WAGO 2025 ANNUAL MEETING
ORAL ABSTRACT

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Western Association of Gynecologic Oncology

Frailty, disability, and quality of life in older adults with gynecologic cancer – interim data from the PROmOting gynecologic cancer patients to achieve Functional recovery (PROOF) cohort study

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Objectives

There are limited objective measures of frailty and data on long-term outcomes important to older adults in gynecologic oncology literature. The PROOF cohort study aims to characterize trajectories of frailty, functional recovery, and quality of life (QOL) - here we present interim baseline data.

Methods

This is a prospective multi-center study [NCT06089083] of patients >=50 years old with newly diagnosed high grade or metastatic ovarian/uterine cancer. Patients undergo repeated frailty and QOL assessments at presentation and 3, 6, and 9 months (Figure 1). This included Life-Space Assessment (LSA, range 0-120) with higher scores indicating a larger, more independent life-space as a proxy for functional and social health.

Results

Between 11/2023-3/2025, 112 patients enrolled with a recruitment rate of 62%. 32.1% presented as frail, 45.6% pre-frail, and 23.2% robust defined by Fried frailty tool. Mean age of the cohort was 67.7 years (SD 9.7). 58.9% of patients had ovarian cancer and 41.1% uterine; most patients presented with advanced stage disease (73.1%). 25.4% reported one or more activities of daily living limitations (ADLs) and 40.9% with one or more instrumental activities of daily living (iADLs). Frail patients were more likely to be older, unmarried, lower income, have a higher comorbidity index, and lower ADL/iADL scores compared to pre-frail and robust patients. There were no significant differences by race, ethnicity, employment, insurance, cancer, or stage. Notably 47.2% of frail patients did not report an ADL limitation. Baseline QOL was significantly worse among the frail vs pre-frail vs robust patients (PROMIS Physical Health T score 35.5 vs 46.4 vs 54.4, $p< 0.005$; Mental Health 40.1 vs 45.8 vs 53.7, $p< 0.0001$). Baseline LSA scores were significantly lower in the frail and pre-frail compared to robust patients (median 61 vs 73 vs 93, $p< 0.003$).

Conclusions

In this prospective cohort more than 3/4ths of older adults at baseline were pre-frail or frail. Significant rates of disability were noted by ADL/iADLs, but not all frail patients were captured by these frequently used metrics. Baseline QOL and LSA scores were significantly worse in pre-frail and frail groups. Future work on long-term trajectories and the impact of treatment choices are needed to personalize care for older adults.

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Abstract Table or Graph

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