

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	<ul style="list-style-type: none"> • 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"	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	
	Vision Question #14	Single item	fair/poor/blind	
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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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