

Cancer and Aging Research Group Biweekly Meeting February 23, 2021

Present: Imran Ali, Mohammed Al-Jumayli, Sukeshi Arora, Andy Arta, Nicolo Matteo Luca, Battisti, Geetika Bhatt, Shelley Bluethmann, Dejana Braithwaite, Beverly Canin, Andy Chapman, Leana Chien, Dan Childs, Katherine Clifton, Filipe Cuntino, William Dale, Natasha Dhawan, Clark DuMontier, Denise Econmou, Rawad Elias, Rachel Freedman, Tullika Garg, Nikesha Gilmore, Shakira Grant, Jennifer Guida, Todd Horowitz, Tina Hsu, Aminah Jatoi, Chris Jensen, Sindhuja Kadambi, Vani Katheria, Meghan Karaturi, Heidi Klepin, Jessica Krok-Schoen, Corinne Leach, Richard Lin, Melissa Loh, Lisa Lowenstein, Allison Magnuson, Dale Mitani, Denise Mohess, Supriya Mohile, Eun-Shim Nahm, Hussai Nuristani, Rebecca Olin, Chuck O'Shea, Ira Parker, Mackenzie Pergolotti, Elana Plotkin, Martine Puts, Claudia Robertson, Ashley Rosko, Larsya Sanchez, Meloday Schiaffino, Nikki Schmitt, Manvi Sharma, David Sharon, Enrique Soto, Erin Stevens, Ishwaria Subbiah, Can-Lan Sun, Gita Thanarajasingam, Sandi Vannes, Teja Vorunganti, Inga Wang, Tracy Webb, Tanya Wildes, Grant Williams, Melisa Wong, Zoey Xie, Dongyu Zhang (71 Participants)

TOPIC	DISCUSSION	ACTION/ FOLLOW-UP
Announcements	<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 Grant Williams co-lead the meeting today.</p> <p>Welcome to our CARG Zoom meeting on Tuesday, February 23rd. 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>Birthday week shoutout to Dr. William Dale, Dr. Can-Lan Sun, and Hussai Nuristani who all share a birthday on 2/25!</p> <p>CARG Newsletter Winter 2021</p> <ul style="list-style-type: none"> - Please send any updates, announcements to include in the newsletter in the chat or CARinG@coh.org by Thursday, February 25th <p>NIA RFA: Early-Phase Clinical Trials of Novel Interventions to Prevent, Delay, or Treat Aging-Related Conditions by Targeting Aging-Related Mechanisms (U01 Clinical Trial Required)</p> <ul style="list-style-type: none"> - LOI Deadline: March 3, 2021 - Application Deadline: June 17, 2021 - With this FOA, NIA invites applications for Phase 1, 2a, and 2b clinical trials of new compounds or re-purposed existing drugs, biologics (except stem cells), or supplements to treat multiple chronic conditions by modulating fundamental aging-related mechanisms as well as to test compounds that could affect the individual diseases and conditions disproportionately affecting older adults. 	

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	<p>NCI Notice of Special Interest: Understanding the effect of cancer and cancer treatment on aging trajectories and aging outcomes</p> <ul style="list-style-type: none"> - NOTICE NUMBER: NOT-CA-21-031 - Release Date: January 27, 2021 - First Available Due Date: March 8, 2021 - Expires: January 8, 2024 <p>“Cancer Consult: Uncertainties and Controversies in the Diagnosis & Management of Cancer”</p> <ul style="list-style-type: none"> - The 2nd edition of the book will again be formatted in a “Question-and-Answer” (Q&A) style highlighting the controversies and uncertainties in the diagnosis and management of each cancer. As highlighted for the initial edition, we believe the book will appeal to community oncologists, as well as university faculty, and fellows. - At the heart of this book is our desire for our “expert clinician” authors to have the opportunity to express their well-reasoned opinions regarding these controversies and uncertainties in cancer management. Where appropriate we would hope the authors will also provide guidance regarding the availability of potentially high-impact clinical trials and future directions in their area of expertise. - We would like to invite you to continue to remain an author for this text, and specifically to update your chapter on the topic of “Geriatric oncology.” - Please reach out to Dr. Mohile if interested by CARinG@coh.org 	
<p>In Loving Memory of Margaret Sedenquist</p>	<p>We are sad to announce the passing of our dear colleague. We are so grateful for her contribution to Geriatric Oncology, our R21/33 grant as our SCOREboard patient advocate co-chair. Allowing this time for others who have worked with her to say anything.</p> <ul style="list-style-type: none"> - We will giving a tribute on our website and next newsletter, please send anything you would like to share through the CARinG@coh.org 	
<p>Quality Improvement (QI) Project: Dr. Daniel Childs (20 mins)</p>	<p>Title: Implementation of routine FRAITY SCREENING FOR Ambulatory patients with lymphoma – A QI proposal Presented by Dan Childs, MD, Paul Hampel, MD, Zoey Xie, MD, Gita Thanarajasingam, MD at Mayo Clinic</p> <p>Presentation Outline:</p> <ul style="list-style-type: none"> - Background <ul style="list-style-type: none"> o Prevalence of frailty in hematologic population o Associations with outcomes o Validated frailty measures o Challenges with implementation - QI proposal - Feedback from group <p>Like many other cancers, new diagnoses of non-Hodgkins lymphoma are enriched in the older population. Competing comorbidities (impacting end-organ function) and age-related changes (impacting treatment tolerability) influence decision making and clinical outcomes for this population.</p>	

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	<p>Problem/Gap Statement</p> <ul style="list-style-type: none"> - A gap exists between guideline recommended use of frailty measures in the care of patients with lymphoma, and current frailty screening practices within the Division of Hematology at Mayo Clinic - This gap may contribute to failure to recognize those at highest risk of poor outcomes, delays in referral to consultative/ancillary support services, and inadequate supportive care <p>QI PROJECT: DMAIC Framework (Define, measure, analyze, improve, and control)</p> <ul style="list-style-type: none"> - Gap statement: A gap exists between guideline recommended use of frailty measures in the care of patients with lymphoma, and current frailty screening practices within the Division of Hematology at Mayo Clinic - Aim Statement: We will increase the frequency of physical frailty assessments (ie, gait speed) for patients with lymphoma by 50%. We aim to meet this goal by the end of May 2021 without increasing the time to complete rooming by more than 2 minutes. <p>Baseline Data</p> <ul style="list-style-type: none"> - Surveys to assess baseline practices in frailty screening, perceptions about the value of frailty assessment, and openness to implementation - Chart review for frequency of documented frailty assessment <ul style="list-style-type: none"> o All lymphoma patients over a one-week period o Gait speed, abbreviated CGA, Barber questionnaire, Fried frailty criteria, G-8, Groningen frailty index, TRST, VES-13 o Comments about ECOG performance status or “clinical gestalt” of frailty - Chart review of same patients to document rooming time <p>Implement</p> <ul style="list-style-type: none"> - Present/educate lymphoma DOG on value of frailty assessment - DOS collect 4-m gait speed while rooming patient <ul style="list-style-type: none"> o Floor taped, stopwatches o Results documented on check-in sheet and in EPIC by DOS o Normative gait speed values displayed in exam room <p>Analyze</p> <ul style="list-style-type: none"> - Surveys to assess ease of implementation and perceived value from clinicians and DOS <ul style="list-style-type: none"> o 4 weeks after implementation - Chart review for frequency of documented frailty assessment <ul style="list-style-type: none"> o Frequency of 4m gait speed documented o 1 and 4 weeks after implementation - Chart review of same patients to document rooming time <ul style="list-style-type: none"> o 1 and 4 weeks after implementation <p>Next Steps</p> <ul style="list-style-type: none"> - Continuation phase (with tweaks), as part of standard vital sign assessment - Upgrade equipment 	
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- Roll out to other hallways
- Further research arising for resultant data
- Relationship of 4MGS with outcomes in our Mayo lymphoma patient population

Questions to CARG:

- Do you think 4m gait speed is a good choice for frailty assessments?
- At your institutions, which measures are used for frailty screening? Barriers encountered?
- One assessment of 4m gait speed versus three?
- Approaches with fall risk patients?
- Thoughts on other candidate physical measures of frailty?
- Optimal 4m gait speed measurement approach (e.g., stopwatch, lasers, iPhone app, other)?
- Potential limitations?

Discussant Feedback:

Dr. Clark DuMontier

- Fantastic project and applaud you for this project with the extensive background;
- Gait speed is used and preferred at Dana Farber supported by the publication cited,
- it is very easy to use;
- suggestion to get the measures on the way to their medical appointment or when they are getting their vitals, so they don't have to do anything extra;
- he had purchased a radar gun to measure, MA to use their iPhone is the most useful way

Dr. Andy Artz

- you will successful with all the planning before implementation
- this does vary between uses and institutions
- Gait speed 4m is preferred and a useful tool
- Frailty definition is loosely term and may use slow walk speed
- Training for a tool for the staff is important, may lack the precision if people aren't well trained
- Think about where you are housing the data, i.e. epic
- Think about the long term, think about why is important and valuable
- This is a fantastic project

Dr. Grant Williams

- Frailty is a loaded term and it is better to be direct and clear
- This is great with the citation and research to support this
- What are you going to do this question?
- A lot of the assessment, it can help with medical decisions, inform clinical care – think about how to deliver this project
- Surveys are good to understand the information

Dr. Childs Comments:

- They want to start in one hall, and it will be on the way to the appointment and plan to do it at each visit
- We are starting to train one medical group at a time

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	<ul style="list-style-type: none">- This will be more of a screening tool, a way to identify who needs the test, and will be important in medical decision later on <p>Other Feedback:</p> <p>Dr. Ashley Rosko</p> <ul style="list-style-type: none">- Wanted to share pitfalls and lessons learned- Plan ahead if someone is going to have a fall, fall precautions- Buy in from nurses and Mas- Worksheet documentation is great- To make a note of assisted device they are using- Her favorite SPPB and Gait 4m speed is included <p>Dr. Heidi Klepin</p> <ul style="list-style-type: none">- She does use SPPB and she does it herself, it is a valuable exam to watch the patient and be careful of the quality control and it is measured in seconds, so it does need exactly practiced each time/each patient- Recommends to also collect validate screening tools to collect to have a natural comparison to keep it going and properly controlled- Finally, be sure to tell providers what to do <p>Beverly Canin Question: How much does/can gait speed change within the time of a visit? Is it different on arrival, in the middle after sitting for a while, or at the end of the visit?</p> <ul style="list-style-type: none">- Dr. Williams hasn't noticed it different times <p>Dr. William Dale encourages and invites this team to join a Clinical Implementation Core meeting for follow-up</p>	
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Next Conference Call: March 9th, 2021