

Cancer and Aging Research Group Teleconference July 14, 2020

Present: Abida Abid, Sukeshi Arora, Cris Bergerot, Nicolo Battista, Shelly Bluethmann, Rachelle Brick, Beverly Canin, Leana Chien, Katherine Clifton, Selina Chow, Harvey Cohen, Kelly Covington, Eva Culakova, William Dale, Efrat Dotan, Rawad Elias, Rachel Freedman, Shakira Grant, Elizabeth Hile, Tina Hsu, Sailaja Kamaraju, Vani Katheria, Meghan Kauturi, Gretchen Kimmick, Beatrice Korc-Grodzicki, Jessica Krok, Anita Kumar, Stuart Lichtman, Richard Lin, Melissa Loh, Lisa Lowenstein, Jennifer Lund, Loren Mell, Dale Mitani, Supriya Mohile, Eun-Shim Nahm, Ginah Nightingale, Ryan Nipp, Hussai Nuristani, Rebecca Olin, Cara McDermott, Elana Plotkin, Claudia Robertson, Manvi Sharma, John Shen, Melody Schiaffino, Ishwaira Subbiah, Jerry Suls, Canlan Sun, Virginia Sun, Mazie Tsang, Sarah Wall, Tanya Wildes, Cassadra Vonnes, Grant Williams, Melisa Wong (56 Participants)

| TOPIC | DISCUSSION | ACTION/FOLLOW-UP |
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| <p>Announcements</p> | <p>Reminder to CARG members did not need to login for this zoom meeting All presentations and material are attached under today's agenda Thank you everyone for promoting geriatric oncology!</p> <p>Drs. William Dale and Manvi Sharma are co-leading the meeting today. Dr. Dale Thanked co-lead, Dr. Sharma, Assistant Professor in the Department of Pharmacy Administration and a Research Assistant Professor in the Research Institute of Pharmaceutical Sciences, within the school of Pharmacy at the University of Mississippi. She is also a member of the Junior investigator board and serves on the Health Services Core.</p> <p>Welcome to our CARG Zoom meeting on Tuesday, July 14th. We will be using the full zoom option with video. Please mute your phone/audio line, when you are listening or not speaking and to only turn on video if speaking to improve bandwidth.</p> <p>CARG Website The new CARG website is now available by using mycarg.org. To access the analysis file under the event tab, you can enter firstname.lastname as the username and MyCARG1 (case-sensitive) as the password. On the login screen they can also reset their password by using the "Forgot Password" link. If you are having any trouble, please contact CARinG@coh.org</p> <p>Pilot Grants Deadline for submission: September 1, 2020 In place of a Letter of Intent (LOI) or email, we request to complete the brief survey of intent with your interest to apply by Friday, July 31st. RFA is for 2 awards \$20,000.00 each, effective Oct. 2020 for 1 full year. Before money can be awarded, you must have IRB approval.</p> <p>New Members</p> | |

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| | <p>Dr. Nicolo Battisti, Medical oncologist at the Royal Marsten NHS Foundation Trust Interest in breast and thoracic oncology in older adults. The last year he has been training at Moffett Cancer Center and now starting Cancer research in London. Actively involved in young SIOG</p> <p>Dr. Aakash Desai, Fellow in Hematology/ Oncology referred by Dr. Tanya Wildes</p> <p>Dr. Christina Minami, recipient of the endowed young investigator award in honor of Arti Hurria</p> <p>Dr. Melissa Trevino, PhD Cancer research training award post-doctoral fellow in basic bio behavioral psychological sciences Cognitive neurosciences with specialization in visual cognition from University of Houston</p> <p>Dr. Sarah Marone, 2nd year resident at Yale, referred by Dr. Caroline Presley</p> | |
| <p>ASCO Editorial: Dr. Stuart Lichtman</p> | <p>Dr. Dale introduced Dr. Lichtman. This ASCO editorial is represents 30 years of frustration. At this year's ASCO, 4 Randomized trials showed some benefit of appropriate assessment of older patients can reduce toxicity and improve various outcomes. If this was a drug people would be jumping up and down. The point was that specific evaluation can be some sort of positive impact.</p> <p>Title: "What are you waiting for?"</p> <p>Featured in the ASCO Post front page of email.</p> | |
| <p>Stakeholder Cancer Rehabilitation Research Study: Dr. Rachelle Brick</p> | <p>Dr. Sharma introduced Dr. Rachelle Brick, 4th year PhD student at the University of Pittsburgh in the Department of Occupational Therapy under the primary mentorship of Dr. Catherine Bender and Dr. Elizabeth Skidmore. She will be speaking to you about her ongoing dissertation work and request assistance on recruitment strategies.</p> <p>Older adult cancer survivor's population is rapidly growing largely in part to advanced screening and aging population. Cancer and cancer related treatments are largely associated with decline in many body structures and functions and larger impact of Activates of Daily living, instrumental activities of living, leisure obligations and work. Despite documentation of growing and chronic disability, few adults are referred to rehabilitation services. Up to 9% that have decline are being referred to rehab services. Up to 1-2% are referred to rehab. Rehabilitation services has the ability to improve the different declines, but many difficulties in access and services of care. Much development could be improved with stakeholder input. Part of the dissertation is to conduct interviews to better understand priorities and preferences on how rehab services should be delivered.</p> <p>Dissertation Aim 2 Identify stakeholder perspectives on intervention content and delivery features that show the greatest promise for reducing activity limitations among older adult breast cancer survivors</p> <p>These interviews will accomplish:</p> <ul style="list-style-type: none"> Stakeholder preferences on content of (what); and Delivery features including Rehabilitation indications (for whom) Timing (when), Models of delivery (where, by whom) | |

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Recruitment inclusion:

1. ≥65 years old;
2. Female;
3. English-speaking;
4. Diagnosis of Breast Cancer (Stage I - IIIa diagnosis);
5. Completed primary treatment between 6 months and 2 years previously
6. Able to participate in conversation;
7. Self-reported cancer-related activity limitations

Exclusion:

1. Self-reported physician diagnosis of dementia

Note: Participants are not required to have utilized cancer rehabilitation previously

Sampling Methods

- support groups
- University of Pittsburgh CTSI-based registries (Pitt+Me)
- Cancer Rehabilitation and Geriatric Oncology Clinics
- Professional Interest Groups

If you have any interest in helping recruit patients, please reach out to Rachelle Brick rsb50@pitt.edu

Feedback/Comments:

Q: Is any clinic allowed to pass out flyers.

A: IRB has approval to provide flyers to other clinicians. The clinician will need to make the approach before Dr. Brick can speak to the patient.

Feedback: Some Institutions require approval before a flyer can be passed out to patients.

Feedback: There may be issues from institutions that require approval first and suggested to partner with 4-5 people to get approval.

Q: Is this IRB is approved through the lump army women?

A: This is currently under review with their team to help advertise.

Q: How many patients are you looking to recruit?

A: We are looking to recruit 20 patients, ideally, they would like national representation.

Feedback: Reach out to advocacy community, social media, BCSM.

Q: I'm curious why all dementia patients are excluded from the study?

A: There would need to be full physician diagnosis of dementia

Feedback: If you exclude patients with dementia the age group of 65 and older sometimes the diagnosis of dementia has not been established and you may be including patients with dementia that have not been diagnosed. You may want to include a side arm of patients with dementia then compare them.

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| <p>Older Adult Metastatic Pancreatic Cancer Study: Dr. Efrat Dotan</p> | <p>Dr. Sharma introduced Dr. Efrat Dotan. Efrat Dotan is the Associate Professor Department of Medical Oncology and Hematology/Oncology Fellowship Program Director at Fox Chase Cancer Center. Dr. Dotan wants to share the exciting news that my elderly metastatic pancreatic cancer study is being activated today through all the cooperative groups. This trial looking at treatment of vulnerable older patients with newly diagnosed Metastatic Pancreatic Cancer and has been activated. Phase II study done through ECOG for patients over 70 years old. Patients will have screening assessment that will categorize them into categories, fit, vulnerable, or frail. The idea is to identify candidates that are vulnerable and not candidates for standard therapy. Fit and Frail patients will not qualify for study.</p> <p>Open eligibility to ensure accrual of real world patients!</p> <ul style="list-style-type: none">• Newly diagnosed metastatic pancreatic cancer• ≥70 year old with ECOG 0-2• Vulnerable on the screening tool.• Adequate organ function• Ability to understand and provide informed consent <p>Primary Objective:</p> <ul style="list-style-type: none">• 3.8 month improvement in OS• One sided alpha 0.10 and 80% power• Sample size – 92 patients per arm <p>Secondary Objective:</p> <ul style="list-style-type: none">• Progression Free survival (PFS), Response Rate (RR)• Comprehensive geriatric assessments as predictors of toxicity and outcomes• Rates of toxicities that are of interest for older patients <p>Corelative Studies:</p> <p>2 radiologists who specialize in Sarcopenia:</p> <ul style="list-style-type: none">• CT images will be used to evaluate total abdominal muscles mass• We will determine the association of baseline CT measurements of muscle and adipose tissue with treatment tolerance, PFS and OS.• Central review of images <p>Biomarkers of aging: Banking of peripheral blood for future studies.</p> <p>Fitness trackers- for assessment of “true” performance status, association with outcomes</p> <p>EA2186 was activated on June 18, 2020.</p> <p>Questions/feedback Feedback: This is a true CARG success story. Our GI oncologists are very excited about this trial. Reach out to your GI teams to inform them this trial is open. They should be interested unless there is a competing trial.</p> | |
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| | <p>A: There are very few studies on metastatic pancreatic cancer. We have about 150 patients over the age of 70 with pancreatic cancer a year. This group is such a wonderful soundboard for our work. Wondering how long it took to open this trial?</p> <p>R: About 2 years.</p> <p>Q: How might shelter in place change the utility of an activity tracker right now since many folks are not leaving their home?</p> <p>Feedback: Most survivors are sedentary anyway, so I'm not sure that the shelter at home would make much difference in activity level unless an exercise intervention is planned. I would be happy to help, Efrat, if you need a collaborator with experience with accelerometers and PA measurement.</p> <p>Q: What are thoughts on poly pharmacy?</p> <p>A: There was a lot of push back on including poly pharmacy. In the next amendment they will try to add poly pharmacy.</p> | |
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Next Conference Call: July 28th, 2020