STUDY SCHEMA AND SUMMARY

Cluster Randomized Trial

**Patients**
- Age ≥ 70
- Advanced solid tumor malignancy
- To receive a new chemotherapy regimen or other regimen with similar prevalence of toxicity

**Physicians**
- Chemotherapy or other agents with similar prevalence of toxicity (NCI CTCAE version 4.0)
- Oncology Decision Making - Chemotherapy or other agents with similar prevalence of toxicity (Drugs, Doses, Schedule)

**Randomize Sites**

**Arm 1**
- Physician provided with GA summary and GA-driven recommendations for each enrolled participant prior to starting chemotherapy/agents with similar prevalence of toxicity

**Arm 2**
- Usual Care

**OUTCOMES**
- Grade 3-5 TOXICITY
- Survival
- Functional and physical performance

Adults age ≥70 who will start a new chemotherapy regimen or other regimen with similar toxicity prevalence (see section 4.2.1c) for an advanced solid tumor malignancy in the University of Rochester Cancer Center NCI Community Oncology Research Program (URCC NCORP) Research Base network will be eligible. Chemotherapy will be defined as cytotoxic drugs; in addition, agents (e.g., monoclonal antibodies and targeted agents) that have a prevalence of grade 3-5 toxicity in older patients similar to chemotherapy (>50%) will be allowed. Oncology physicians who practice at sites within the URCC NCORP Research Base network are participants in the study and will be enrolled. Their eligible patients will then undergo the informed consent process; those patients who agree to participate in this study will undergo a clinical assessment consisting of demographic characteristics and geriatric assessment (GA). All baseline assessments will be performed prior to initiation of the new treatment regimen.

NCORP practice sites with IRB approval of the protocol will be randomized to receipt of GA plus GA-driven recommendations (Arm 1) or usual care (Arm 2). A NCORP practice site will be defined as any practice location within an overarching NCORP designation where oncology physicians and study staff work independently (e.g., do not cross over into another site). In Arm 1, oncology physicians or their designees will be provided with GA summary plus targeted recommendations (i.e., GA-driven recommendations). GA-driven recommendations and the uptake of these recommendations along with the influence of the GA on decisions will be collected. In Arm 2, participants will complete the GA; but no GA summary or GA-driven recommendations will be provided to the oncology team except for information regarding clinically significant cognitive impairment and/or depression. In both arms, participants will subsequently receive a treatment plan as prescribed by the treating oncology physician. Drugs and doses (throughout the entire course) will be recorded, as well as supportive care medications. NCI clinician-rated and patient-reported CTCAE grade 2-5 toxicities will be captured. In addition, dose delays, dose reductions, discontinuation of treatment, hospitalizations, and survival status will be captured, as well as the relationship of these events to toxicity. A brief follow-up GA will be collected at 4-6 weeks, 3 months, and 6 months after baseline registration. Survival will be captured for 1 year after study entry.

A total of 700 participants will be enrolled in this study. The acronym for this study is GAP70+, which stands for Geriatric Assessment for Patients 70+: A Bridge to Reduce Toxicities.