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Materials & Methods:
- Review of 287 records
- Patients ≥ 65 years old with new diagnosis of cancer
- Seen by 6, dual-boarded hematologists/oncologists practicing in an urban academic cancer center
- Treatment plans compared to national guidelines to determine plan adherence status
- Patients were recommended:
  - Adherent plan (AP) or Non-adherent plan (N-AP)

Results:
- Stage was the only statistically significant clinical predictor of N-Aps (p = 0.003).
- 43.5% of stage II-III patients were found to have N-Aps.
- Among patients with active performance status of any stage, 14.3% had N-APs, while 29% of patients with limited ECOG PS had N-APs (not statistically significant)
- N-APs were less common among patients with active PS at any stage, and those with limited PS and stage 0, I or IV (Table 2)
- N-APs were more likely to be recommended to patients with advanced, but potentially curable disease (i.e., stage II-III) and a limited PS, (61.5%).

Conclusions & Future Steps:
- The combined effect of stage and performance status influenced the likelihood of plan adherence to guidelines
- Patients with limited performance status and stage II or III cancer were most likely to receive an N-AP recommendation
- Research is needed to determine the rationale for and the effects of N-AP recommendations for SAO patients
- An additional 150 patient records are currently under review to increase the sample size
- Charlson comorbidity scores will be calculated on each patient
- Prospective study complete and data being analyzed