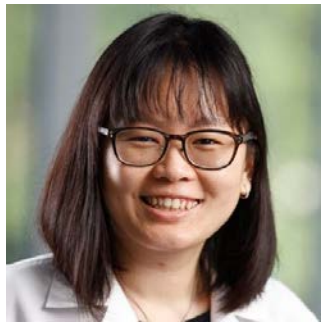
AGS Cancer and Aging SIG and Cancer and Aging Research Group Meeting

Agenda:

1. Welcome and announcements (William Dale, Melisa Wong)
2. AGS Awards (Melisa Wong)
3. AGS abstract presentations (Melissa Loh)
4. Geriatric oncology for geriatricians and palliative care clinicians (Carolyn Presley, Imran Ali, Clark DuMontier)
5. Closing (William Dale, Melisa Wong)
    - Cancer and Aging SIG leadership opportunities

AGS Awards



Melissa Loh
Arti Hurria Memorial Award for Emerging Investigators in Internal Medicine Who are Focused on the Care of Older Adults

Tideswell Scholar

Rasheeda Hall
Arti Hurria Memorial Award for Emerging Investigators in Internal Medicine Who are Focused on the Care of Older Adults

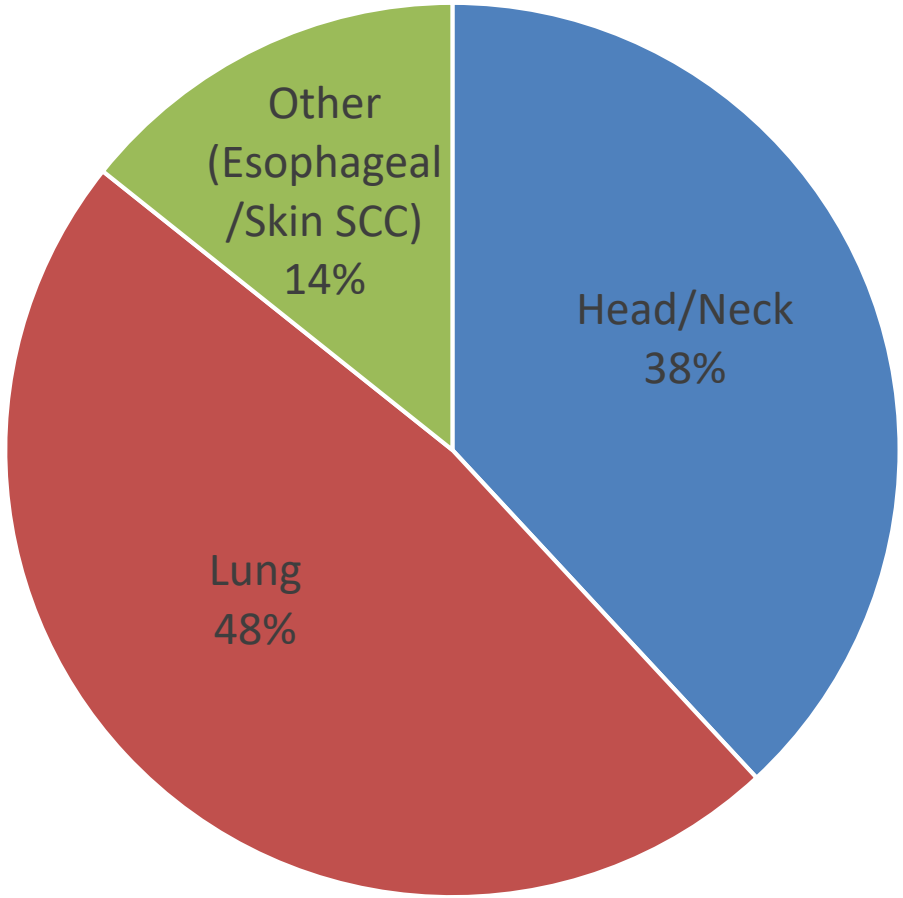
Kavita Dharmarajan
Jeffrey H. Silverstein Memorial Award for Emerging Investigators in the Surgical and Related Medical Specialties

Ashwin Kotwal
Health in Aging Foundation New Investigator Award

Carolyn Presley
Tideswell Scholar

Retrospective study of adults aged ≥65 years with lung/head/neck/esophageal cancers who had a GA and received concurrent chemoradiation

- 21 patients with stage II-IV disease
- Median age 75 years (range 66-88)
- 62% had ECOG PS 2
- Median Charlson Comorbidity Score 7 (5-12)
- 4/17 were vulnerable (Vulnerable Elders-13 score ≥3)
- 12/18 had abnormal physical function (Short Physical Performance Battery)
- 29% had ≥1 Instrumental Activities of Daily Living impairment

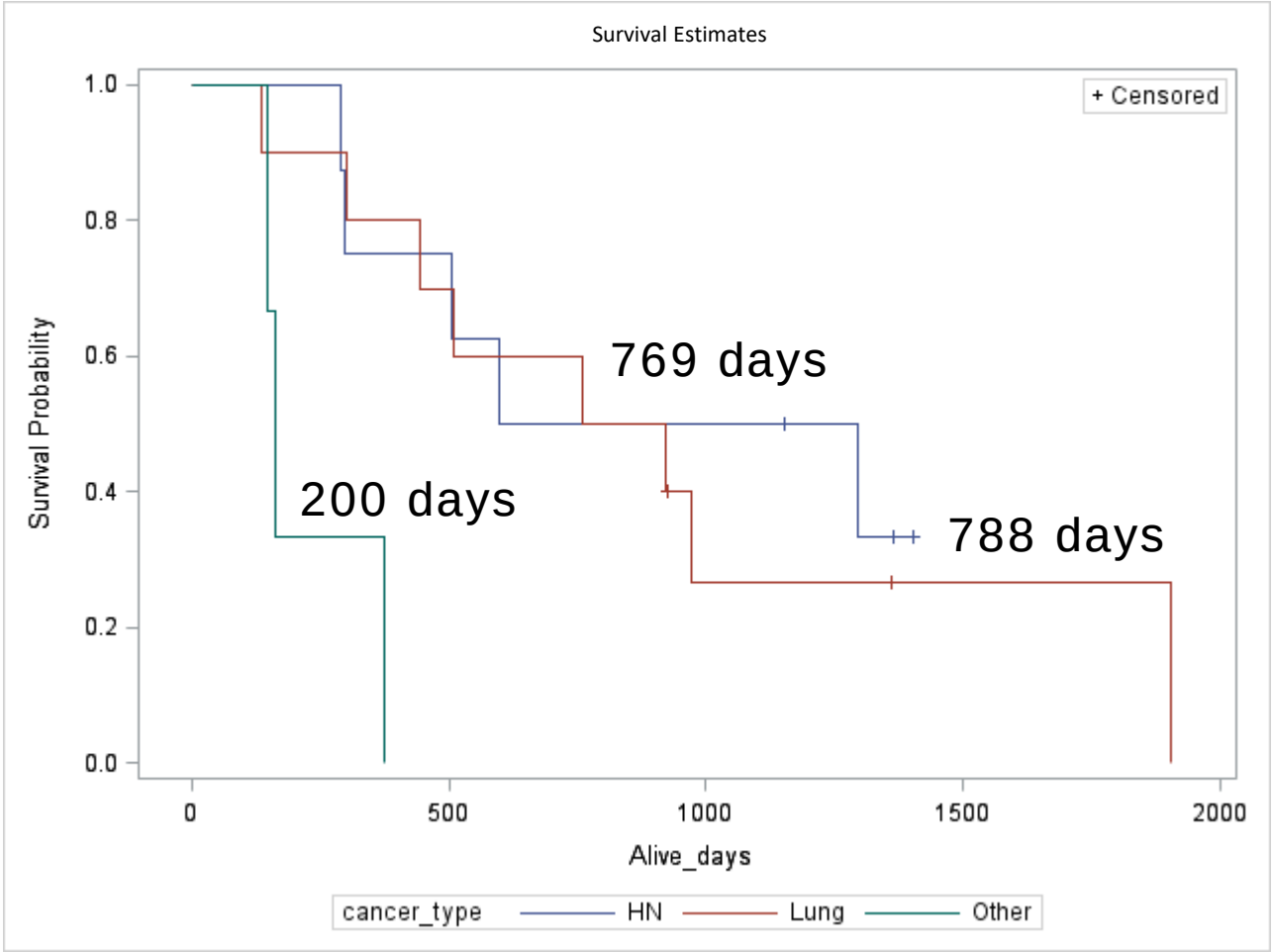


Results

Median OS was 1.5 years (95% CI, 0.72-3.44)

During and within 6 months of CCRT completion:

- Patients had dysphagia (76%), dermatitis (67%), xerostomia (43%)
- 52% stopped chemo early
- 23% stopped RT early
- 67% hospitalized
- 32% referred to palliative care
- 22% referred to hospice



Results

Older age associated with:

- Early RT discontinuation (78 vs 73 years, p=0.03)
- RT delay (79 vs 73 years, p=0.03)

Vulnerable patients (VES 13 ≥3) more likely to:

- Have early RT discontinuation (75% vs 25%, p=0.02)
- Early chemo discontinuation (100% vs 38%, p=0.05)
- Chemo dose delay (100% vs 23%, p=0.01)

Baseline Disability among Adults with Advanced Non-Small Cell Lung Cancer: A Prospective Cohort Study

Carolyn J. Presley, MD MHS,[1] Nicole A. Arrato, MA,[2] Sarah Janse, PhD,[3] Peter G. Shields, MD,[1] David P. Carbone, MD PhD[1], Barbara L. Andersen, PhD[2]

[1]The James Cancer Hospital/OSU Comprehensive Cancer Center, [2]The Ohio State University Department of Psychology, [3]OSU Department of Biostatistics

The James
The Ohio State University Comprehensive Cancer Center

OBJECTIVE

To determine **patient and disease characteristics** associated with **baseline disability** of adults with advanced NSCLC

PARTICIPANTS

- **182** community-living persons
- Starting treatment for a new diagnosis of **advanced NSCLC**
- Mean age **63.1** years (range: 27-92)
- 56% **male**

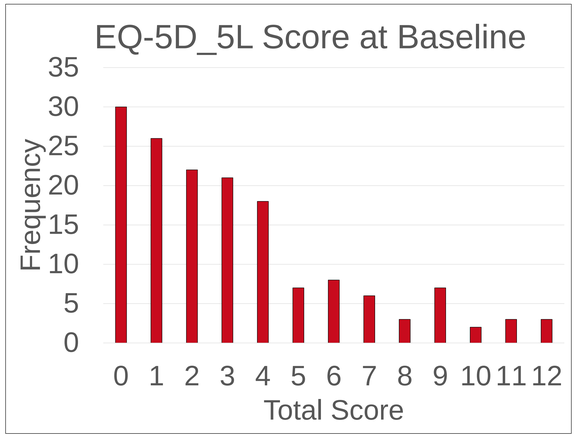
MEASUREMENTS

- Disability – EQ-5D-5L
  - Patient-reported functional status survey
  - 5-point scale (none to severe disability)
  - Usual activities, mobility, self-care
- Demographics
  - Age, sex, rural/urban
- Disease-related comorbidities
- Brain/bone metastases
- ECOG-PS
- Depression (PHQ-9), Anxiety (GAD-7)

DATA ANALYSIS

- **Descriptive statistics** determined differences between disability groups
- **Logistic regression** assessed association between baseline disability and covariates
- Alpha level of $p \leq .05$

	None/Slight Disability N=112 (60.2%)	Moderate/Severe Disability N=74 (39.8%)
Age	61.0	61.5
PHQ-9	5.7	10.6
GAD-7	4.6	8.8



RESULTS

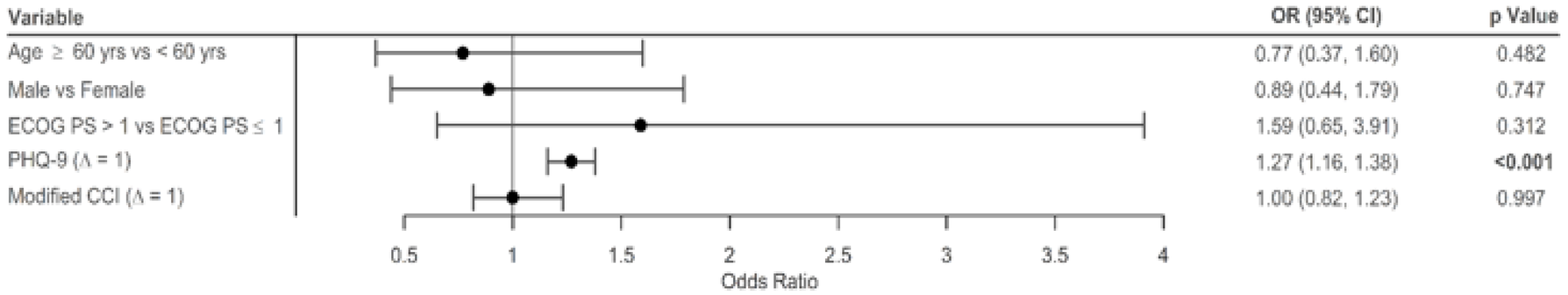
- **Baseline disability**
  - 39% of all participants
- **Moderate/Severe disability**
  - Usual activities: 37%
  - Mobility: 27%
  - Self-care: 6%

RESULTS

- Characteristics and psychological health **did not vary by age, sex, or rural/urban**
- Severe mobility disability was associated with **ECOG-PS** (p<.001) and the presence of **brain metastases** (p=.006)
- Moderate/severe baseline disability → **significantly higher depression and anxiety** (p<.001) compared to none/slight group
- Findings were similar in multivariate models for **total score** and across **functional activity types**

MAIN TAKE-AWAY

Despite expectations that older age and disease severity would define patients' disability, **psychological health** was the major characteristic associated with **moderate/severe baseline disability**, regardless of functional activity type.



Forrest Plot for Moderate/Severe Disability based on EQ-5D-5L Total

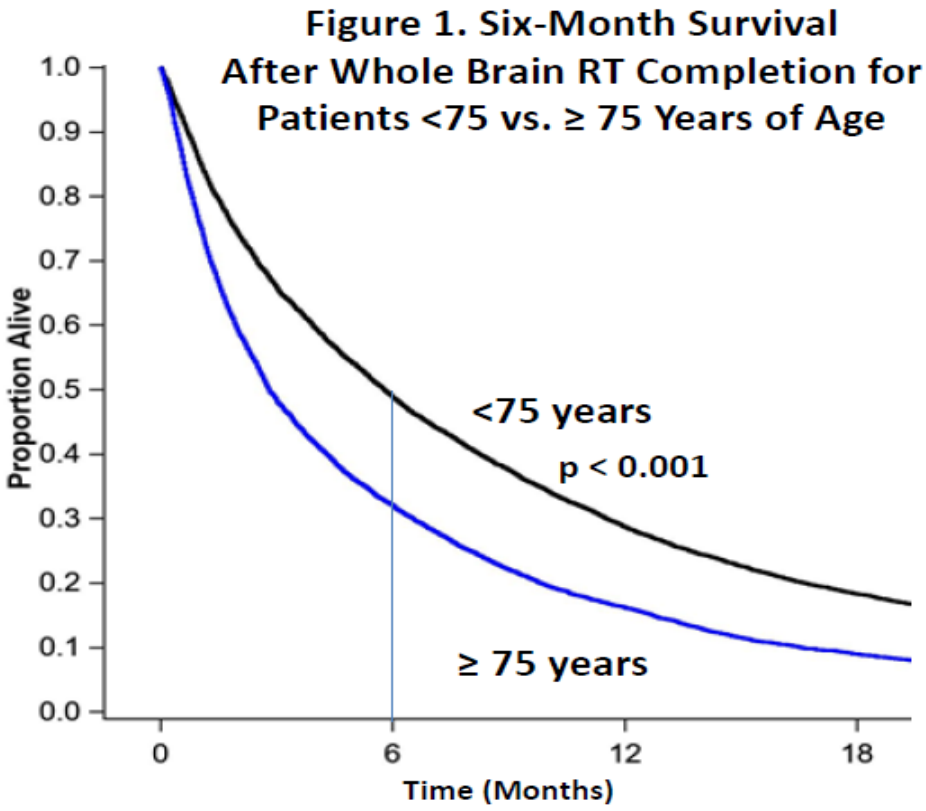
Palliative Radiation Treatment in Older Adults with Brain Metastases: Benefit or Burden?

Kavita Dharmarajan MD MSc
Associate Professor
Radiation Oncology
Brookdale Department of Geriatrics and Palliative Medicine
Icahn School of Medicine at Mount Sinai

National Cancer Data Base 2010-2013

14,845 patients w/ stage IV breast, lung, and GI cancers who received palliative whole brain radiation therapy (WBRT)

83% completed treatment



≥75 yrs old:

1.3 x less likely to receive WBRT

1.1 x more likely to stop prematurely

Higher 6-mo mortality rate (50% v. 32%)

Conclusions:

1) Palliative WBRT is often not completed and associated with worse outcomes in over 75s.
2) We need to improve identification of patients who are more vs. less likely to benefit from palliative WBRT.

Using the Latest Evidence to Integrate Geriatrics into Oncology

Clark DuMontier, MD

Geriatrician and Research Fellow
Brigham and Women's Hospital, Division of Aging
Marcus Institute for Aging Research, Hebrew SeniorLife
Harvard Medical School

Dana-Farber
Cancer Institute

Geriatric assessment (GA) detects vulnerabilities better than standard onc. performance status (PS)

- **GA more sensitive than PS at detecting age-related vulnerabilities**
  - Assesses domains not captured in routine oncology H&P
- **GA predicts outcomes beyond cancer stage, Tx, and other cancer-specific variables**
  - Tx toxicity, mortality, and other important outcomes
- **GA is now recommended by leading cancer organizations**
  - E.g., American Society of Clinical Oncology, NCCN

Kenis et al., *Ann. Oncol,* 2013; Repetto et al., *J Clin Oncol,* 2002; Hurria et al., *J Clin Oncol,* 2011 and 2016

GA-driven interventions improve outcomes in older patients vs. standard oncologic care (SOC)

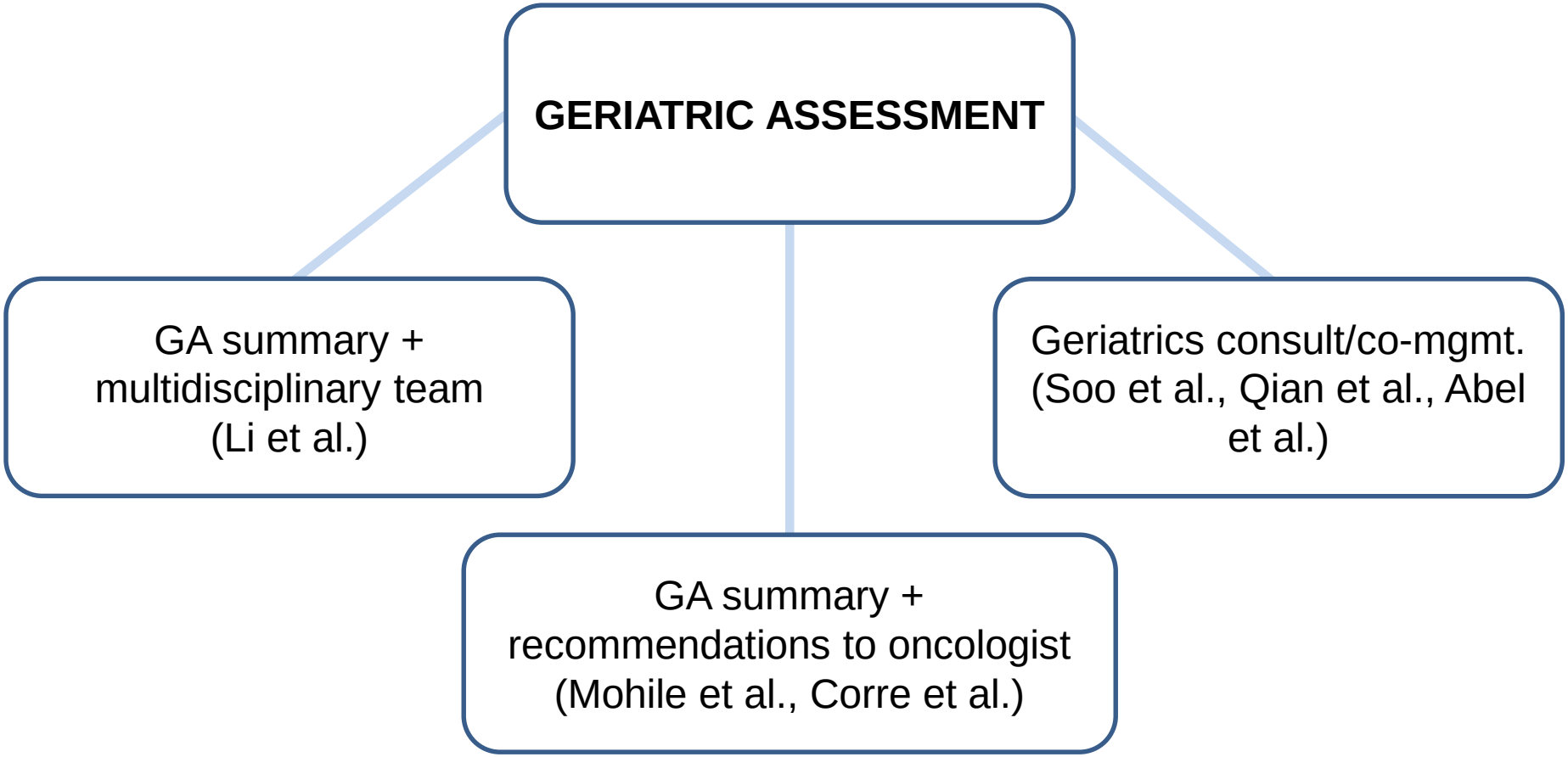
- **Reduction in treatment toxicity**
  - ⬇ *Grade 3-5 (severe) Tx toxicity* at 3 months:
    GA-intervention + SOC: **50.1%** of patients
    SOC: **71.0%** of patients

- **Improved quality of life**
  - ⬆ *Elderly Functional Index* at Week 18:
    Geriatrician + SOC: mean score = **72.0**
    SOC: mean score = **58.7**

- **Other benefits**
  - ⬇ *Unplanned healthcare utilization*
  - ⬆ *Goals of care discussions*
  - ⬆ *Communication and satisfaction with care*

Mohile et al., Li et al., Soo et al., Qian et al., ASCO 2020; Abel et al., ASH 2019

Which type of GA-intervention is most effective? What are the minimal necessary components?



GA-driven interventions effective in many forms

Klepin, H.D. and Rostoft, S., ASCO 2020

Geriatrics should be integrated into oncology as standard of care, but barriers remain

- **Lack of knowledge regarding value**
  - Need to communicate evidence, study outcomes that matter
- **Lack of knowledge regarding implementation**
  - Some geriatrics is better than no geriatrics
- **Barriers in oncology practices**
  - Survey identifying these barriers coming
- **Barriers in geriatrics practices**
  - Survey needed

Geriatricians and others (incl. PCPs, NPs, PAs, nurses) can lead integration of GA into oncology

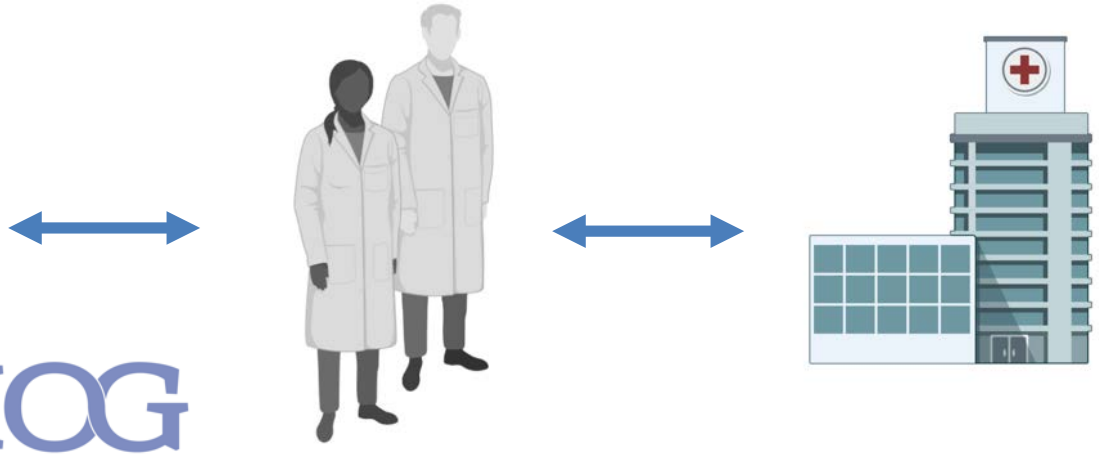
"We should move further in this direction as a small elite training force imparting its knowledge and skills to all fields of health care"
– Mary Tinetti, MD

CARG
Cancer & Aging Research Group

AGS Geriatrics Healthcare Professionals

ASCO
AMERICAN SOCIETY OF CLINICAL ONCOLOGY

SIOG
INTERNATIONAL SOCIETY OF GERIATRIC ONCOLOGY



Summary: Geriatrics is needed and at the forefront of oncology

Growing evidence-base and guidelines supporting geriatrics in oncology

Geriatricians + other clinicians can lead integration into local practices and/or research

Find out more on how at AGS 2021!

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