

## A comparison of two screening tools in elderly patients with malignancies

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**Background:** Easy screening tool for patients with neoplasm aged  $\geq 75$  is necessary. It helps identifying the patients with a geriatric risk profile who would benefit the more from a Comprehensive Geriatric Assessment (CGA). The OGS (Onco-Geriatric Screening tool) and the questionnaire G8 are two screening tools validated in France.

**Objective:** To compare the accuracy of these two screening tools to identify frail elderly comparing to the gold standard CGA.

**Methods:** We carried out a cross-sectional study in the university hospital of Poitiers (France) in 2008-2009. All included geriatrics patients underwent a GCA and the OGS. OGS is the screening tool used in our institution. It is a short 10 item score exploring five frailty risks (loss of autonomy, malnutrition, depression, cognitive problems, and comorbidity). The questionnaire G8 was filled *a posteriori* from our CGA. G8 includes 7 questions of the Mini Nutritional Assessment (MNA) and one question based on the age. We compared respectively the performance of OGS and G8 comparing to the CGA results.

**Results:** 125 patients were included, 49% female, mean age  $78 \pm 3$  years old. The neoplasm localizations were mainly digestive (51%), breast (16%) and gynecologic (10%). Both geriatric screening tools showed high sensitivity, 88%, CI95% [80%-93%] for the OGS and 81%, CI95% [73%-88%] for G8. The specificity was higher with OGS 44%, CI95% [26-63%] than with G8 37%, CI95% [18-55%]. The concordance coefficient kappa between OGS and G8 was 0.117, which shows a poor strength of agreement between the two screening tools.

**Conclusion:** The performance of G8 and OGS were close. These two screening tools can be used to identify patients with a geriatric risk profile. Still, as in oncology departments there is no trained geriatrician, the OGS provides more information and might optimize supportive care.