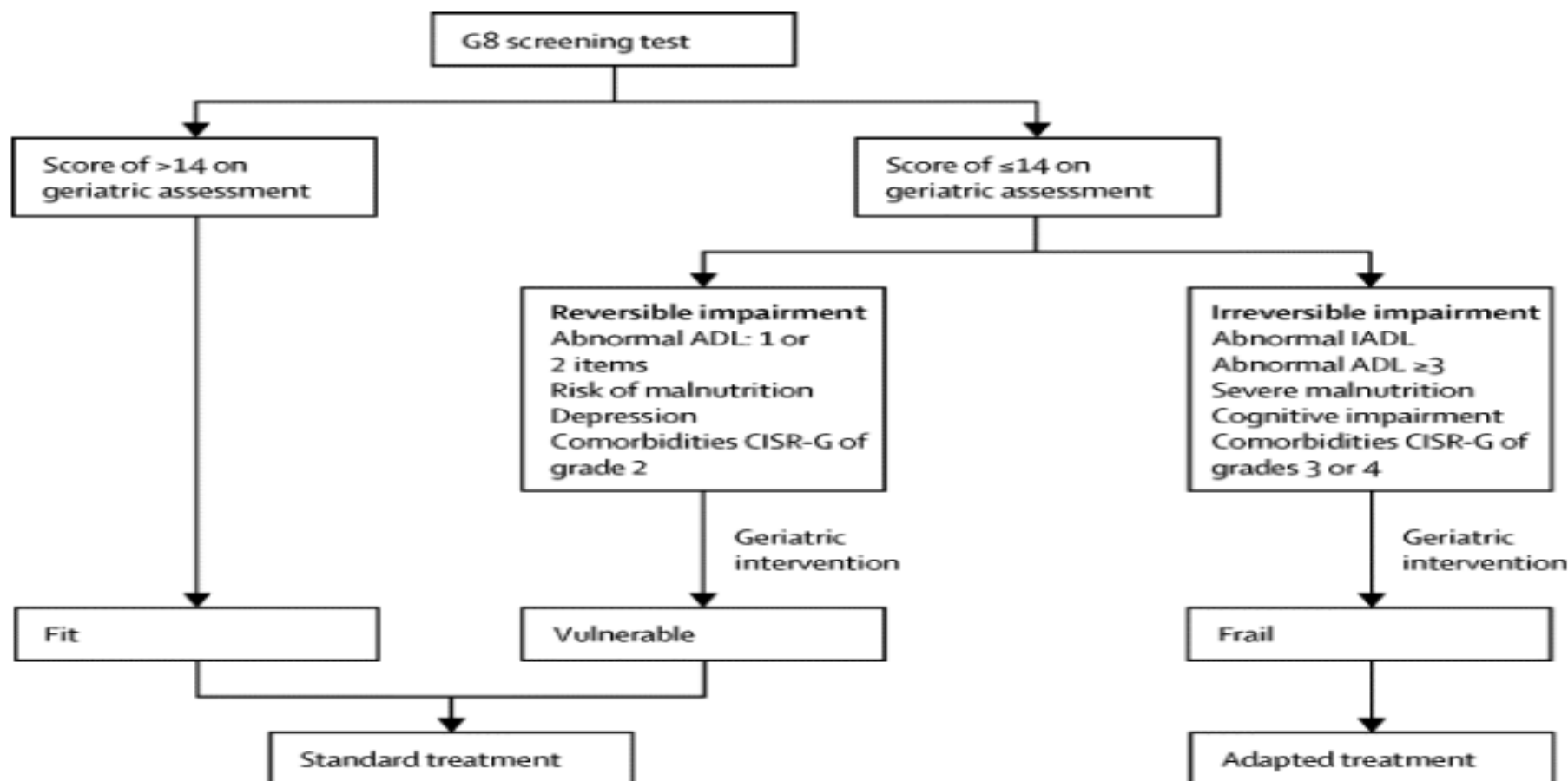


Figure 2.

Decision tree for treatment of prostate cancer according to health status assessment

ADL=Activities of Daily Living. IADL=Instrumental Activities of Daily Living. CISR-G=Cumulative Illness Score Rating-Geriatrics.

Management of prostate cancer in older patients: updated recommendations of a working group of the International Society of Geriatric Oncology, Prof Jean-Pierre Droz and al. Lancet Oncol 2014; 15: e404–14

Ouverture

[BMC Geriatr.](#) 2017; 17: 10.

PMCID: PMC5219771

Published online 2017 Jan 7. doi: [10.1186/s12877-016-0402-3](https://doi.org/10.1186/s12877-016-0402-3)

Age Nutrition Chirurgie (ANC) study: impact of a geriatric intervention on the screening and management of undernutrition in elderly patients operated on for colon cancer, a stepped wedge controlled trial

[Marine Dupuis](#),^{✉1} [Elisabetta Kuczewski](#),² [Laurent Villeneuve](#),^{1,3,4} [Sylvie Bin-Dorel](#),^{1,3,4} [Max Haine](#),⁵ [Claire Falandry](#),^{6,7}
[Thomas Gilbert](#),⁵ [Guillaume Passot](#),^{6,8} [Olivier Glehen](#),^{6,8} and [Marc Bonnefoy](#)^{4,5,9}

Etude en cours

Ouverture

[BMC Cancer](#). 2016; 16: 932.

PMCID: PMC5134290

Published online 2016 Dec 1. doi: [10.1186/s12885-016-2927-4](https://doi.org/10.1186/s12885-016-2927-4)

Role of geriatric intervention in the treatment of older patients with cancer: rationale and design of a phase III multicenter trial

[Pierre Soubeyran](#),^{1,2,3,11} [Catherine Terret](#),⁴ [Carine Bellera](#),^{5,6,7} [Franck Bonnetain](#),⁸ [Olivier Saint Jean](#),⁹ [Angéline Galvin](#),^{3,6} [Camille Chakiba](#),^{1,3} [Marie-Dominique Zwolakowski](#),¹ [Simone Mathoulin-Pélissier](#),^{2,5,6,7} and [Muriel Rainfray](#)^{2,3,7,10}

Même étude à lancer pour la chirurgie ?