Purpose: To present the results of a mixed-method study comparing the level of agreement of a two-phased, nurse-administered Comprehensive Geriatric Assessment (CGA) with current methods that assess the fitness for chemotherapy of older cancer patients. A nurse-led model of multidisciplinary cancer care based on the results is also described.

Methods: The two phases comprised initial screening by a nurse with the Vulnerable Elders Survey-13 [VES-13], followed by nurse administration of a detailed CGA. Both phases were linked to a computerised algorithm categorising the patient as 'fit', 'vulnerable' or 'frail'. The study determined the level of agreement between VES-13- and CGA-determined categories; and between the CGA and the physicians' assessments. It also compared the CGA's predictive abilities in terms of subsequent treatment toxicity; while interviews determined the acceptability of the nurse-led procedure from key stakeholders' perspectives.

Results: Data collection was completed in December 2011. The results will be presented at the conference. A consecutive-series n=170 will be enrolled, 33% of whom are 'fit'; 33% 'vulnerable'; and 33% 'too frail' for treatment. This sample can detect, with 90% power, kappa coefficients of agreement of ≥ 0.70 or higher ("substantial agreement"). Fitness sub-group comparisons of agreement between the medical oncologist and the nurse assessments can detect kappa estimates of K ≥ 0.80 with the same power.

Conclusion: The results have informed a nurse-led model of cancer care. It meets a clear need to develop, implement and test a nurse-led, robust, evidence-based, clinically-justifiable and economically-feasible CGA process that has relevance in national and international contexts.