

Meeting abstract

Open Access

Preoperative risk estimation for onco-geriatric patients (PREOP) – preoperative assessment of elderly surgical patients

Eriberto Farinella¹, Francesco La Mura^{*1}, Roberto Ciocchi¹, Pamela Delmonaco¹, Carla Migliaccio¹, Giammario Giustozzi¹, Francesco Sciannameo¹ and Riccardo A Audisio²

Address: ¹Department of General and Emergency Surgery, S. Maria Hospital, Terni-University of Perugia, Italy and ²St Helens Hospital, University of Liverpool, Liverpool, UK

* Corresponding author

from XXI Annual Meeting of The Italian Society of Geriatric Surgery
Terni, Italy. 4–6 December 2008

Published: 1 April 2009

BMC Geriatrics 2009, 9(Suppl 1):A94 doi:10.1186/1471-2318-9-S1-A94

This abstract is available from: <http://www.biomedcentral.com/1471-2318/9/S1/A94>

© 2009 Farinella et al; licensee BioMed Central Ltd.

Background

Most cancer patients undergoing surgery are aged ≥ 70 , with 1/3 considered frail and at poor surgical risk.

Preoperative assessment of oncogeriatric patients may expand survival and improve quality of life.

Preoperative Assessment of Cancer in the Elderly (PACE) was useful in identifying those individuals with a poor surgical risk. Instrumental Activities of Daily Living (IADL), Brief Fatigue Inventory (BFI) and Performance Status (PS) correlate with operative 30-day mortality, while Activities of Daily Living (ADL), IADL and PS associate with a lengthy post-operative hospital stay.

PACE administration (Table 1) allows personalized oncological management but it's time-consuming (30 mins/pt). Newly developed screening tools might be as effective, but were never tested in a surgical scenario.

Groningen Frailty Index (GFI), Vulnerable Elders Survey (VES-13) and the "up and go test" (Table 1) are quick tools, capable of identifying frail individuals.

PREOP is an international prospective investigation aiming to analyzing the predictive value of these new tools which are due to be compared against PACE.

Materials and methods

A prospective series of patients aged ≥ 70 years, undergoing elective cancer surgery will be recruited.

PACE, GFI, VES-13 and "up and go" will be pre-operatively administered. Pre-, peri- and post-operative data will be collected and entered into the database. 326 patients will need to be recruited within 2 years to allow analysis.

Table 1: Tools used in PREOP study vs. PACE study

	Tool	Abbreviation
PREOP	Groningen Frailty Index	GFI
	Vulnerable Elders Survey	VES-13
	"Up and go test"	Up and go
PACE	Mini-Mental State	MMS
	Modified index of comorbidities	Satariano
	Activities of Daily Living	ADL
	Instrumental Activities of Daily Living	IADL
	Geriatric Depression Scale	GDS
	Brief Fatigue Inventory	BFI
	Eastern Cooperative Oncology Group performance status	PS
	American Society of Anaesthesiologists	ASA
	Physiological and Operative Severity Score for enumeration of Mortality and Morbidity	POSSUM
	Portsmouth POSSUM modification	P-POSSUM

Publish with **BioMed Central** and every scientist can read your work free of charge

"BioMed Central will be the most significant development for disseminating the results of biomedical research in our lifetime."

Sir Paul Nurse, Cancer Research UK

Your research papers will be:

- available free of charge to the entire biomedical community
- peer reviewed and published immediately upon acceptance
- cited in PubMed and archived on PubMed Central
- yours — you keep the copyright

Submit your manuscript here:
http://www.biomedcentral.com/info/publishing_adv.asp

