

A pilot study of the implementation of the G8 frailty assessment in oncology clinics for patients with newly diagnosed metastatic hormone sensitive prostate cancer

Authors: A. Hague ¹, S. Appleyard ², A. Balagopal ², N. Samkaoui ²

Affiliations: (1) East Sussex Healthcare Trust, East Sussex - United Kingdom, (2) University Hospitals Sussex, Brighton and Hove - United Kingdom

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Primary endpoint: To assess the feasibility of implementation of the G8 screening tool within a uro-oncology clinic in a District General Hospital as part of standard practice.

Introduction

Treatment intensification for patients with metastatic hormone sensitive prostate cancer (mHSPC) is now recommended as standard of care with either doublet or triplet therapy.(1)

National Prostate Cancer Audit (NPCA):

47% men with mHSPC received treatment intensification in England within 12 months of diagnosis in 2022. (2)

- Those offered treatment less included older men, men with more comorbidities, frailty, men from Black ethnic backgrounds, men from socioeconomically deprived areas.
- Local practice audited over 1 year: 70% of patients with mHSPC were offered treatment intensification.

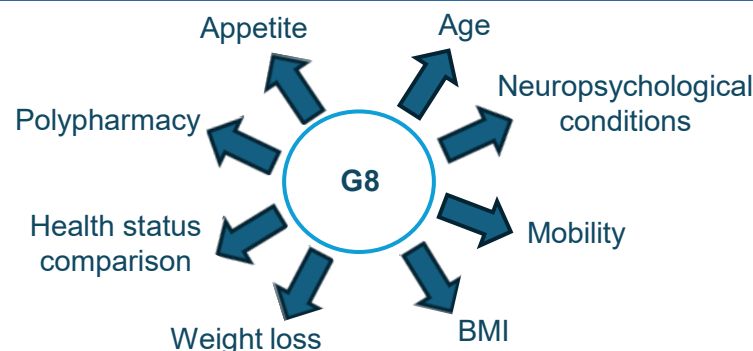
More comprehensive frailty assessments are being adopted. The Geriatric 8 (G8) screening tool is an efficient assessment and guides onward referral for a comprehensive geriatric assessment (CGA).

Methods

A pilot study was chosen to assess the feasibility of the application of the G8 screening tool. (3)

- 6-month longitudinal single centre study.
- Non-blinded and non-randomised.
- Data collected from 1st Nov 2025 – 30th April 2026 through active case prospective ascertainment.
- Study population: male patients with mHSPC identified through MDT.
- Inclusion criteria: Patients with newly diagnosed mHSPC referred to oncology.
- G8 screening tool completed at first oncology appointment.
- Healthcare professional (HCP) who completed the screening tool was then asked to complete a validated feasibility questionnaire. (4)

Why the G8 Screening Tool?



- Efficient, simple to complete by all levels of HCPs.
- Recommendations from international society of geriatric oncology.
- Score of 14 or less out of 17 = CGA recommended.

Results

- 28 patients in total.
- 79% (n=22) of patients offered treatment intensification.
- Darolutamide single agent (doublet therapy) given most (n=10).
- Patients with low burden of comorbidities more likely to be offered treatment intensification.
- Median age = 71yrs.
- A higher number of patients under 75 years old were offered treatment (n=15), however not statistically significant (OR 0.093, 95% CI[0.009, 0.956], Fishers exact test (p = 0.057)).
- Reasons patients were not offered additional upfront treatment:
 - Poor performance status (n=1)
 - Comorbidities (n=3)
 - Significant treatment related effect from androgen deprivation therapy (n=2).

Results

Table 3. G8 screening scores and whether patients were offered or not offered treatment intensification, grouped into high, medium, low scores. G8 score median =15. Fisher's exact test (p=0.00055).

G8 score	Treatment Offered	Treatment Not Offered
14 - 17	15	0
11 - 13	4	2
10 or under	1	4
Not completed	2	0

Calculated mean score of all 7 feasibility questions = 3.91/5

General acceptability mean score = 4/5

Both mean results are positive, therefore the G8 screening tool as a feasible intervention is acceptable.

Conclusion

- Results from our trust showed rates of treatment intensification exceeded the national data.
- Patients with a high G8 score (14-17) were more likely to be offered treatment intensification compared to those with a low G8 score (<10) (although small data set).
- HCPs who completed the feasibility questionnaire deemed implementing the G8 screening tool to be acceptable.

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