Background
There is growing consensus that a multidisciplinary, comprehensive and standardised process for assessing the fitness of older patients for chemotherapy should be undertaken to determine appropriate cancer treatment.

Aim
This study tested a model of cancer care for the older patient incorporating Comprehensive Geriatric Assessment (CGA), which aimed to ensure that ‘fit’ individuals amenable to active treatment were accurately identified; ‘vulnerable’ patients more suitable for modified or supportive regimens were determined; and ‘frail’ individuals who would benefit most from palliative regimens were also identified and offered the appropriate level of care.

Methods
A consecutive-series n=178 sample of patients >65 years was recruited from a major Australian cancer centre. The following instruments were administered by an oncogeriatric nurse prior to treatment: Vulnerable Elders Survey-13; Cumulative Illness Rating Scale (Geriatric); Malnutrition Screening Tool; Mini-mental State Examination; Geriatric Depression Scale; Barthel Index; and Lawton Instrumental Activities of Daily Living Scale. Scores from these instruments were aggregated to predict patient fitness, vulnerability or frailty for chemotherapy.

Physicians provided a concurrent (blinded) prediction of patient fitness, vulnerability or frailty based on their clinical assessment.

Data were also collected on actual patient outcomes (eg treatment completed as predicted, treatment reduced) during monthly audits of patient trajectories.

Data analysis
Data analysis is underway. A sample of 178 is adequate to detect, with 90% power, kappa coefficients of agreement between CGA and physician assessments of K>0.90 (“almost perfect agreement”). Primary endpoints comprise a) whether the nurse-led CGA determination of fit, vulnerable or frail agrees with the oncologist’s assessments of fit, vulnerable or frail and b) whether the CGA and physician assessments accurately predict actual patient outcomes.

Conclusion
An oncogeriatric nurse-led model of care is currently being developed from the results. We conclude with a discussion of the pivotal role of nurses in CGA-based models of care.