



Identifying and optimising frailty in UK oncology services: An expert framework

This material has been produced and fully funded by AstraZeneca for use within the specialties of clinical oncology, medical oncology and other specialties and healthcare professionals involved in the care of adult patients with cancer in the UK.

The purpose of this framework is to empower healthcare professionals to screen for and manage frailty in patients with cancer, particularly in settings where dedicated services are not widely available. It complements the 2023 Joint Collegiate Council for Oncology (JCCO) guidance entitled "Implementing frailty assessment and management in oncology services".

Co-designed with the International Society of Geriatric Oncology (SIOG), Macmillan Cancer Support, and the National Forum for Onco-Geriatrics (NFOG), and developed with representation from the British Geriatrics Society (BGS) and The Royal College of Radiologists (RCR).

Frailty management is a national priority.¹

Rates of frailty, defined as a distinctive health state related to the ageing process in which multiple body systems gradually lose their in-built reserves,² and cancer incidence increase with age.³ Older patients living with cancer and frailty may experience poor outcomes with active treatment such as chemotherapy and surgical intervention,⁴⁻⁷ which can be improved by targeted assessment, support and management.³



The **screening** of frailty enables personalised care, essential to avoiding inappropriate overtreatment that could impair quality of life or, conversely, undertreatment, denying fit patients access to cancer therapies.^{3,8,9}



The **Comprehensive Geriatric Assessment (CGA)** is the gold standard for frailty optimisation in older adults, supporting the systematic assessment and tailored management of frailty-related issues.³ It has been shown to reduce the incidence of chemotherapy-related toxicities in randomised controlled trials.¹⁰⁻¹³

Through prevention of treatment complications and unnecessary hospital admissions, such proactive integration of frailty care into oncology services has the potential to improve NHS resource utilisation.^{3,14,15}

In support of the 2023 JCCO guidance,³ this framework encourages all healthcare professionals to make frailty their business. While CGA may require specialist expertise, **any healthcare professional can screen for and help to optimise frailty as part of routine cancer care, today.**¹⁶

Key messages

- Frailty identification and management, including the optimisation of potentially reversible frailty-related issues, should be a part of routine cancer care, especially amongst older patients³
- Any healthcare professional can screen for frailty¹⁷
- The Rockwood Clinical Frailty Scale (CFS) is validated in patients aged 65 and over and is therefore recommended for use in this group of patients who are considered for treatment^{16,17}
- For any patients with CFS 4+, healthcare professionals should actively seek to manage frailty-related issues to inform further assessment, optimisation and goals of care³
- In the absence of a dedicated oncogeriatric or frailty service, routine frailty screening and optimisation can be achieved through proactive management by the cancer team and integration with existing services³
- Centres with access to frailty/geriatric services of any kind should continue to use the CGA to assess and optimise frailty;³ widespread access to CGA should be a future aspiration for all services¹⁶

Now: Adopt routine frailty screening

To identify frailty in patients with cancer, the JCCO recommend **(1)** initial screening to identify frail patients followed by **(2)** comprehensive multi-domain frailty assessment via a multidisciplinary team (MDT) including a geriatrician, if required.³ Even without dedicated services or funding, frailty screening and optimisation can be integrated with existing oncology, primary care, and palliative care services to ensure comprehensive, tailored support for patients living with frailty and cancer (Figure 1) (Table 1).³

Unification of services in the pursuit of frailty optimisation supports the NHS goal of building a community-based healthcare system that provides accessible, coordinated, and efficient care.¹ Nominate a frailty champion at your clinic to support this process.

IDENTIFY YOUR LOCAL SERVICES.

Visit the NHS Service Finder and Cancer Care Map. Alternatively, liaise with your alliance or health board, or local geriatrician to identify existing community services.

How do I screen for frailty?

In line with JCCO/RCR/RCP guidance, frailty assessment should start early and be frequently repeated at key stages in the cancer pathway.³ The Rockwood CFS is a quick and easy-to-use screening tool, validated in patients aged ≥ 65 , which complements the Eastern Cooperative Oncology Group (ECOG) Performance Status for patients considered for treatment.^{16,17*}

Rockwood CFS scores can indicate the need for more in-depth assessments and optimisation and support decision-making alongside other clinical assessments. However, score thresholds should not be used in isolation to make treatment decisions and clinical judgement is required.¹⁶

Click this [link](#) or scan this QR code to access the Rockwood CFS.



This link will direct you to a third-party resource for which AstraZeneca is not responsible.

Advantages of CFS

- ✓ Takes minutes to complete¹⁸
- ✓ Easy to use by any healthcare professional with minimal specialist training^{3,17,18}
- ✓ Understood by HCPs beyond oncology settings^{18,19}
- ✓ Emerging evidence supports its prognostic value as an indicator of mortality for patients with cancer²⁰⁻²²
- ✓ Offers a more granular assessment of frailty than ECOG Performance Status^{18,23}
- ✓ Implemented across oncology therapy areas by the Specialised Clinical Frailty Network (SCFN)²⁴

Considerations for use

- ✳ CFS is not a comprehensive assessment of frailty, and is not intended to replace the CGA^{3,24}
- ✳ Assesses the patient function two weeks prior to screening²⁵
- ✳ Not widely validated in younger patients, patients experiencing an acute illness or those with learning disabilities^{18,25}
- ✳ Further information required to differentiate between pre-existing frailty and cancer-related frailty³

An easy-to-use CFS app developed by the SCFN is now available, allowing clinicians to undertake clinical frailty scoring with patients in real time.²⁴

*Frailty can develop in younger patients; screening of this population may be considered at the discretion of the clinical team. *Other clinical tools are available which may have additional value in some clinical settings (see additional resources at the end of this document).

Next steps: Optimise drivers of frailty through integration with existing services

Healthcare professionals should actively seek to manage frailty-related issues for patients with mild-to-moderate frailty (e.g. CFS 4-6)³ (Figure 1). Such patients may also benefit from a Holistic Needs Assessment (HNA), which can pinpoint areas of wellbeing for optimisation as part of a wider Personalised Care and Support Plan (PCSP).¹⁶

How do I manage patients with mild-to-moderate frailty (CFS 4-6)?

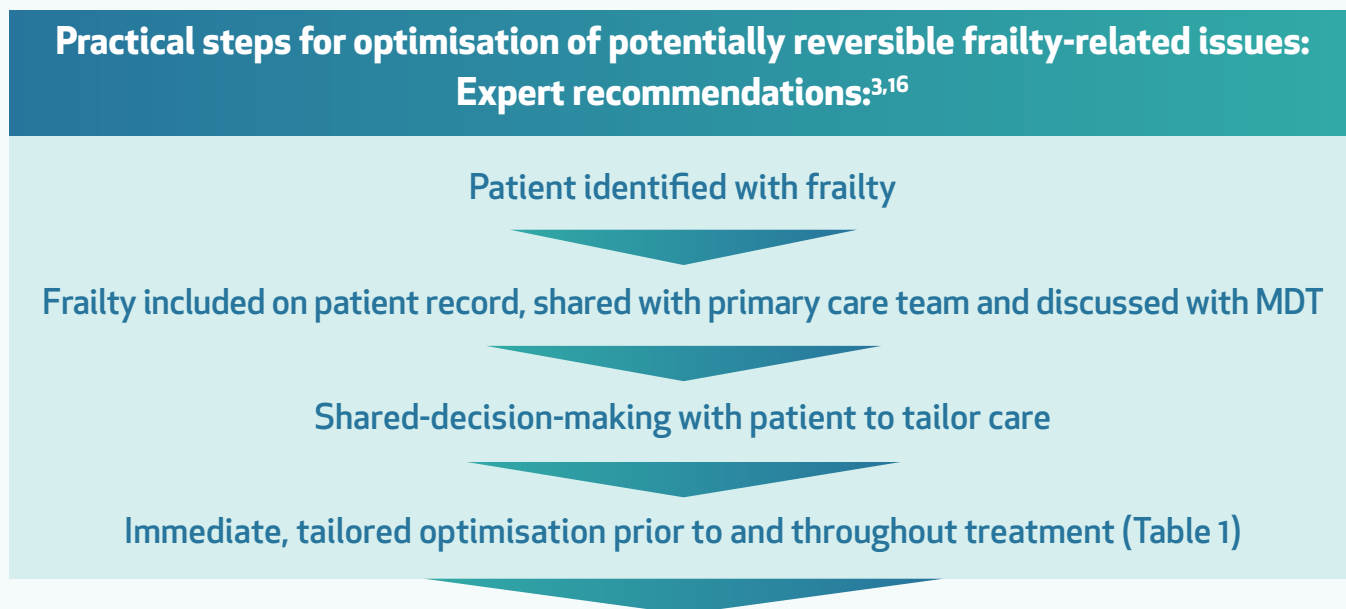







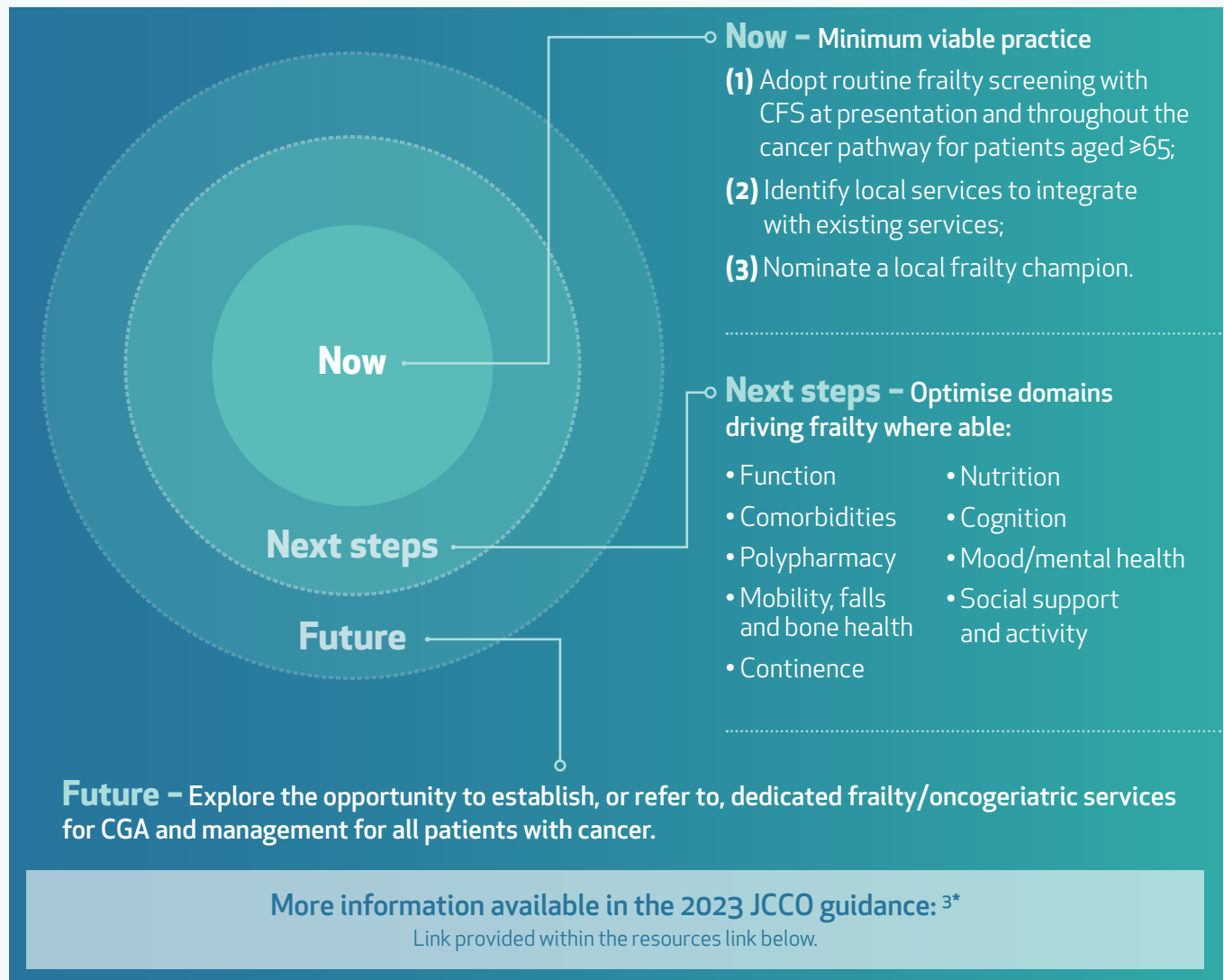
Table 1. Expert suggestions for optimisation post-screening for patients with mild-to-moderate frailty^{3,16}

Domain of frailty	Immediate optimisation
 Overall function	Healthy lifestyle advice (e.g. minimal alcohol, smoking cessation, keep active)
 Polypharmacy and comorbidities	Medication and comorbidity assessment/review by oncology teams Consider support from GP/pharmacy as appropriate
 Nutrition, mobility, falls and bone health	Referral to community services, including prehabilitation Consider support from nutrition or dietician for dietary advice and supplements as appropriate Consider support from occupational therapist, physiotherapist or falls clinic as appropriate
 Continence	Referral to community bowel and bladder services
 Mood/mental health, cognition, social support and activity	Discuss home situation and support network Signpost to support services in the community

For centres with access to frailty/geriatric services of any kind:

Patients with frailty of any degree should be assessed using the CGA.³

Figure 1. Model for assessing and managing frailty in centres without dedicated frailty services in the UK^{3,16}



Click the link in the text below or scan this QR code to view expert-recommended resources for frailty management.

This [link](#) will direct you to third-party resources for which AstraZeneca are not responsible.

*Following the dissolution of the JCCO in spring 2024, the RCR and the RCP have established a new Intercollegiate Oncology Forum to advise on matters relating to the effective delivery of high-quality oncology services in the UK, for the benefit of patients, and to support the UK Clinical Oncology and Medical Oncology workforce. Further information is available via the QR code or by clicking the link above.²⁶

References

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