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The impact of the COVID-19 pandemic on quality of life, health care use and mortality in older adults in the 5C study of geriatric assessment and management: secondary analysis

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Introduction: The 5C study was a randomized trial of geriatric assessment and management and was underway when the COVID-19 pandemic was declared.

Objectives: To explore the impact of the COVID-19 pandemic on quality of life (QOL), health care utilization, and overall survival.

Methods: Participants were divided into 3 groups based on timing of COVID-19 pandemic declaration in March 2020, those who: (1) completed the study prior to the pandemic (n = 157); (2) were in months 6–12 of the follow-up at pandemic declaration (n = 96); and 3) were in the first 6 months (i.e., the intervention period) (n = 97) at pandemic declaration. QOL was assessed with the EORTC QLQ C30 global quality of life subscale (0 worst–100 best QOL).

Differences in QOL were assessed using linear mixed modeling (LMM). Emergency Department visits and unplanned hospitalizations were collected from charts and diaries and analyzed using Poisson regression. Overall survival for 12 months was analyzed using Cox regression.

Results and Conclusion: Mean baseline QOL scores were highest for group 3 (most exposed to the pandemic) (69.0, SD 22.9) and lowest for the unexposed group (64.4, SD 23.6). The LMM models showed the most exposed group reported significantly higher QOL over time yet had worse survival during follow-up (hazard ratio 1.79 95%CI 1.05–3.07) compared to the unexposed group. There was no difference in health care use.

The 5C participants who completed the study during the pandemic reported higher QOL and were at higher risk of death but the mechanism is not clear.

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Prospective Comparison Between Provider's Assessment and Geriatric Assessment Among Older Adults with Gastroesophageal Cancer

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Introduction: Data to guide the care of older adults (OA) with gastroesophageal cancers (GEC) is lacking due to their poor representation in clinical trials.

Objectives: Our objective was to identify gaps that exist in the care of OA with GEC by geriatric assessment (GA) and objective functional evaluation.

Methods: Patients (pt) age ≥65 with GEC consented, completed a GA and wore a Fitbit for 4 days. Provider assessment (PA) was completed at baseline while blinded to GA. Domains assessed were functional status, nutrition, comorbidities, psychological distress, cognition, social support, chemotherapy toxicity risk, and financial toxicity. We calculated mean steps per day (SPD) via Fitbit. We compared abnormalities detected/not detected by PA vs GA using McNemar's test for paired data, and measured agreement using Kappa statistics.

Results and Conclusion: 50 pts were enrolled upon interim analysis; majority were male (70%), median age 73 (65–91), stage IV (62%), and ECOG PS 0–1 (46, 92%). PA detected mean 3 abnormal domains per pt vs 5 per pt via GA. The GA detected more abnormalities vs PA in nutrition, psychosocial distress, financial toxicity and chemotherapy toxicity (all p < 0.01). Fitbit data (n = 41 pt) found mean SPD to be 2473. Pts with <2473 SPD had more abnormality detected by PA (3.2 vs. 2.5) and GA (5.5 vs 4.3) than pts with >2473 SPD. Among OA with GEC, GA identifies more abnormalities than routine PA. Preliminary data supports the potential use of Fitbit as an objective screen for pts at risk for geriatric abnormalities.