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Way forward: Geriatric frailty assessment as risk predictor in gastric cancer surgery

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Abstract

In gastric cancer patients chronological and biological age might vary greatly between patients. Age as well as ASA-physical status classification are very non-specific and do not adequately predict adverse outcome. Improvements have been made such as the introduction of Charlson Comorbidity Index. Geriatric frailty is probably a better measure for patients resistance to stressors and physiological reserves. An increasing amount of evidence shows that geriatric frailty is a better predictor for adverse outcome after surgery, including gastric cancer surgery. Geriatric frailty can be assessed in a number of ways. Questionnaires such as the Groningen Frailty Indicator provide an ease and low cost method for gauging the

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