Methods for measuring frailty in clinical trials involving patients with advanced prostate cancer on androgen deprivation therapy

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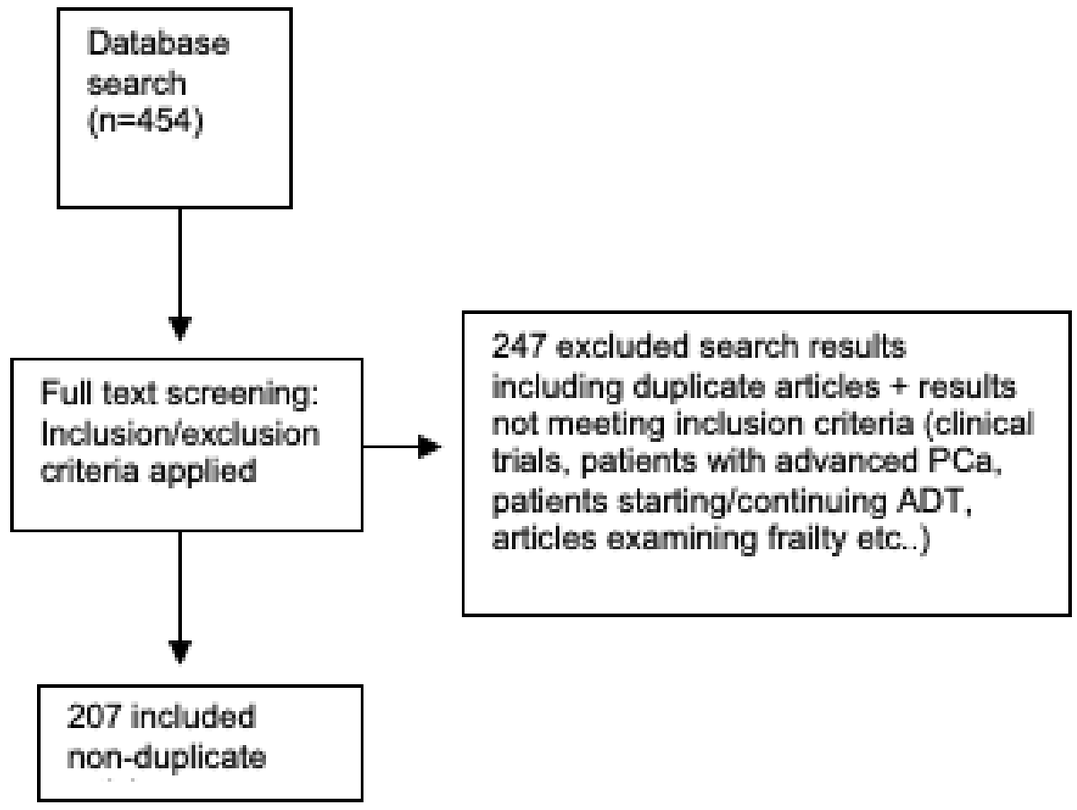
Introduction

Androgen deprivation therapy (ADT) for men with advanced prostate cancer (PCa) is an identified source of frailty. The Society for Geriatric Oncology (SIOG) recently made recommendations that the G8 screening tool be employed to identify those at risk and further recommended comprehensive geriatric assessment (CGA) for those who are frail. These changes have not yet been incorporated into clinical trials. Here we present a review of the literature identifying patterns of frailty assessment amongst men with PCa treated with ADT.

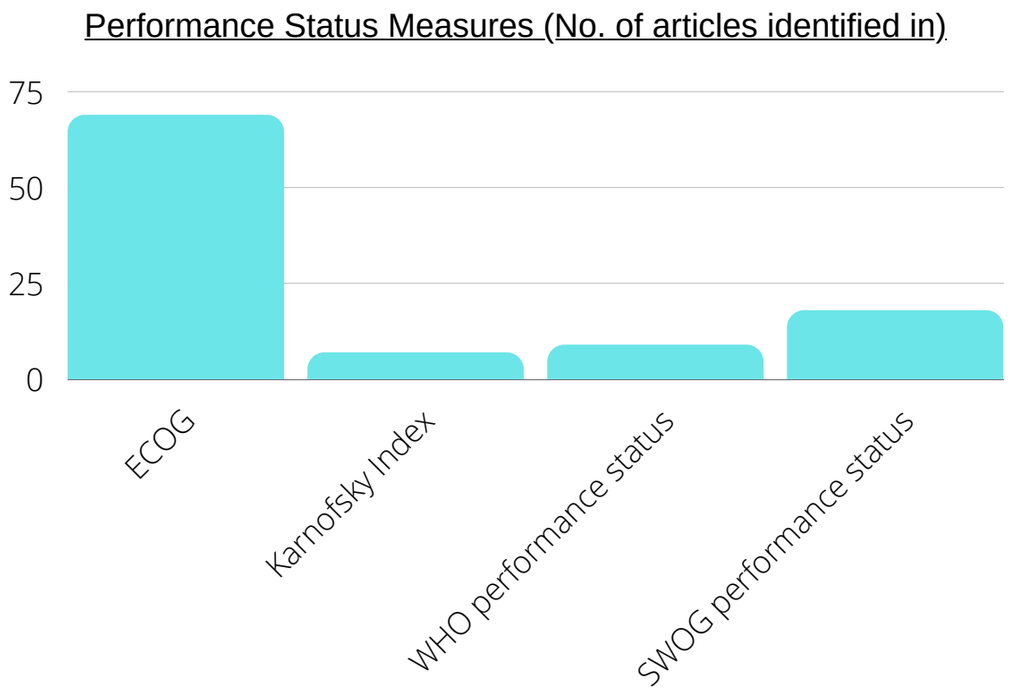
Methods

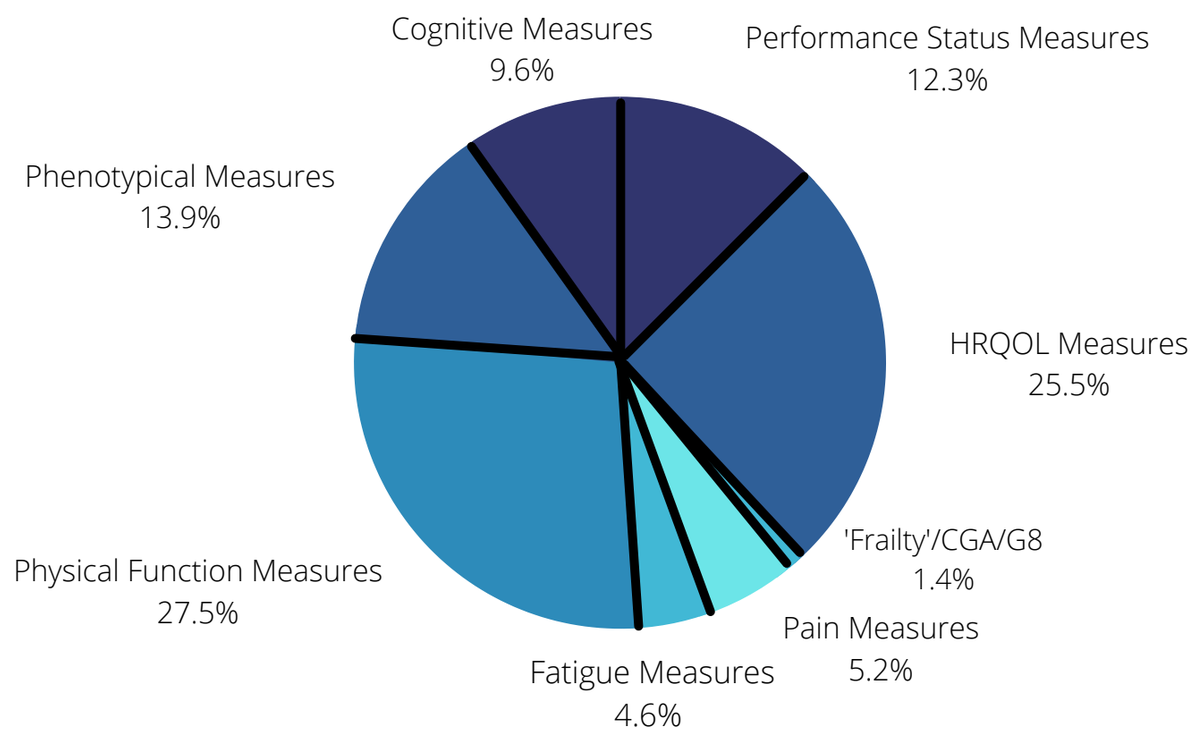
This systemic review was performed and reported in accordance with preferred reporting items for systemic reviews and meta-analyses (PRISMA) guidelines. MEDLINE, PubMed, SOCPUS, Cochrane Reviews, PsycINFO and CINAHL were searched yielding 454 results. Articles were screened by two independent reviewers. A total of 207 articles were included.

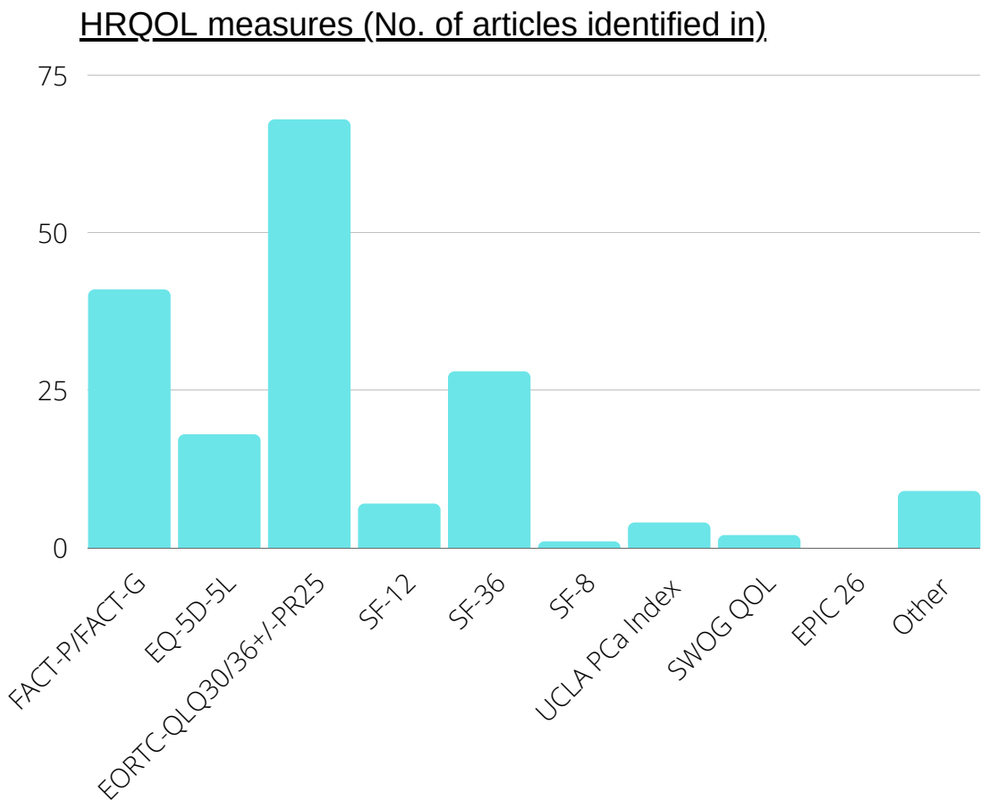


Results

Performance status was measured 86 times (42% of articles) and HRQOL 178 times (>50%). A specific frailty assessment tool was used in just 3 articles. CGA was identified in only 6 articles and G8 in 1. Pain scores were measured 36 times (17%) whilst fatigue assessment tools were identified on 32 occasions (15%). Domains of physical function were frequently tested (n=192) as were phenotypical assessments (n=97). Cognitive and psychological assessments were also assessed (n=67).







Conclusion

Men treated with ADT and associated interventions are at high risk of frailty. Men treated with ADT and associated interventions are at high risk of frailty. Clinical trials report on the efficacies and safety of interventions without frailty being assessed uniformly or comprehensively. This study demonstrates the need for more comprehensive screening and assessment tools that include both standardised and validated measures of frailty.