



# 2018

VIENNA, AUSTRIA

SUPPORTIVE CARE  
MAKES EXCELLENT  
CANCER CARE POSSIBLE



28-30 JUNE 2018

# MASCC/ISOO

ANNUAL MEETING ON SUPPORTIVE CARE IN CANCER



[www.mascc.org/meeting](http://www.mascc.org/meeting)



#MASCC18

# **Supportive care in older adults with haematological malignancies**

## **Never too old – the important role of exercise in older adults with cancer**

**Annual Meeting *MASCC / ISOO*, Vienna, June 29<sup>th</sup>, 2018**

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<input type="checkbox"/>	No, nothing to disclose
<input type="checkbox"/>	Yes, please specify:

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Example: company XYZ	x		x		x			

# Disclosures – Reinhard Stauder MD, MSc

Research Support/P.I.	Celgene, Novartis, Teva
Employee	0
Consultant	0
Major Stockholder	0
Honoraria	Celgene, Novartis, Teva, Janssen-Cilag
Scientific Advisory Board	Celgene

# Supportive care in older adults with haematological malignancies

## □ **Introduction**

- Relevance of haematological malignancies in elderly
- Possible contributions of geriatric oncology in supportive care

### ▣ Geriatric assessment

- Exercise
- Patient-reported outcomes (PROs)

## □ Summary

# Definition of supportive care in cancer

Supportive care is the **prevention and management of the symptoms and side effects of cancer and its treatment** across the cancer continuum from diagnosis to the end of life.

It includes **support for patients, their families, and their caregivers.**

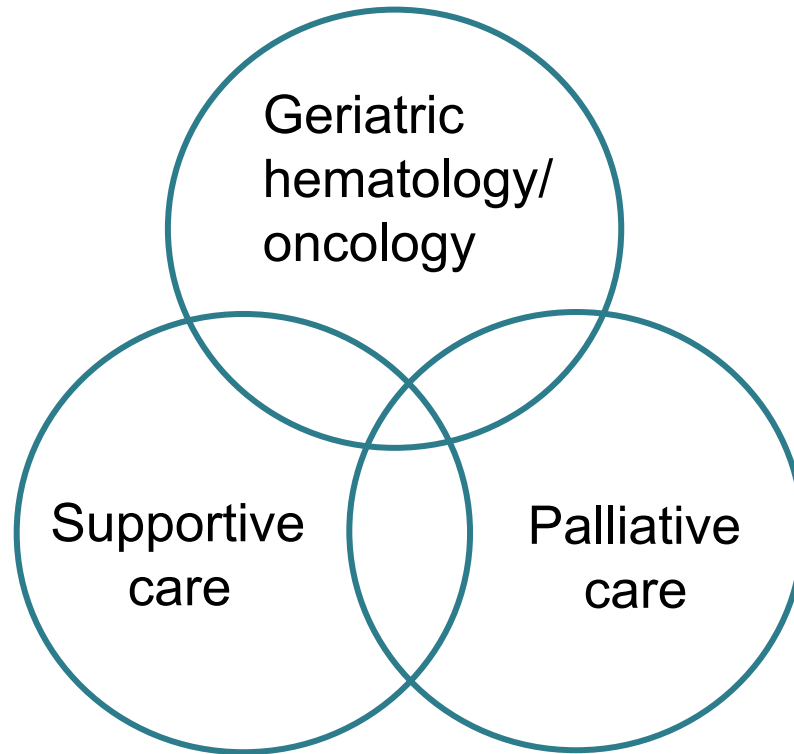
Supportive care improves both **quality of care and quality of life.**

*<http://www.mascc.org/>*

# Activities of MASCC in supportive care

- ❑ Antiemetics (MASCC guidelines....)
- ❑ Mucositis guidelines MASCC
- ❑ Oral medication MASCC Oral Agent Teaching Tool (MOATT)
- ❑ Pain medication Pain Management Center
- ❑ MASCC Neutropenia, Infection & Myelosuppression Study Group
- ❑ Growth factors; Calculate by QxMD - (Free) Calculate the MASCC Febrile Neutropenia score
- ❑ Nutrition
- ❑ Communication challenges in geriatric oncology: perspectives of patients, family caregivers, and healthcare professionals...
- ❑ Cancer-associated VTE
- ❑ ...

# Supportive care in older adults with haematological malignancies



## SPECIAL ARTICLE

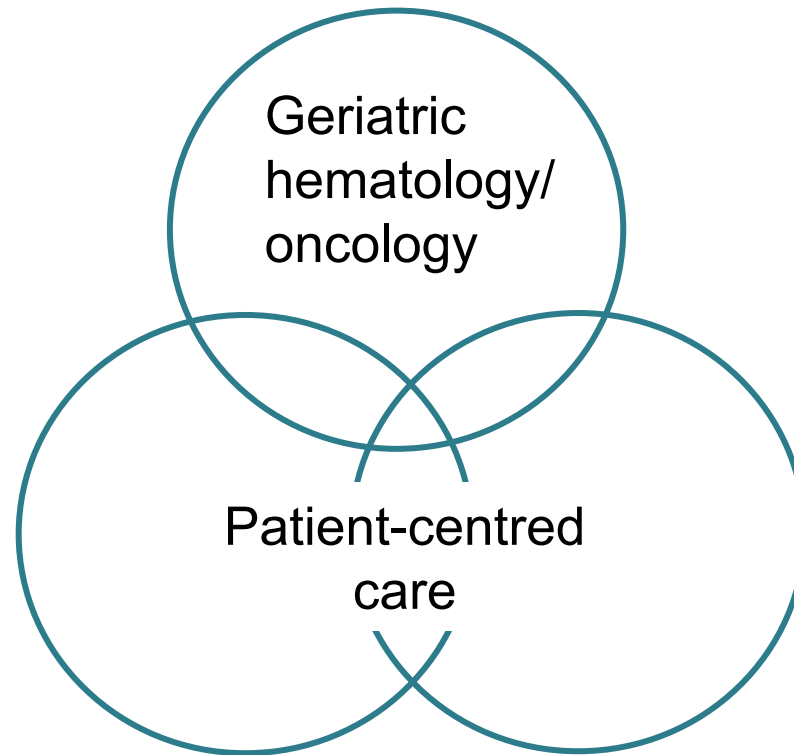
# European Society for Medical Oncology (ESMO) position paper on supportive and palliative care

K. Jordan<sup>1\*</sup>, M. Aapro<sup>2</sup>, S. Kaasa<sup>3,4,5</sup>, C. I. Ripamonti<sup>6</sup>, F. Scotté<sup>7</sup>, F. Strasser<sup>8</sup>, A. Young<sup>9</sup>, E. Bruera<sup>10</sup>,  
J. Herrstedt<sup>11,12</sup>, D. Keefe<sup>13</sup>, B. Laird<sup>14,15</sup>, D. Walsh<sup>16</sup>, J. Y. Douillard<sup>17</sup> & A. Cervantes<sup>18</sup>

### KEY POINTS

- Patient-centred care approach
- Patient-centred care interventions
- Timely patient-centred interventions
- End-of-life care
- Multidisciplinary teams (MDT)
- Integrating healthcare resources
- Need for specific training in patient-centred care

# Supportive care in older adults with haematological malignancies

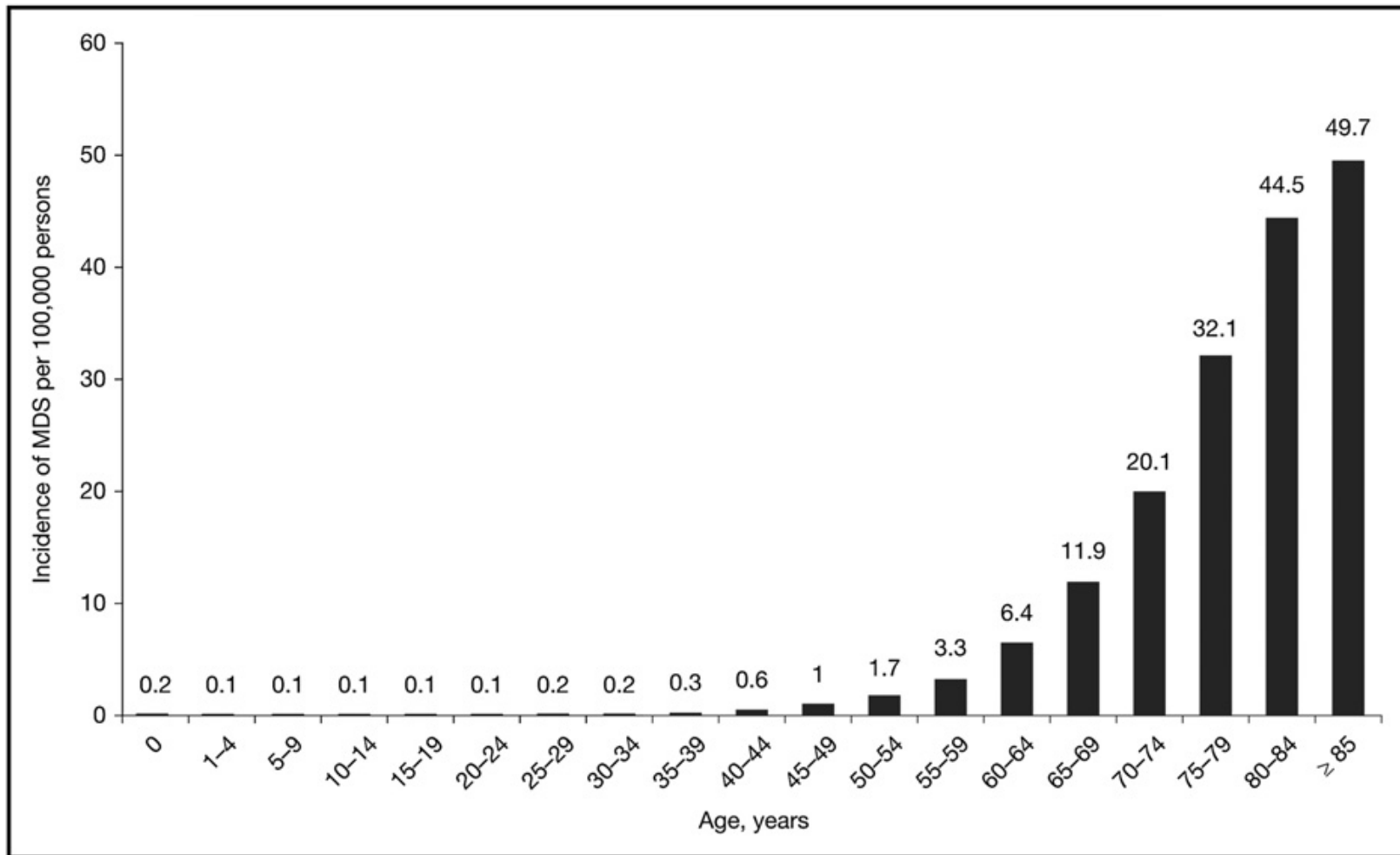


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# Epidemiology of Myelodysplastic Syndromes (MDS)

## NCI SEER\*Stat Database



# Haematological cancer is a typical disease of elderly

## ■ Cancer type / Median age at diagnosis (~yrs)

■ Myelodysplastic syndromes	75
■ Acute myeloid leukemia	70
■ Multiple myeloma	70
■ Diffuse large B-cell NHL	70
■ Chronic lymphocytic leukemia	70

- **Elderly represent the majority in blood cancer patients**
- **Demographic changes will result in a pronounced increase**

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# Relevance of geriatric assessment

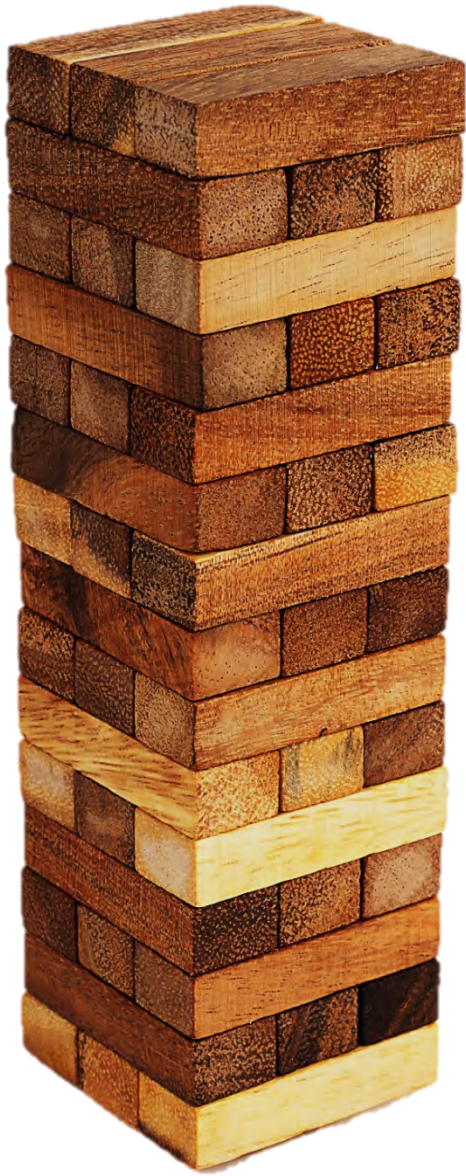
**Geriatric assessment helps oncologists to**

- understand the **overall health status of the patient**
- identify **previously unknown health problems**
- **predict life expectancy** of the patient
- predict **tolerance of treatments**
- influence **treatment choices**
- identify **geriatric interventions** that can improve treatment tolerability and compliance

# Which treatment?



**Chronological (passport) age  $\neq$  Biological age**



**Fit patient**



**Vulnerable/Frail patient**

*By courtesy of Hamaker M*

# Geriatric Assessment

Dimension	Score
Performance Status	WHO & Karnofsky Performance Status
Functional activities	Activities of daily living (ADL) (Barthel Index) Instrumental activities of daily living (iADL) <b>Objective physical capacity:</b> Timed Up & Go (TUG), Gait-speed, Six-minutes walk test (6-MWT), Chair-rising test, Handgrip
Comorbidities	Charlson comorbidity index (CCI), ACE-27 Cumulative illness rating scale for geriatricians (CIRS-G) Haematopoietic cell transplantation comorbidity index (HCT-CI)
QoL (Health-related quality of life)	Geriatric depression scale (GDS) Funct. Assessment of Cancer Therapy General Scale (FACT-G) EORTC QoL C30; Nottingham Health Profile Short Form 36 (SDF36), EuroQol Fragebogen (EQ-5D)
Cognition	Mini Mental Status Examination (MMS); Montreal Cognitive Assessment (MoCA); Demtec (Demenz-Detektions) Test
Social support	Fragebogen zur sozialen Unterstützung (FSOZU)
Nutritional status	Body mass index (BMI); Mini nutritional assessment (MNA)
Screening	G8, VES-13 (vulnerable elderly survey 13), PPT (physical performance test), Fried, Groningen frailty indicator, Lachs Screening



	Total n=108	OS Univariate analysis	OS Multivariate analysis
Median age (range)	78.2 (67.1-98.9)		
Female	47%		
Diagnosis			
Myelodysplastic syndromes	25 (23%)	**	**
Acute myeloid leukaemia	31 (29%)		
Myeloproliferative neoplasms	5 (5%)		
Non-Hodgkin lymphoma – indolent	13 (12%)		
Non-Hodgkin lymphoma – aggressive	31 (29%)		
Multiple myeloma	3 (3%)		
Comorbidity			
Median total CIRS-G score (range)	6.5 (0-20)		
WHO performance status ≥2	47%	0.06	0.10
Geriatric impairments			
ADL	20%	0.08	*
IADL	45%		
Mobility	24%		
Cognition	17%		
Social support	21%		
Mood	24%	**	**
Polypharmacy	65%		
Nutritional status	45%		
G8	61%		
Impaired geriatric assessment		0.05	

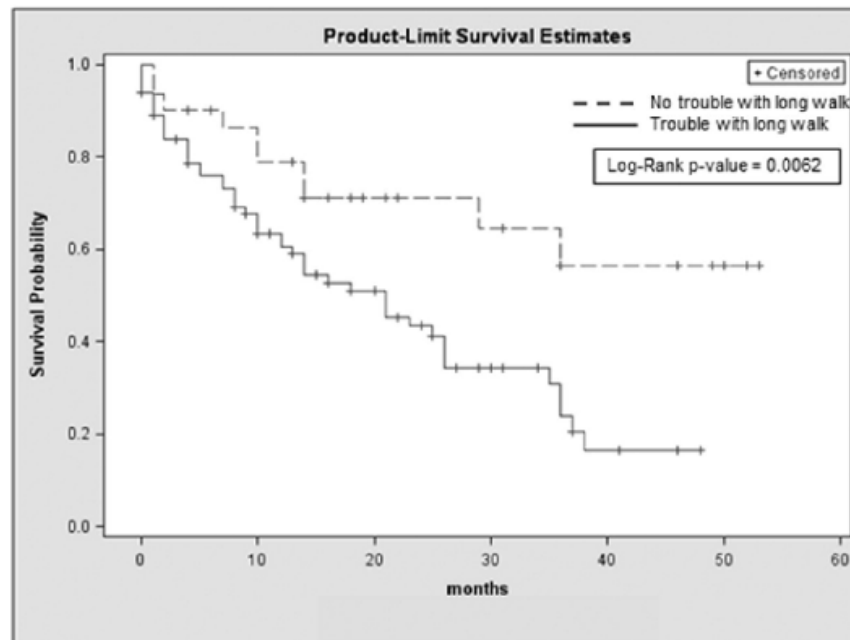
Prevalance and  
relevance of  
impairments in  
haematologic  
malignancies

\*, p<0.05  
\*\*, p<0.01

Hamaker M. et al,  
Ann Hematol, 2014

## Ability to take a long walk predicts OS

- 114 MDS patients, 65+ yrs, retrospective analysis
- Self-reported physical function was more predictive than physician rated performance status.
  - Univariate and OS:  $p=0.0062$
  - Best predictors for OS in multivariate: Low serum albumin (HR = 2.3), therapy-related MDS (HR= 2.1), IPSS-score (HR=1.7), east to take a long walk (HR=0.44)**



# Prognostic factors for mortality

## Hematological malignancies in the elderly

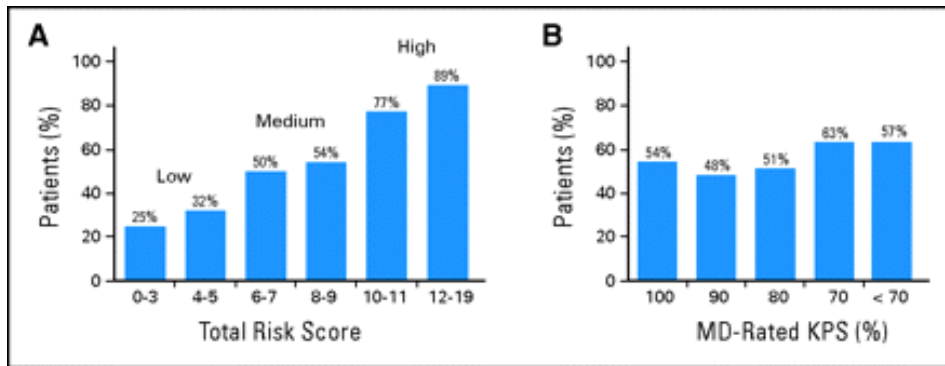
	Study				Results univariate analyses									Results multivariate analyses								
	Author	Year of publication	Number of patients	Type of malignancy	Age	Performance status	Comorbidity	ADL	IADL	Cognition	Mood	Objective physical capacity	Nutritional status	Age	Performance status	Comorbidity	ADL	IADL	Cognition	Mood	Objective physical capacity	Nutritional status
Haematological malignancies only	Klepin	2013 (2011)	74	AML	-	-	-	-	-	+	-	+		-	-	-	-	-	+	-	+	
	Deschler	2013	195	AML/MDS	-	+	+	+	+	+	- *	+		-	+	+	+	-	-	- *	-	
	Corsetti	2011	21	AML/RAEB					-													
	Tucci	2009	84	DLBCL																		
	Soubeyran	2011	32	Non-Hodgkin lymphoma				+	+	+	+											
	Winkelmann	2011	143	Non-Hodgkin lymphoma	+	+	+	+	+					-	-	+	-	+				
	Rollot-Trad	2008	54	Various	+	+		+	+	+			(+)	-	-		-	-	-			(+)
Various malignancies	Soubeyran	2012	348	Various	-	+	-	-	-	+	-	+	+	-	-	-	-	-	-	-	+	+
	Wedding	2007	427	Various	+	+	+	-	+					+	+	+	-	-				
	Wildes	2013	65	Various	+	-	-	-	-	-	-	+	(-)	-	-	-	-	-	-	-	+	(-)
	Proportion of studies with a significant association (%)				57	71	50	50	55	83	20	100	67	14	29	50	14	14	20	0	75	67

*Based on a systematic Medline and Embase search, June 21<sup>st</sup> 2013*

*Hamaker M. et al, Leuk Res, 2014*

# Predictive model for chemotherapy toxicity (CARG score)

- Predicting chemotherapy toxicity grade 3-5 (CTC) in older cancer patients (n=500)
- Prospective multicenter study

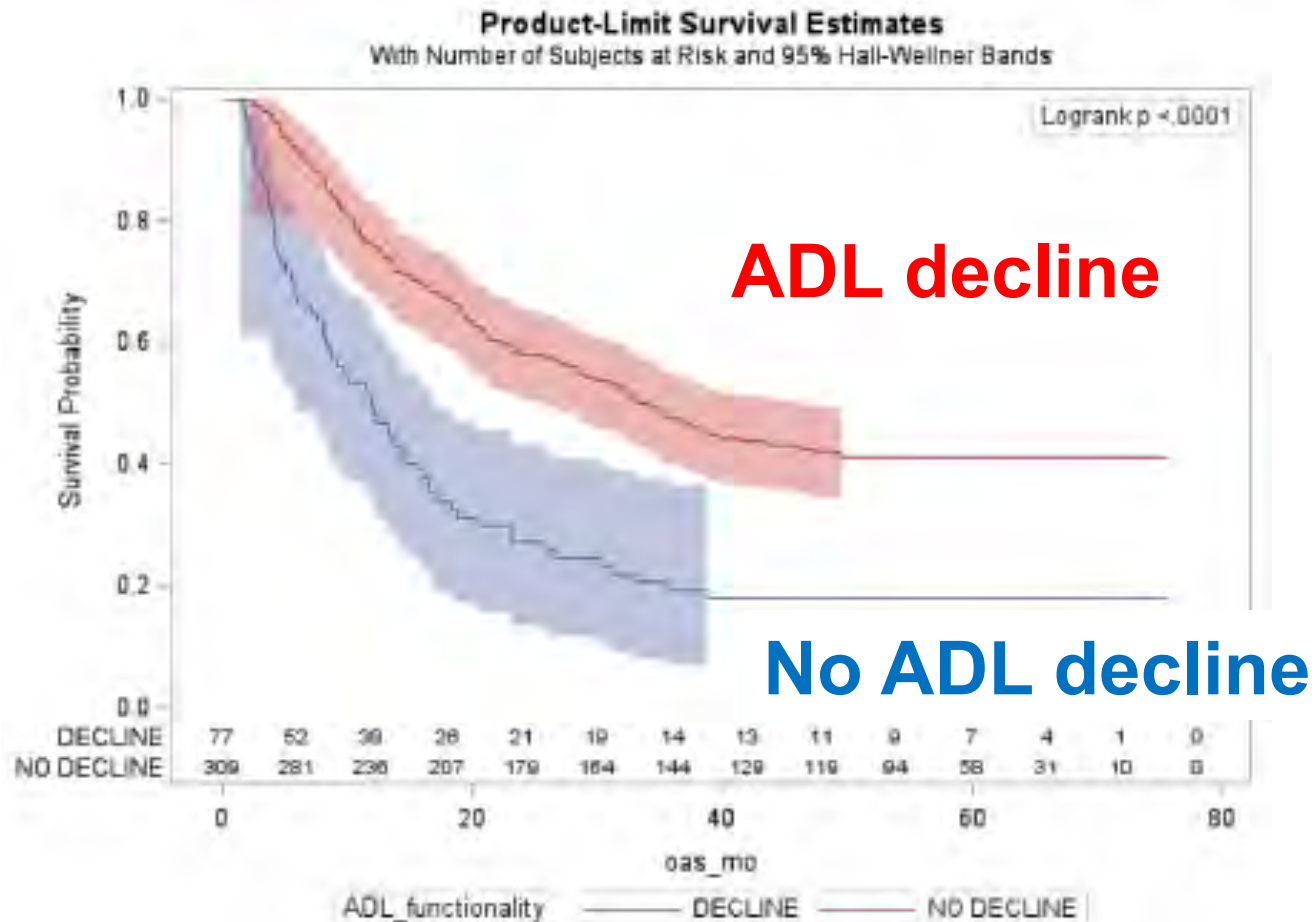


Ability of (A) risk score versus (B) physician-rated Karnofsky performance status (KPS) to predict chemotherapy toxicity.

## Risk factors (Odds ratio)

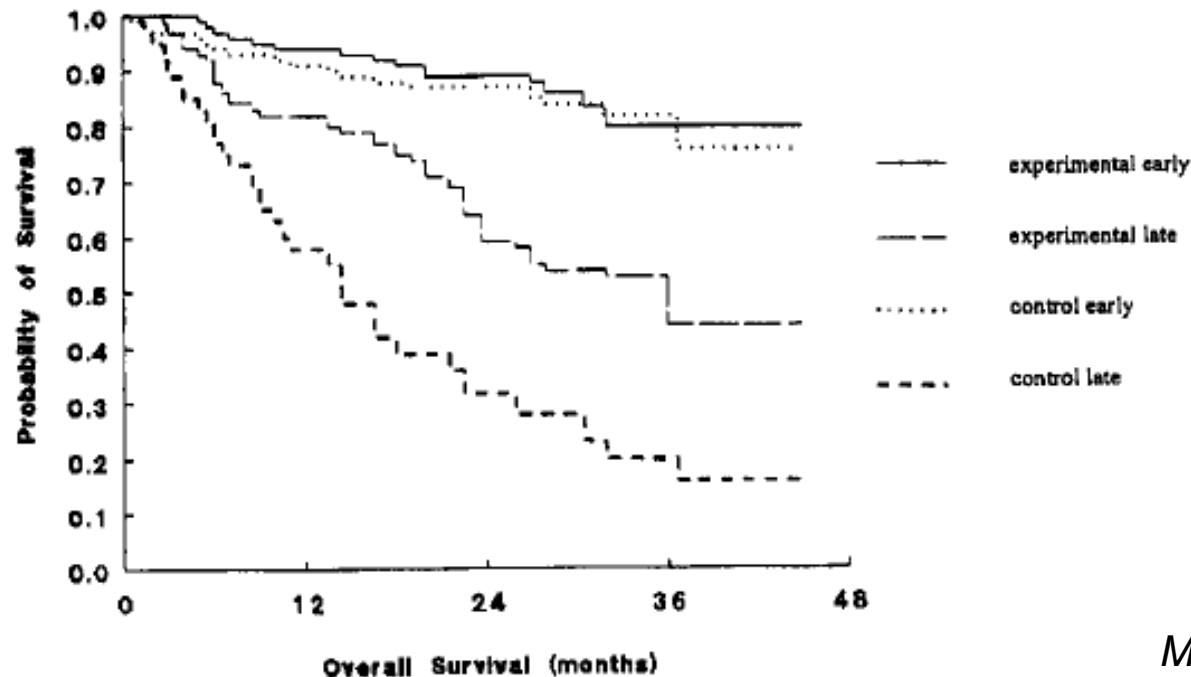
- Age  $\geq 72$  yrs (1.85)
- Hb  $< 11$  (m),  $< 10$  (f) (2.31)
- Creatinine clearance  $< 34$  ml/min (2.46)
- No. of falls (1 or more) in last 6 months (2.47)
- IADL: taking medications with some help or unable (1.5)
- IADL: walking one block: somewhat limited or limited a lot (1.71)

# Functional decline is associated with shortened overall survival

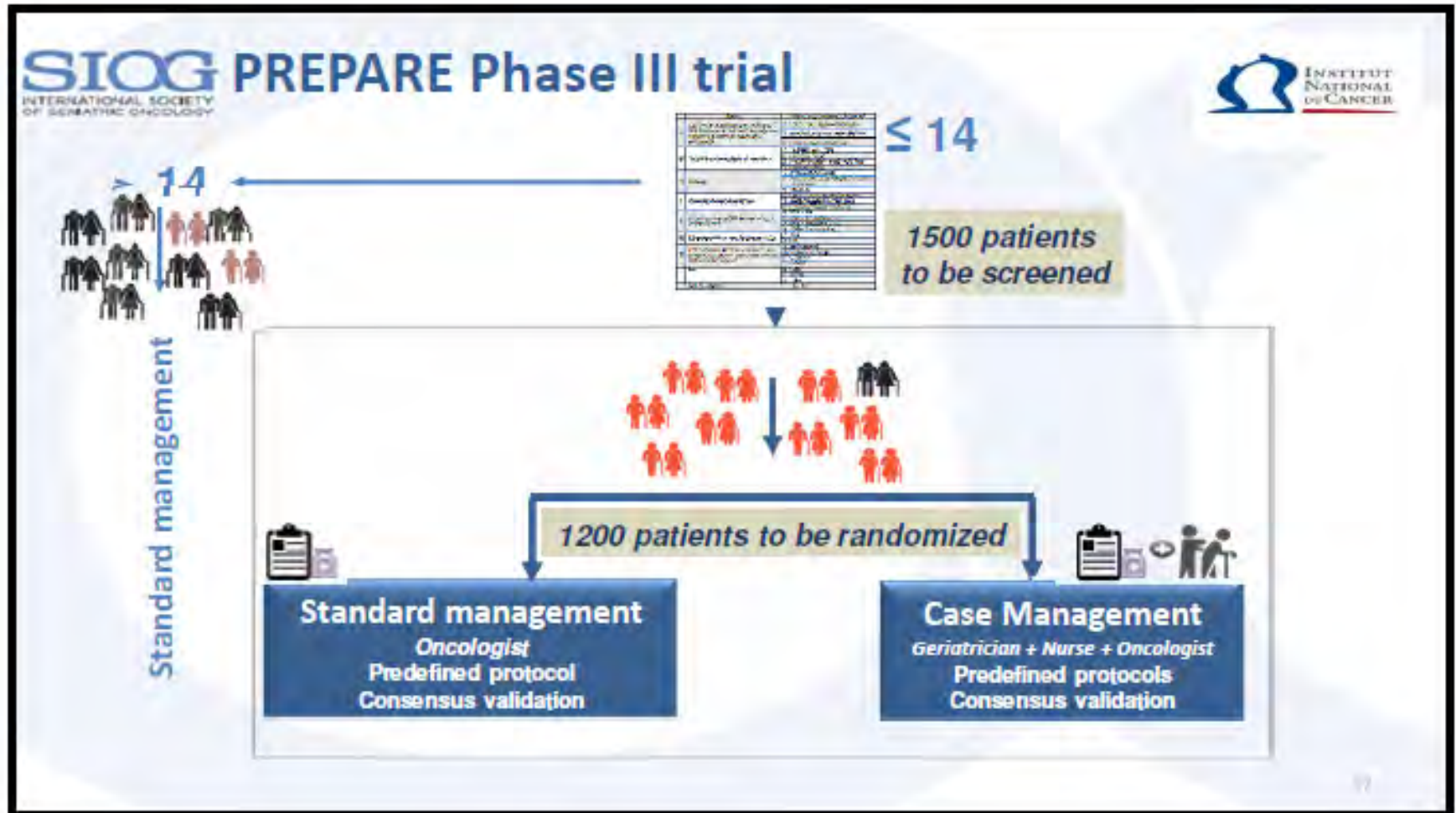


# Does case-management improve outcome?

- Case management & interventions improve outcome in elderly post-surgical cancer patients
- (Hematological) cancer?



# Supportive care in older adults with haematological malignancies



# Relevance of geriatric assessment

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- identify **geriatric interventions** that can improve treatment tolerability and compliance ±

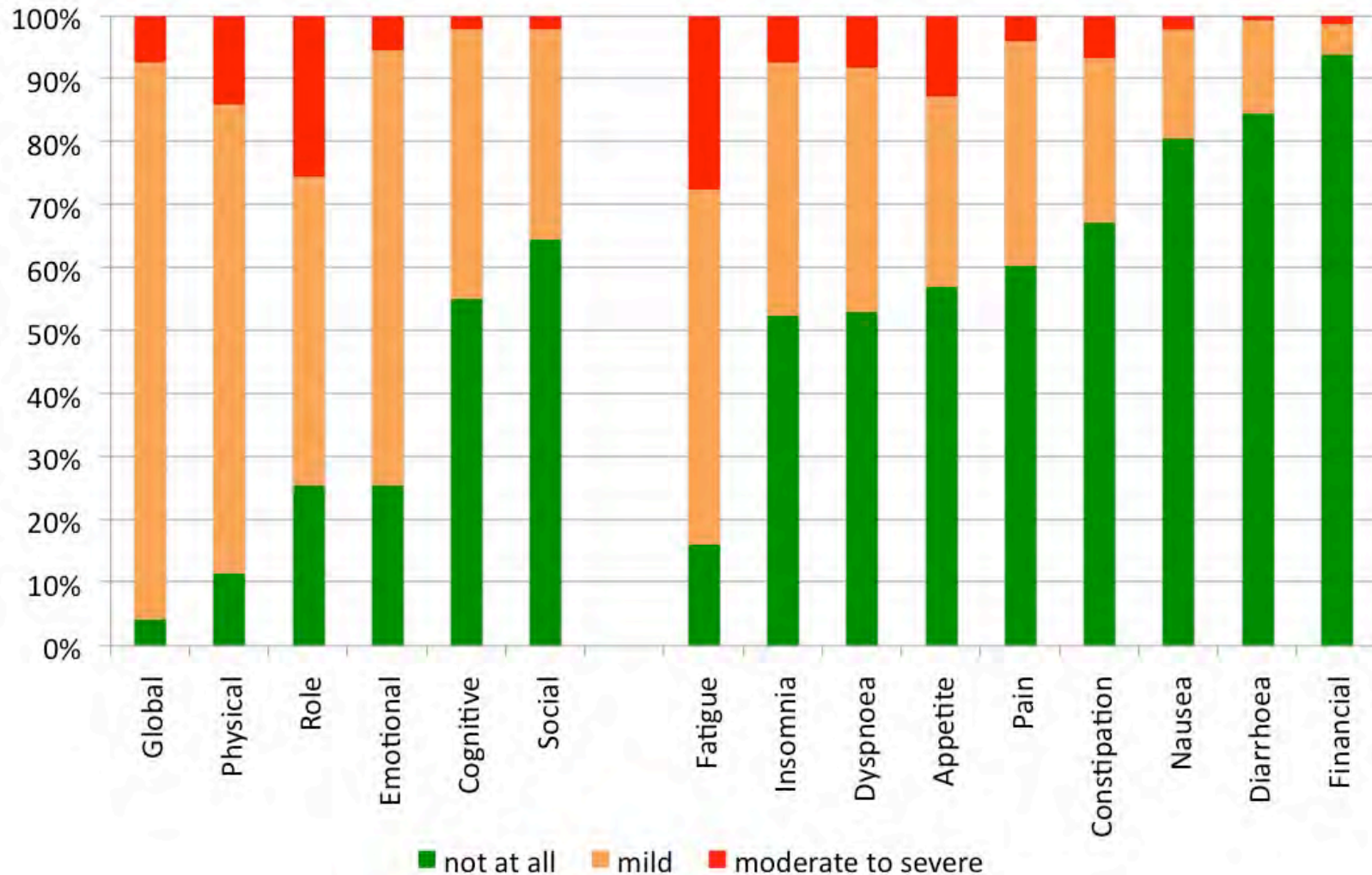
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# Patient reported outcomes (PROs) - Definition

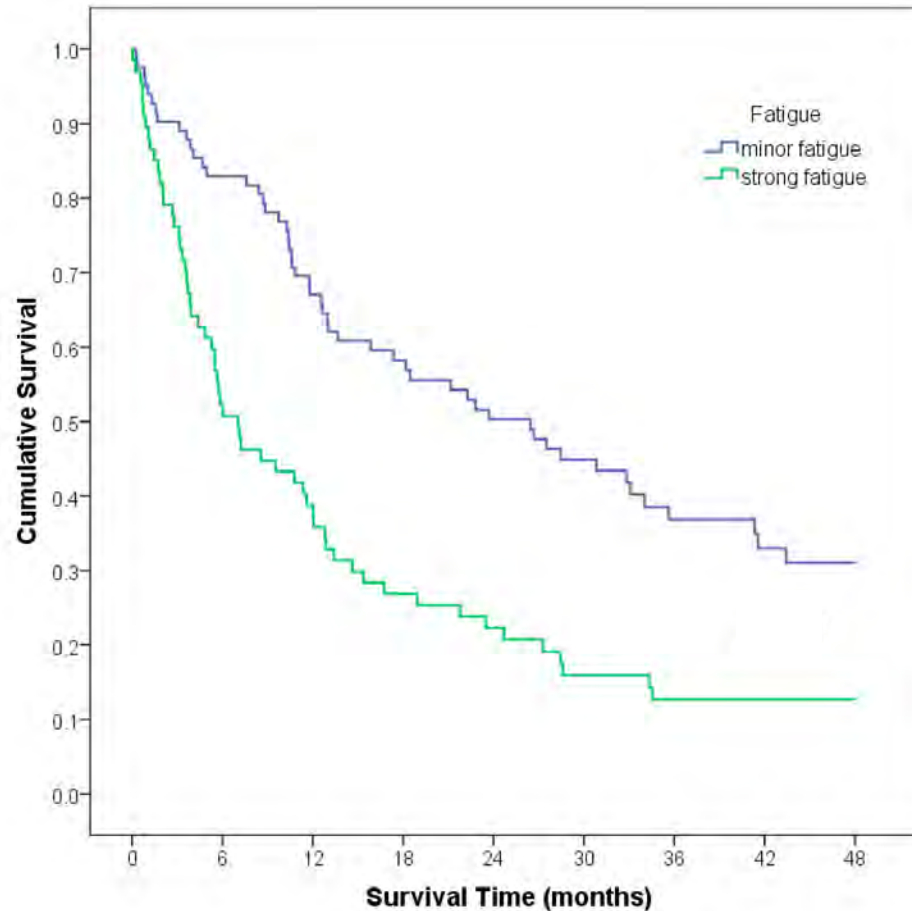
- Any report of the status of a patient's health condition that **comes directly from the patient, without interpretation of the patient's response by a clinician or anyone else (FDA).**
- Standardised, validated questionnaires that are completed by patients to measure their **perceptions of their own functional status and wellbeing (BMJ).**

# Prevalence of symptoms & impairments in functional domains in EORTC QLQ-C30 in hematological malignancies (n= 149)



*Hofer F et al.,  
Ann Hematol,  
in press*

# Fatigue is associated with unfavourable OS in hematological malignancies



**median 26.4 vs 7.0 months**

**$p < 0.001$**

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# Where to go?

## Where we've been

- we know a lot, but need to know more
- we are great at predicting
- we have to intervene and prove the benefit



## As our population ages, we need to consider

- Collaboration with other medical fields struggling with similar issues
- Integrate PROs and how to elicit patient preferences
- Caring for caregivers
- Importance of social support



EUROPEAN  
HEMATOLOGY  
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# Scientific Meeting on Aging and Hematology

CME Accredited

**October 12-14, 2018**

**Warsaw, Poland**

**Chair: D Bron**

***Organised by EHA & the EHA  
Scientific Working Group on Aging  
and Hematology***



<https://ehaweb.org/meetings/swg-aging/>



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# ASH Annual Meeting Friday Scientific Workshop

**Hematology and Aging:  
Highlighting Novel Science and Developing a Research  
Agenda**

**December 2017**

# SIOG

INTERNATIONAL SOCIETY  
OF GERIATRIC ONCOLOGY

# 2018

AMSTERDAM  
THE NETHERLANDS  
16-18 NOV.

18<sup>th</sup> SIOG Annual Conference, Amsterdam - The Netherlands

“Geriatric oncology – becoming mainstream cancer care”



Abstract submission deadline: JUNE 8, 2018

Early registration deadline: JUNE 19, 2018

Find out more at [www.siog.org](http://www.siog.org)