

**CGA : Interactive workshop - Group 2 : Oncogeriatrics**

**History :**

- A 78 years old man was transferred from the orthopedic ward to geriatric unit for respiratory failure after osteosynthesis of a hip fracture.

Before the hospitalization, he fell with loss of consciousness and before the fall he had presented dizziness.

He has been hospitalized several times this year for pulmonary infection.

He has lost weight several months ago, but he did not know how much.

Since the surgery, he presented an increase of the cough and expectorations with dyspnea and hypoxemia.

His son relayed a beginner cognitive disorder since 2 years. He has stopped smoking 3 months ago. He lived alone with help of his son, delivery meal, respiratory kinesitherapy, house keeper and daily passage of nurse.

**Medical history :**

Ischemic heart disease - CABG 2000

Arterial Hypertension

chronic kidney disease st 3 KDOQI

COPD gold 3

TEA carotid right

**Treatment**

molsidomine 16 mg 1x

acide acetylsalicylique 100 mg 1x

simvastatine 20 mg 1x

Perindopril 4mg 1x

acetylcystein 600 mg 1x

budesonide puff 1x

bromure ipratropium / bromhydrate fenoterol 2x

bromure tiotropium chlorhydrate olodaterol 2x

vitamin D 25 000U/ week

calcium 500 mg/d

allopurinol 300 mg 1x melatonine 2 mg 1x

melatonine 2mg 1x

chlorhydrate prothipendyl ( dominal) 80 mg 1x

tamsulosine 0,4 1x

**Complementary exam**

**Biology :**

Hb 7,8 g/dl ;

WBC 6280 /microliter neutrophils 77% neutrophile ;

CRP 351,2 mg/L ;

Na<sup>+</sup> 131mmol/l, K<sup>+</sup> 4,1mmol/l ; Urea 115 mg/dl ; creatinin 2,38 mg/dl; DFG (CKD

EPI) 26 ml/min/1,73m<sup>2</sup>

liver tests : normal

CR2 Oncogeriatrics Julie Caillet

prealbumin 0,12 g/L, albumin 28g/l  
vitamin D normal

**chest X ray:**

Median sternotomy strapping. Normal cardio-mediastinal silhouette. Normal morphology of hiles. Pleural adhesions of the left base. Diffuse emphysematous and fibrocicatricial supra hilar revisions. Strong suspicion of solitary nodule of the right base developing since pneumonia in July. The nodule is measured at 20.4mm, status quo compared to the X-ray of 1/12/18. To be completed by a scanner

**CGA- after the surgery :**

- G8 10,5/17
- Katz 15/24 (continent and feed alone) - before hospitalization 6/15
- lawton 1/8 ( use the phone)
- ECOG PS: 4
- MMSE 23/30 (prior score 29/30) ( loss 3 points in memory and 3 in orientation)
- No dysphagia
- Tinetti 15/28 (post op) – stratify 2/5
- MUST 2 – MNA-SF 10/14
- Visual pain scale 7/10
- fatigue score 2/10
- GDS 7/15
- charlson comorbidity index : 12

**Questions :**

- How do you interpret the CGA ?
- What do you ask to complete the bilan ? which assessment do you need?
- If a cancer is confirmed,
  - how do you classified the patient ?
  - which geriatric intervention do you propose?
  - what kind of cancer treatment do you think that he can tolerate ?
  - What do you know about G8 ?