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### Development of a Telemedicine-based Preoperative Geriatric Assessment During Covid-19: An Institutional Pilot Study



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**INTRODUCTION:** Preoperative geriatric assessment has been shown to help identify vulnerabilities and decrease postoperative adverse outcomes. The objective of this study was to transition an in-person preoperative geriatric assessment to a telemedicine format.

**METHODS:** This prospective pilot study included surgical patients  $\geq 75$  years old. Patients without access to a smartphone or who were physically unable to participate were excluded. Preoperative geriatric assessment was performed by phone using an adaptation of the Sinai Abbreviated Geriatric Evaluation (SAGE), a validated tool that measures cognition, frailty, and function. The adaptation to a telehealth format was developed in response to the risks associated with COVID-19 for older adults. Patient satisfaction with this telehealth format (teleSAGE) was assessed with 12-question survey using Likert scale (1-5).

**RESULTS:** Eight patients were included, five males and three females with an average age of 78.4 (SD = 3.4 years). Patients were seen in preparation for colorectal, thoracic, orthopedic and neurologic surgery. Average time to complete the teleSAGE was 15.7 minutes (SD = 3.5 minutes), and average SAGE score was 2.6. Survey results reflected high satisfaction with ease of use, convenience, and time savings (Likert scale mean = 5, 5, and 5, respectively). Overall satisfaction was high (5) and patients were highly likely to recommend the teleSAGE to others (4.7).

**CONCLUSION:** This preliminary pilot study demonstrates teleSAGE is a feasible alternative to in-person SAGE, with the potential for a high degree of patient satisfaction. Data are continuing to be collected and assessed as the experience continues.

### Epidemiology and Outcomes for Frail Patients in a National Hernia Registry



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**INTRODUCTION:** As the US population ages, surgeons face new questions regarding operating on older adults. However, the epidemiology of frailty among older patients undergoing hernia surgery has not been reported.

**METHODS:** The 2013-2020 Abdominal Core Health Quality Collaborative (ACHQC) was reviewed for patients 65 or

older undergoing elective ventral hernia repair (VHR). Modified 5-Item Frailty Index (mFI-5) was then calculated for each. The cohort was divided into comparison groups based on score: 0 (not frail), 1 (pre-frail), and  $\geq 2$  (frail). Multivariate logistic regression analyses were used to determine association of mFI-5 score on surgical site infections requiring procedural interventions (SSOPI) and any postoperative complication.

**RESULTS:** Of 3,849 patients included in the sample, 1076 (28%) were not frail, 1808 (47%) were pre-frail, and 965 (25%) were frail. 53.7% of patients were male and 90.9% were white, with a mean age of 71.7 years (SD 5.4). Mean baseline quality of life, via Hernia-Related Quality of Life Survey, was higher among non-frail (58.75 (28.6)) than pre-frail (54.64 (28.4)) and frail patients (50.12 (29.1)) ( $p < .01$ ). Following multivariate analysis adjusting for demographics and clinical factors, increasing frailty was associated with increased odds of SSOPI (pre-frail: OR 0.48 (95% CI 0.30, 0.78); frail: OR 0.66 (95% CI 0.40, 1.09);  $p < .01$ ) but was not associated with postoperative complications (pre-frail: OR 1.16, frail: OR 1.41;  $p = 0.06$ ).

**CONCLUSION:** Frail patients face significant quality of life detriments when presenting for elective VHR and are at increased risk of experiencing SSOP. Clinicians should incorporate frailty assessments to help inform surgical decision-making.

### Is Palliative Care Underutilized in Patients with Metastatic Pancreatic Cancer?



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**INTRODUCTION:** Palliative care (PC) is an essential aspect of high-quality pancreatic cancer-care, however, its national utilization is unknown. Among patients with metastatic pancreatic cancer, we sought to (1) identify factors associated with PC, and (2) assess hospital variation in utilization of PC.

**METHODS:** Patients with metastatic pancreatic cancer were identified using the National Cancer Database (NCDB) between 2008-2017. PC was defined as care (surgery, radiation, chemotherapy, and/or pain-management) received to specifically palliate symptoms. Hospital-level rates of PC were calculated. Multi-level logistic regression was used to identify factors associated with PC.

**RESULTS:** Of 148,069 patients from 1348 hospitals, 16.4% received PC (surgery: 2.2%, radiation: 1.1%, chemotherapy: 8.2%, pain-management: 3.2%, combination: 1.7%). Patients had greater odds of PC if they were Non-Hispanic Black, lived in an area with the lowest education status, and had either public insurance or un-insured status (all  $p < 0.05$ ). Patients had greater odds of PC if they received curative-intent radiation, but lower