

Geriatric assessment and current geriatric practice among Spanish hematologist: results of the survey performed by the Spanish Hemato-geriatrics group



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Background

Since the aging of the population a higher incidence of elderly people with hematological malignancies need to be attended. Their clinical management 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.

Purpose

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

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 298/2333 SEHH members (13%). Responders worked all over the country representing 15/19 Spanish regions. Physicians had notably expertise in clinics (70% more than 10 years), worked mostly in tertiary and general centers (70%).

Hematologist highlighted insufficient training in geriatric (95%), less than 40% of the sample acknowledged commonly used GA tools. Remarkably, geriatric departments were available in 40% of the centers. Respondents agreed (95%) on the need to implement GA and standardize treatment plans when treating this population.

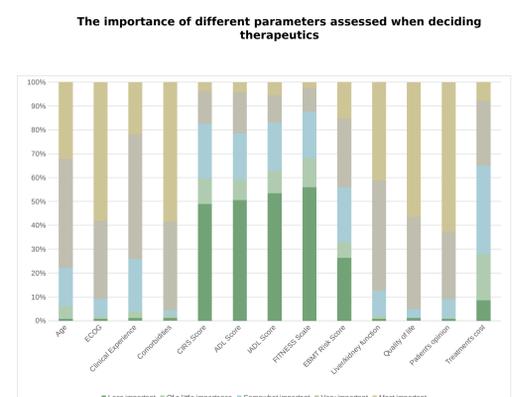
Only 22% performe geriatric-oncological activities at their deparment or institution, but there is a low knowledge and use of geriatric and oncologic scales. Less than 40% acknowledged geriatric and frailty scales and their use is dramatically low. The exception is the ECOG scale wich was used by 86% of the responders (even only 19% recognise the scale when named as Zubrod scale) .

The 64% pointed that patients older than 70 years old should undergo a GA and 28% considered the cut-off at 80 years old. The 94% considered advisable performing specific geraitric activities aderssed to this population and 95% agreed that GA must be incorporated as a standar of care for older patients with hematological malignancies.

Characteristic	Male (%)	Female (%)
Gender; n (%)	126 (42.28)	172 (57.72)
Age; n (%)		
<30	19 (6.38)	
30-39	61 (20.47)	
40-49	100 (33.56)	
50-59	70 (23.49)	
>60	48 (16.11)	
Type of hospital; n (%)		
General/University/Private/others	41 (13.76)	174 (58.39)/ 57 (19.13)/ 16 (5.17)
Daily practice; n (%)		
Clinic	101 (33.89)	
Laboratory/ Blood Bank / others	28 (12.76)	
Clinic and Laboratory	159 (53.36)	
Years working as specialist; n (%)		
<5	32 (11.11)	
5-10	50 (17.36)	
>10	206 (71.53)	

Scale	Total	Not known; n (%)	Known; n (%)	Known and used; n (%)
ZUBROD	243	182 (74.9)	48 (19.75)	13 (5.35)
ECOG	243	7 (2.88)	26 (10.70)	210 (86.42)
G-8	243	209 (86.01)	31 (12.76)	3 (1.23)
CIRS	243	162 (66.67)	57 (23.46)	24 (9.88)
DLA	243	160 (65.84)	59 (24.28)	24 (9.88)
IDLA	243	188 (77.37)	40 (16.46)	15 (6.17)
VES-13	243	229 (94.29)	13 (5.35)	1 (0.41)
EBMT Transplant Risk Score	243	60 (24.69)	97 (39.29)	86 (35.39)
Frail Scale	243	128 (52.67)	83 (34.16)	32 (13.17)
Groningen Sale	243	211 (86.83)	30 (12.35)	2 (0.82)

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Conclusions

- There is a remarkable deficient 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.