FIT FOR FRAILTY?
A NOVEL GERIATRIC SERVICE TRANSFORMING 2WW LOWER GI PATHWAY TO IMPROVE PERSONALISED CARE

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INTRODUCTION

1. Older adults have a disproportionately high burden of colorectal cancer (CRC) (1).
2. Yet, their suitability for invasive investigations and treatment is often underexplored within the UK 2-week wait (2WW) pathway (2–3).
3. A new model focusing on shared decision making and frailty assessment may improve patient-centred care (2–3), without compromising outcomes.

METHODOLOGY

Retrospective Audit of GP Referrals and Geriatric Clinic Letters on Lorenzo (Feb–Oct 2025)

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629 Patients (278 male, 351 female) analysed

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Outcomes:

1. Initial Investigations after patient assessment
2. Number of deaths
3. Number of cancer diagnoses

ANALYSIS

Figure 1. Number of patients receiving each conventional investigations for CRC in different CFS groups (n=471)

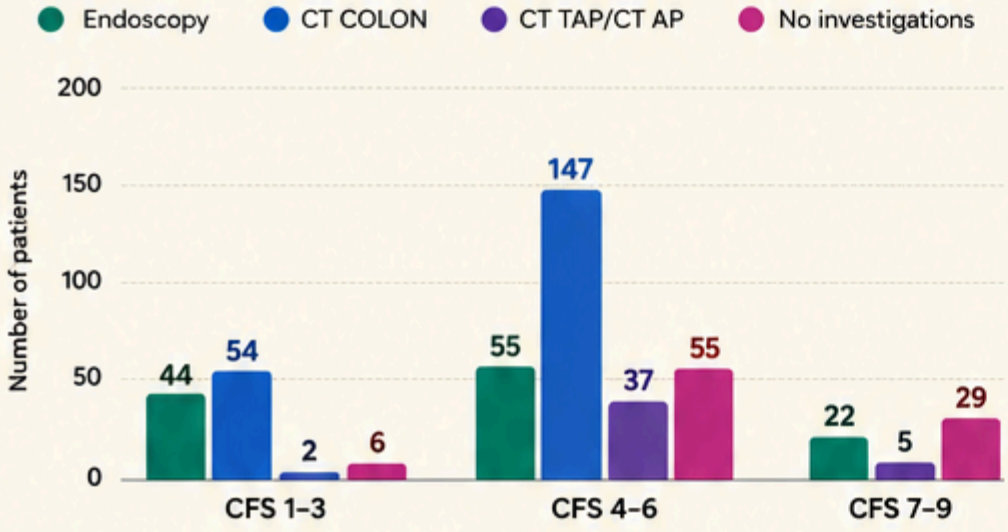
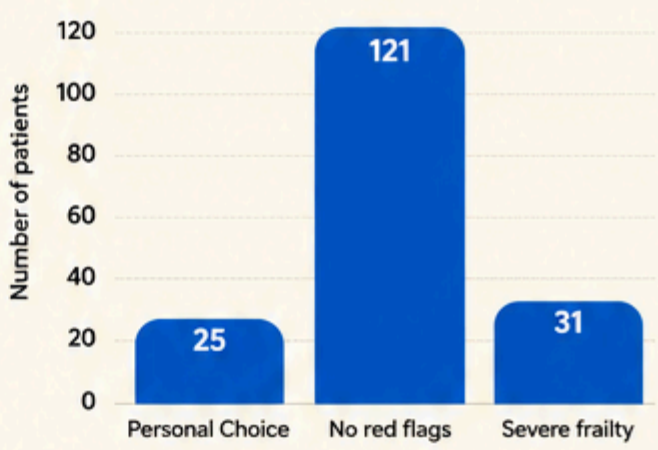


Figure 2. Reasons for No Investigations



1. Patients with mild frailty (CFS 1–3) were more likely to go for invasive investigations like endoscopy (Fig 1).
2. CT colonography was the commonest modality overall (Fig 1).
3. As frailty increased, more patients received no investigations (Fig 1).
4. Commonest reasons for no investigations (Fig 2):
   a. No red flag symptoms or recent reassuring scans
   b. Personal choice
   c. Frailty
5. Other advantages of this model:
   a. Acceptable CRC pickup rate (4.29%) (Fig 3)
   b. Benefit of picking up incidental non-CRCs (Fig 3)
   c. Low CRC-related deaths (0.48%) (Fig 4)

Figure 3. No. of Cancer Diagnoses

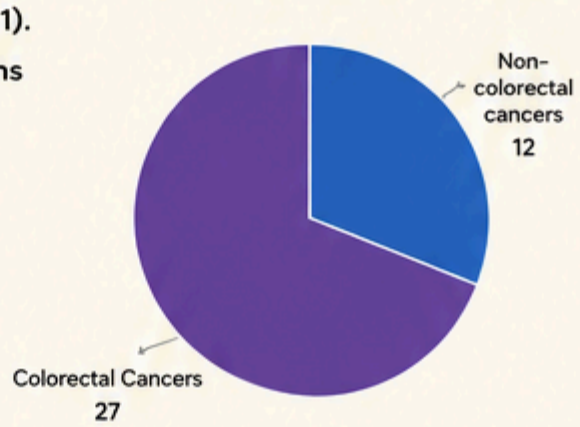
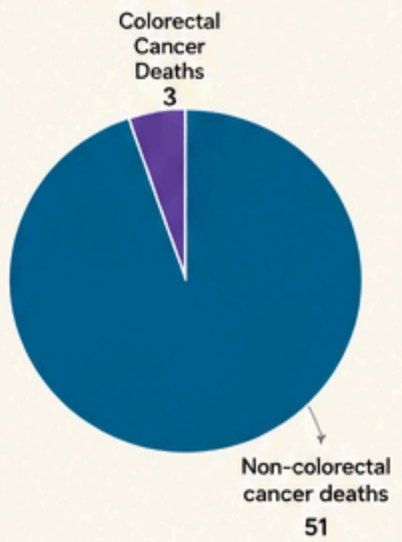


Figure 4. No. of Deaths



CONCLUSION

This novel clinic effectively provides personalised management for older patients, while achieving an acceptable cancer detection rate. The model and skills used are transferable to future NHS neighbourhood services.

References

1. Shalate, W., Gluzman, A., Man, S., Cohen, A. Y., Abu Jama, A., Gotheff, I., Tourkey, L., Neime, A. E., Abu Juma'a, A., Peri-Hanania, K., Machluf, O., Shoham Levin, G., Shalata, S., Hayadri, A., Abu Zeid, E. E. D., Abu Yasin, N., Meirovitz, A., & Yakobson, A. (2024). Colorectal Cancer in Elderly Patients: Insights into Presentations, Prognosis, and Patient Outcomes. Medicina (Kaunas, Lithuania), 60(12), 1951. https://doi.org/10.3390/medicina60121951
2. Nixon, A., Memery, T., Morgan, J., Brown, A., & Scampion, C. (2024). Developing a pathway direct to elderly medicine clinic for frail patients referred via colorectal fast-track: Pilot and outcomes. Age and Ageing, 53(Suppl 1), afad246.001. https://doi.org/10.1093/ageing/afad246.001
3. Dinsdale, E., Whitehead, K., Gould, D., Miller, C., & Nair, S. (2024). Development of a novel 2-week wait oncogeriatric service: A GI frailty clinic. Age and Ageing, 53(Suppl 1), afad246.037. https://doi.org/10.1093/ageing/afad246.037