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The frail patient with breast cancer: Risk, planning, and optimization -from the geriatrician's perspective

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Outline

- What is frailty?
- Additional considerations in frailty
- Case discussion – beyond regular preoperative assessment
- How to identify frail patients preoperatively?
- What can a geriatrician do?

Frailty

- Patients with frailty have an *increased risk* of negative outcomes
  - Postoperative complications
  - Functional decline
- Frailty is due to a multisystem reduction of reserve capacity
- Age is related to frailty, but most 85 year olds are not frail

Abellan Van Kan 2008

Frailty

- Does not mean disqualification for further care
- **Entry point** for adapted care
- Potentially reversible
- Why is the patient frail?

Belloni & Cesari, 2019

GETTING OLDER….

- Multimorbidity
- Polypharmacy
- Functional disability (need of assistance in everyday life)
- Cognitive impairment or dementia
- Malnutrition
- Lack of social network

- Evidence-base is (almost) non-existing

Case: Female in her early seventies

- Breast cancer 3 years ago – triple negative, relapse now (didn't show for follow-up)
- Appears frail, referred for geriatric assessment and management

Outpatient Geriatric Assessment

- Resided in a nursing home for the last 4 weeks, usually lives with spouse
- Dependent in basic and instrumental activities of daily living – needs help with showering, shopping, cooking

- Comorbidity:
  - COPD (few admissions) – heavy smoker
  - Hypertension
  - Bladder cancer more than 10 years ago
  - Excessive alcohol use (also spouse)

Comorbidity continued

- Depression and anxiety, severe, previous suicide attempt
- Deep vein thrombosis
- Stroke (minor) 1 year ago, large vessel disease

- Fall and ankle fracture (reason for nursing home)

Geriatric assessment

- Gait speed 0.5 m/s
- SPPB 6/12 (4+2+0) Short physical performance battery
- Fall last 6 months: 1
- Grip strength 12.5 kg
- MMSE: 28/30 Mini mental state examination
- Nutrition: MNA 12.5/30. Weight 52 kg. Weight loss 15 kg in 2 years Mini nutritional assessment
- Frailty index: 0.45 (severe frailty)

HOW TO OPTIMIZE THIS PATIENT?

Points to consider

- Assess patient's goals and priorities (what lies ahead?)
- Survival? Remaining independent? Avoid symptoms?

- What can be optimised? (prehab – be realistic not nihilistic)

- Treatment trajectory can (always) be optimised

- *Reconsider treatment strategy* – alternatives?

Hall et al. JAMA Surgery 2017

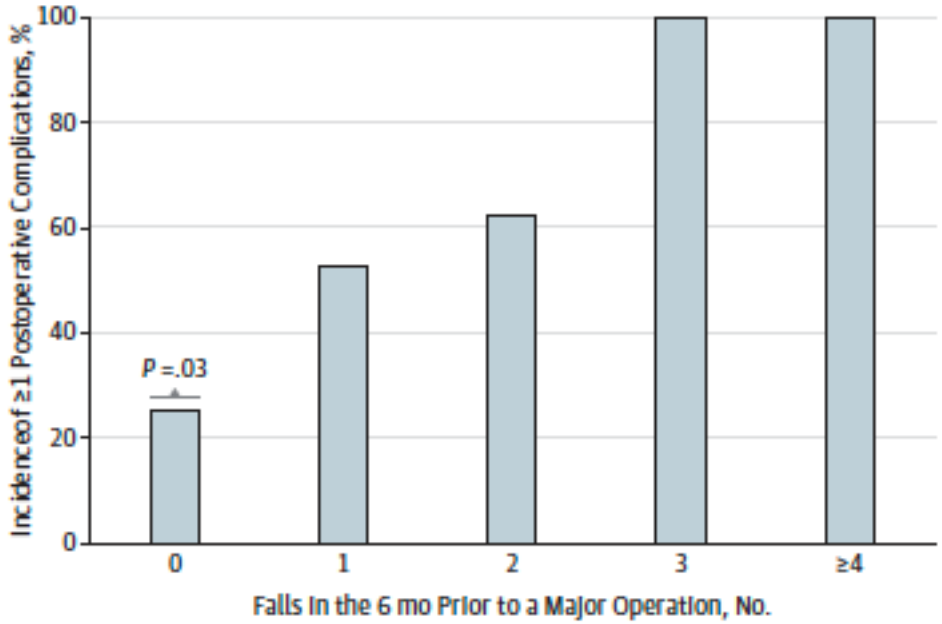
SCREENING FOR FRAILTY IN GERIATRIC ONCOLOGY

Original Investigation | SURGICAL CARE OF THE AGING POPULATION

Relationship Between Asking an Older Adult About Falls and Surgical Outcomes

Teresa S. Jones, MD; Christina L. Dunn, BA; Daniel S. Wu, MD; Joseph C. Cleveland Jr, MD; Deidre Kile, MS; Thomas N. Robinson, MD, MS

Figure 2. Prior Falls and Postoperative Complications in Colorectal Operations



4 meter gait speed

- Slower than 0.8 m/s
  - SLOW WALKER – poor outcomes
  - ECOG is not enough
  - How to evaluate in clinical practice?

How fast does the Grim Reaper walk? Receiver operating characteristics curve analysis in healthy men aged 70 and over

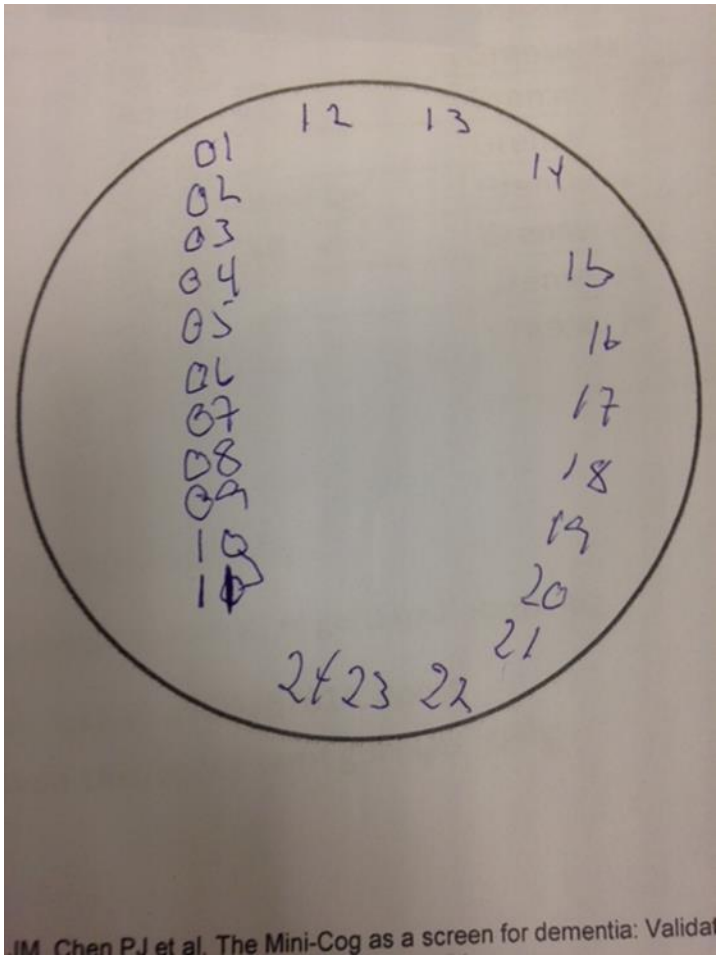
Grim reaper´s maximum speed: 1.36 m/s

Stanaway, BMJ, 2011

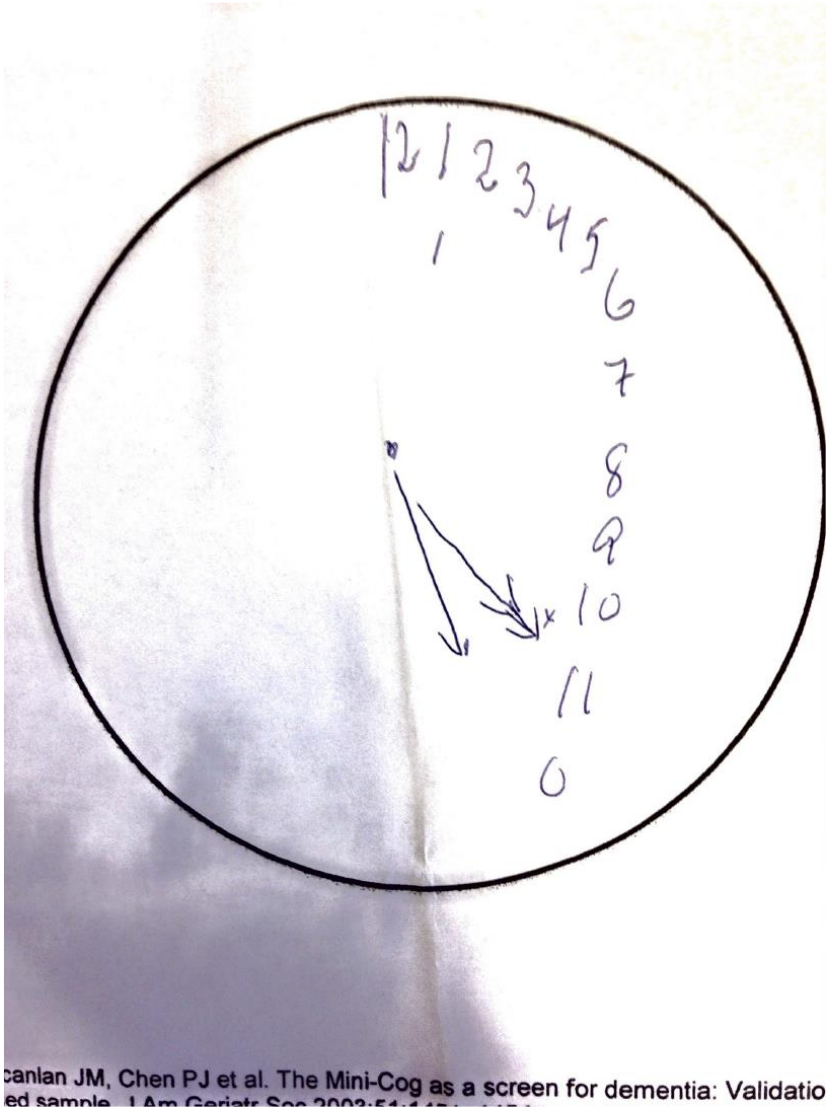
Three questions

- Do you have trouble getting out of a chair or out of bed?
- Is getting dressed difficult for you?
- Do you need help taking a bath or shower?

Cognitive function



JM, Chen PJ et al. The Mini-Cog as a screen for dementia: Validat



canlan JM, Chen PJ et al. The Mini-Cog as a screen for dementia: Validatio
ed sample. J Am Geriatr Soc 2003;51:1451–1454.

Why is cognition so important for surgeons?

- Ability to consent?
- Involve caregivers in decision-making?

- Baseline before surgery

- Risk of delirium – can be prevented/information
- Follow-up must be tailored – remember info?
- Cognitive impairment is a negative prognostic factor

Larsen. Acta Anaesthesiol Scand. 2019;63:1095–1096

«They want to kill me»

Many Covid-19 patients have terrifying delirium

New York Times, June 28, 2020

Joining Forces against Delirium — From Organ-System Care to Whole-Human Care

Sharon K. Inouye, M.D., M.P.H.

N ENGL J MED 382;6 NEJM.ORG FEBRUARY 6, 2020

“Ironically, despite the fact that more than 20 physicians had seen the patient, there was not a single consultation to address the failure of his most important organ, the one that most patients prioritize over all others — his brain».

Recognizing and treating postoperative delirium. Is it something even a surgeon should do?

«No person working alone — not even a delirium expert — can prevent delirium. It takes an enlightened, coordinated health care system with motivated interdisciplinary health care professionals working together to improve care for older adults.»

Conclusions

- Frailty describes **the vulnerable subset** of the older population
- Easily missed with standard preoperative workup
- Frailty: **Entry point** for adapted care (and optimization)
- Look for cognitive impairment, prevent delirium