

Introduction

Inpatient rehabilitation (IR) plays a pivotal role in restoring function among older adults after acute hospitalizations. However, patients with active oncologic disease (AOD) are often underrepresented in IR referrals, partly due to concerns regarding their rehabilitation potential.

Study Aim

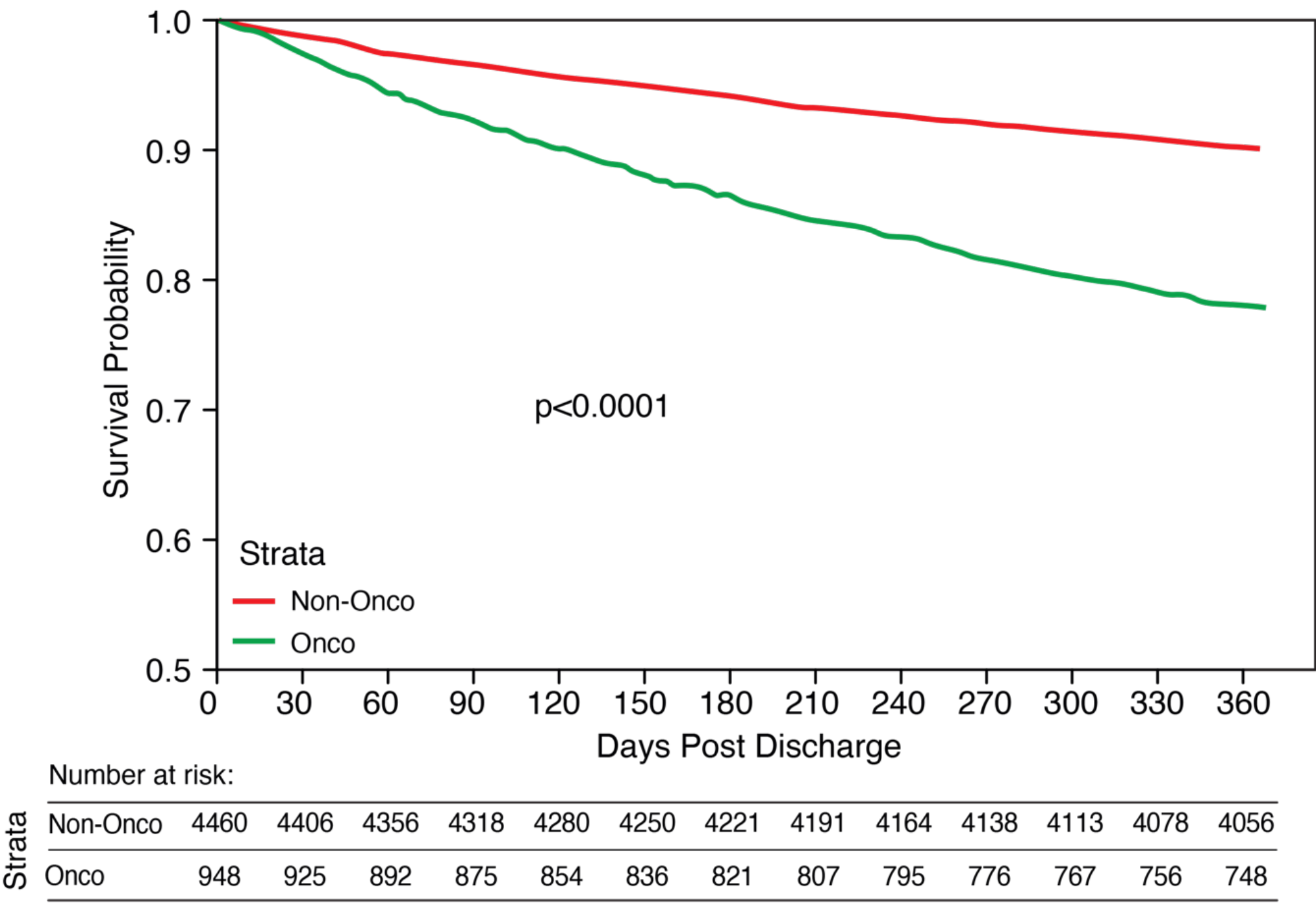
Assess rehabilitation outcomes and downstream risks in AOD vs non-AOD older adults to support bias-free referral and goal-concordant rehabilitation decisions.

Methods

- 1. Design & Setting: Retrospective cohort of adults ≥65 y admitted to a geriatric inpatient rehabilitation ward,2016–2024.
- 2. Exposure: Active oncologic disease (AOD) identified via ICD-9; remitted disease excluded. AOD was compared with non-AOD and stratified by proximity of cancer diagnosis to rehabilitation admission (≤6, ≤12, ≤24 months) as a proxy for diagnostic certainty.
- 3. Outcomes: Functional Independence Measure (FIM) at admission and discharge (ADL, motor, cognitive, total). Primary change metric: FIM gain = discharge – admission. Secondary: FIM efficiency = gain/length of stay (points/day).
- 4. Analysis: Distributional assumptions assessed with the Anderson–Darling test. Group comparisons used Mann–Whitney U (continuous) and χ²/Fisher’s exact (categorical); two-sided α=0.05

Results

Figure 1: Survival curve for AOD vs. non-AOD populations



- Both AOD and non-AOD improved during inpatient rehabilitation: FIM gain and efficiency increased across domains.
- Between-group differences were small.
- Two contrasts reached significance: motor efficiency at ≤6 months and ADL gain at ≤24 months (absolute differences modest).

Rehab Works: Older Cancer Patients Improve Too.

No Reason for Exclusion

Functional and Survival Outcomes in Geriatric Patients with Active Oncologic Disease: Evidence Supporting Inpatient Rehabilitation

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Results (cont’d)

- Baseline characteristics: AOD were younger (80.0 vs 80.8 y), fewer women (54.9% vs 61.4%), shorter LOS (24.7 vs 26.6 d), higher 30-day rehospitalization (10.1% vs 5.3%), more transfers (17.7% vs 15.0%), and higher 1-year mortality (21.5% vs 9.2%).

Table 1: Cohort baseline characteristics

Parameter	All patients	Non AOD	AOD 6m	AOD 12m	AOD 24m
Number of patients	5408	4406	579	665	949
Age	80.6±7.5	80.8±7.5	79.8±7.2**	79.8±7.3**	80.0±7.3**
Gender (Female)	60.3%	61.4%	52.6%***	53.5%***	54.9%***
Length of stay	26.3±17.1	26.6±17.2	24.1±15.8***	24.3±16.1***	24.7±16.9***
30d Re-hospitalization	6.2%	5.3%	10.9***	10.8%***	10.1%***
Transfer to another department	15.4%	15.0%	16.9%	17.0%	17.7%*
Death within 365 days	11.4%	9.2%	19.5***	20.8%***	21.5%***

Table 2: Functional Independence Measure (FIM) components and main scores comparison

Parameter	All patients	Non AOD	AOD 6m	AOD 12m	AOD 24m
FIM Gain ADL	6.6±6.7	6.6±6.7	6.5±6.8	6.4±6.8	6.2±6.7*
FIM Gain Cognitive	1.2±3.7	1.2±3.7	1.4±3.9	1.3±3.9	1.2±3.9
FIM Gain Motor	7.9±6.2	7.9±6.2	8.1±6.1	7.9±6.1	7.7±6.1
FIM Gain Total	15.7±13.8	15.9±13.8	16.0±14.1	15.6±14.0	15.1±13.9
FIM Efficiency ADL	0.3±0.7	0.3±0.7	0.3±0.5	0.3±0.5	0.3±0.5
FIM Efficiency Cognitive	0.0±0.8	0.0±0.6	0.1±0.4	0.0±0.4	0.0±1.4
FIM Efficiency Motor	0.4±0.6	0.4±0.6	0.4±0.4	0.4±0.5	0.4±0.5
FIM Efficiency Total	0.7±1.8	0.7±1.7	0.8±1.1	0.7±1.1	0.7±1.9

Conclusions

- Older adults with active oncologic disease (AOD) achieve meaningful functional gains during inpatient rehabilitation, comparable to non-AOD patients.
- Despite similar gains, AOD patients show higher rehospitalization, transfers, and 1-year mortality.
- Rehabilitation should not be withheld in AOD. Their comparable functional gains combined with their increased risk for complications raise the importance of shared goal-directed rehabilitation planning.



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