

## Abstract #9786

### Geriatric Assessment and Current Geriatric Practice Among Spanish Hematologist. Results of the Survey Performed By the Spanish Hemato-Geriatry Group

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#### Abstract Text:

**Introduction:** Since the aging of the population a higher incidence of elderly people with hematological malignancies need to be attended. Clinical management of elderly people is complex due to heterogeneous features associated to the geriatric condition. The implementation of geriatric assessment (GA) and standardization of treatment care has shown to diminish this diversity and help to decision making process.

**Objective:** To asses current GA practice and geriatric activities among Spanish hematologist treating older patients with hematological malignancies

**Material and methods:** A 22 item web-based survey was designed to address socio-demographic and job related variables of respondents, current knowledge and use of GA tools and current activities in the daily practice. An open-question was added at the end of the survey to collect respondents' suggestions. The survey was sent by mail to all members of the Spanish Society of Hematology and Hemotherapy (SEHH) and answers were collected during one month period.

**Results:** The survey was answered by 298 physicians representing an overall response rate of 13% (the survey was sent to 2333 SEHH affiliated members). Responders worked all over the country representing 15 out of the 19 Spanish regions and were mainly involved in clinical practice. Physicians had notably expertise in clinics (70% more than 10 years), worked mostly in tertiary and general centers (70%) and highlighted insufficient training in geriatric (95%). Specifically, less than 40% of the sample acknowledged commonly used GA tools. However, 22% performed some type of GA or geriatric activities at their Hematology department or institution and 31% had participated in clinical trials aimed to geriatric patients. The 64% of responders considered that the age above which a patient should undergo a GA was 70 years old. Remarkably, geriatric departments were only available in 40% of the centers, and only

occasionally (2%), hematologists were specifically dedicated to the care of elderly patients. Respondents agreed (95%) on the need to implement GA and standardize treatment plans when treating this population.

**Conclusions:** Our study highlights remarkable deficiencies in activities and standardization of care when attending elderly patients with hematological malignancies. In terms of institutional organization a limited presence of geriatric departments involved into the onco-hematological support was manifested. GA must be considered in patients 70 year old. There is an urgent need to improve training plans and to increment elderly-directed activities in the daily practice. The health system politics should evolve new programs to better address this problem.

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