Action Chart for Practical Geriatric Assessment

DOMAIN	MEASURE/PGA QUESTION #	ITEMS	DEFINITION OF IMPAIRMENTS	RECOMMENDATION IF PATIENT MEETS THRESHOLD FOR IMPAIRMENT
Physical Function/ Performance	Falls Question #1	Single item of falls in last 6 months	≥1 falls	• **Falls:** check orthostatic blood pressure and adjust medications appropriately. Offer falls prevention information. • **Weigh risks/benefits** of cancer treatment options, incorporate information on physical performance. • **Physical Therapy:** request strength, balance, and gait/assistive device evaluation; **Occupational Therapy:** request evaluation and treatment for functional loss
	Physical function Question #2 & #3	Walking one block and climbing one flight of stairs	Any limitation (a little or lot)	
	4-meter Gait speed	Time in seconds	Time ≥ 4 secs (or gait speed ≤1.0 meters/sec)	
Functional Status	OARS instrumental activities of daily living (IADL) Questions #4-#9	6-items IADL items (walking, transportation, meals, housework, medicines, money)	Any IADL items with "some help" or "unable"	• **Cancer treatment** modifications: 1) single agent rather than doublet chemotherapy; 2) modify dose (e.g. 20% dose reduction with escalation as tolerated); 3) modify treatment schedule if possible; 4) More frequent toxicity checks • **Physical Therapy:** request strength, balance, and gait/assistive device evaluation; **Occupational Therapy:** request evaluation and treatment for functional loss
	OARS activities of daily living (ADL) Questions #10 -#12	3-items ADL items (in/ out of bed, dressing, bath/shower)	Any ADL items with "some help" or "unable'	
Nutrition/ Weight Loss	Single item from the G8 and MNA	Weight loss during the past 3 months? 0= weight loss greater than 3 kg (6.6 lbs) 1= does not know 2= weight loss between 1 and 3 kg (2.2 and 6.6 lbs) 3= no weight loss (range 0-3)	Score of 0	• Discuss concerns related to nutrition and how treatments impact nutrition • Consider information for **nutritional supplements**, liberalize calorie-restricted diets; small frequent meals, high protein/ calorie snacks. • **Consider referrals:** 1) nutritionist, 2) dentist if poor dentition or denture issues: 3) speech therapy if difficulty with swallowing; 4) meals-on-wheels. • Use caution with emetogenic regimen, aggressive anti-emetic use. Refer to physical/occupational therapy for functional impairments affecting food intake; Consider medications to stimulate for loss of appetite
Social Support	Medical Outcomes Survey (MOS) Social support 8 item Question #17	Instrumental items 1-4 Emotional items 5-8	Any instrumental item with none, a little, or some of the time Any emotional item with none, a little, or some of the time	• Discuss adequacy and availability of social support at home • Discuss who the patient can contact in case of an emergency • Confirm documented health care proxy is in the medical record • Consider referral or information on: 1) social worker 2) visiting nurse service or 3) home health aide • Order lifeline emergency service.

Psychological	PROMIS Anxiety 4-item Question #18	Summed 4-20 raw score	Raw score: ≥11	• Discuss history of mood issues and treatment history • **Consider referrals:** 1) psycho-oncology (social work, psychology) for counseling; 2) psychiatry if severe symptoms or already on medications which are inadequate, 3) spiritual counseling services, 4) palliative care • Consider pharmacologic therapy if appropriate in conjunction with PCP • Provide linkage to community resources (support groups, volunteer programs) • Assess for suicide risk and elder abuse
	Geriatric Depression Scale (GDS) 5	Sum of 1 point for 'no' answer to item 1 and 1 point for 'yes' answers to items 2-5. (range 0-5)	Score: ≥2	
Comorbidity	OARS comorbidity Question #19	No/yes summed (0-13) Interference for each	≥3 conditions Or any condition with a great deal of interference Specific for any history of diabetes, heart disease, or liver/ kidney disease	• Initiate **direct communication** (written, electronic, or phone) with patient's PCP about the plan for the patient's cancer • Discuss how comorbidities affect risks and benefits of treatments choices • Modify dosage or schedule if concern about treatment tolerability or about worsening of comorbidities • Diabetes: avoid neurotoxic agents if another option is equivalent • Heart disease: minimize volume of agents and use slower infusion rate • Chronic liver or kidney disease: adjust med dose to avoid accumulation
	Hearing Question #15	Single item	fair/poor/deaf	• Ensure wearing hearing aids if indicated; consider hearing specialist referral; Pocket talker for clinic visit
	Vision Question #14	Single item	fair/poor/blind	• Ensure wearing glasses if indicated; Test for glaucoma; Consider vision specialist referral
Cognitive Function	Mini-cog	1 point for each word recall 2 points for clock draw if normal, 0 if abnormal Total of 5 points (range 0-5.	Score: 0-2 high likelihood of cognitive impairment	• Provide explicit **written instructions** for appointments and treatments • Elicit input from confidant on cognition; Assess decision-making capacity; Elicit health care proxy info; Cognitive specialist (neurologist/ geriatrician) referral; OT referral for cognitive rehabilitation; consider neuropsychological testing
Geriatric Assessment Screening Tool*	Geriatric-8 (G-8)	8-items (age food intake, weight loss, mobility, BMI, neuropsych issue, prescription drugs, health self-assessed)	Score: 0-14 recommend completing a full geriatric assessment evaluation	• Administer the PGA or another GA and implement the recommendations based on the results (see above)
Risk of Chemotherapy Toxicity**	CARG Toxicity Tool: www.mycarg.org Go to the "Chemo-Toxicity Calculator" under CARG TOOLS	11-items (sociodemographics, tumor/treatment variables, laboratory test results [hemoglobin, creatinine clearance], and geriatric assessment variables)	Score: 0-5 Low Risk 6-9 Intermediate Risk 10-23 High Risk	• For Intermediate/High Risk patients, consider administering the full PGA and implement the recommendations noted above based on the results • Consider the following cancer treatment modifications, particularly for intermediate/ high risk patients and considering non-curative treatment settings: 1) consider single agent rather than doublet therapy; 2) modify dosage (e.g., 20% dose reduction with possible escalation); 3) modify treatment schedule. • Consider more frequent toxicity checks (weekly or every other week)

*The Vulnerable Elders Survey-13 (VES-13) is an alternative geriatric assessment screening tool
**Chemotherapy Risk Assessment Scale for High-Age Patients (CRASH) Score is an alternative tool that can be used to calculate risk of chemotherapy toxicity
See ASCO Guidelines for Older Adults: ascopubs.org/doi/abs/10.1200/JCO.23.00933