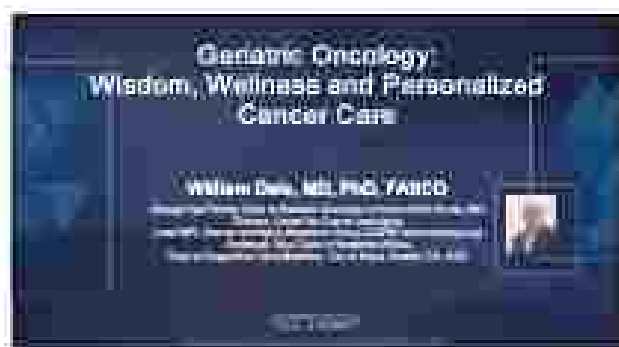
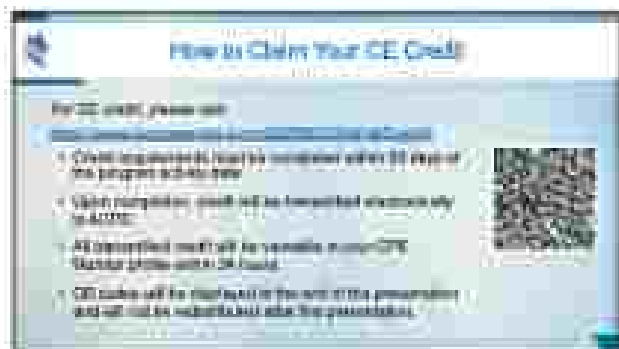




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OBJECTIVES

1. Review guideline-based standards of care for older adults with colon and rectal neoplasms receiving systemic cancer therapy
2. Demonstrate the use of the Practical Geriatric Assessment (PGA) for management of older adults in older adults with cancer
3. Identify diagnostic requirements necessary for implementation of the PGA in the care of older adults with cancer

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DISCLOSURES

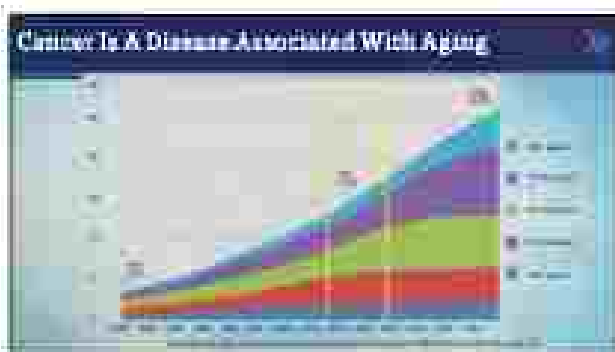
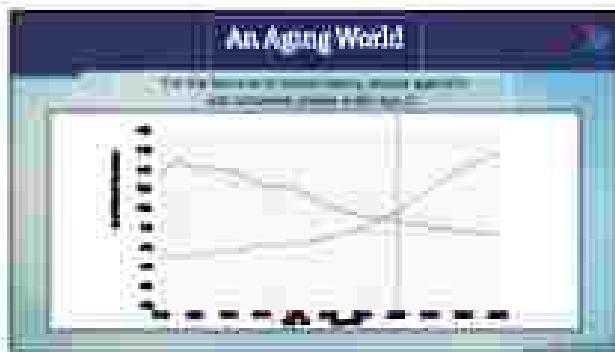
There has no relevant conflict of interest to declare for this presentation for the following persons and speakers:

- Jeffrey Chen, MD, FACP, FASCO
- Tahira Khan, PhD, MD
- Daniel Johnston, PhD, MD

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Aging and Cancer

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QUESTION 1

How many of you currently would you have still studied with a foreign-born, nonacademic host?

- a. Definitely -- it's part of my selected tradition
- b. Occasionally -- only for selected complex problems
- c. Definitely never -- I rely entirely on clinical judgment

Geriatric Assessment

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What Is A Geriatric Assessment for Cancer Care?

A Geriatric Assessment (GA) is an approach to the evaluation of the older adults with cancer.

Includes the evaluation of:

1. Functional status
2. Comorbidities
3. Nutrition
4. Cognition
5. Mood
6. Social Support



GA is a key component of geriatric oncology and is essential for the delivery of high-quality cancer care.

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Geriatric Assessment (GA): Tools of the Trade

1. Functional Status → ADL, IADL
2. Physical Performance → SPPB, gait speed
3. Falls → Single Question
4. Comorbidities → ROX-Cameron
5. Cognition → Mini-Cog, Blessed
6. Mood → GDS, PROMIS-A
7. Nutritional Status → Weight Loss, MNA
8. Social Support → MOS-Social Support

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1. Functional Status

Definition: ability to carry out activities of daily living (physical & cognitive) without a need for assistance

Assessment Tools:

- Elderly Clinical Assessment (ELCA)
- Lawton IADL Scale
- Performance Status (PS)

Assessment Goals:

- Predict clinical trial outcomes
- Assess patient's ability to tolerate and benefit from treatment
- Identify patients who may require additional support

Example: A patient with advanced cancer who has lost weight and has difficulty walking may require additional support.

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2. Falls

Definition: falls are a potential source of injury, often leading to fractures, lacerations, or even death. They can also lead to a loss of confidence and a need for assistance.

Assessment Tools:

- History of falls and risk factors
- Physical Examination

Assessment Goals:

- Identify patients at risk of falls
- Assess the patient's ability to maintain balance and coordination
- Identify patients who may require additional support

Example: A patient with advanced cancer who has lost weight and has difficulty walking may require additional support.

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3. Comorbidities

Definition: Comorbidities are conditions that co-occur with a primary condition and can affect the patient's ability to tolerate and benefit from treatment.

Assessment Tools:

- History of comorbidities
- Physical Examination
- Laboratory Tests

Assessment Goals:

- Identify patients with comorbidities
- Assess the patient's ability to tolerate and benefit from treatment
- Identify patients who may require additional support

Example: A patient with advanced cancer who has lost weight and has difficulty walking may require additional support.

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4. Medications

Definition: Review prescription and OTC/Lifestyle medicines

Assessment Tools:

- Screen criteria for potentially inappropriate medications
- Medication reconciliation

Clinical Relevance:

- Polypharmacy increases risk of drug-drug and drug-disease effects
- May affect cognition, falls, and adherence

Example: A patient on multiple OTC analgesics may be at higher risk for bleeding complications

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5. Mood/Mental Health

Definition: Screen for depression, anxiety, and psychological distress

Assessment Tools:

- Geriatric Depression Scale (GDS)
- Hospital Anxiety and Depression Scale (HADS)
- Zarit Burden Interview (ZBI) and/or Family Support Interview (FSI) (if needed)

Clinical Relevance:

- Mental health impacts quality of disease-related experience
- Treatment may be indicated based on findings

Example: A patient with undiagnosed depression may benefit from antidepressant therapy

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5. Nutrition

Definition: Evaluation of nutritional status and the intervention

Assessment Tools:

- Mini-Nutritional Assessment (MNA)
- Subjective Global Assessment (SGA)

Clinical Relevance:

- Malnutrition affects quality of disease experience and outcomes
- Malnutrition often reversible with supplements

Example: Older cancer patients may report anorexia/weight loss (refractory to treatment) or difficulty eating

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7. Social Support

Definition: Extent of patient's family, social network, and long history

Assessment Tools:

- Revised Cumulative Family Support (RCS) Scale
- Geriatric Social Support

Clinical Relevance:

- Strong social support improves adherence and outcomes
- Lack of social support is associated with worse outcomes

Example: A patient living alone may need more social support during treatment

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8. Physical Performance

Definition: Ability to perform activities of daily living, including walking, climbing stairs, and carrying groceries

Assessment Tools (validated by Institute of Medicine):

- Short Physical Performance Battery (SPPB)
- Timed Up and Go (TUG)
- Gait Speed (GS)

Clinical Relevance:

- Poor physical performance is associated with worse outcomes
- Poor physical performance is associated with worse outcomes

Example: A patient with poor physical performance may need more assistance with daily activities

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9. Cognition

Definition: Assessment of memory, attention, and decision-making abilities

Assessment Tools:

- MMSE
- Revised Cumulative Family Support (RCS) Scale
- Revised Cumulative Family Support (RCS) Scale

Clinical Relevance:

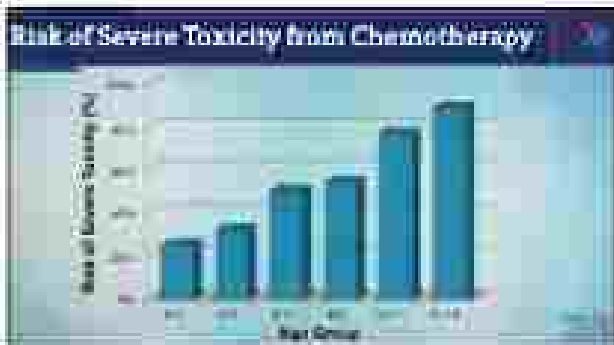
- Cognitive impairment affects adherence and outcomes
- Cognitive impairment is associated with worse outcomes

Example: A patient with cognitive impairment may need more assistance with daily activities

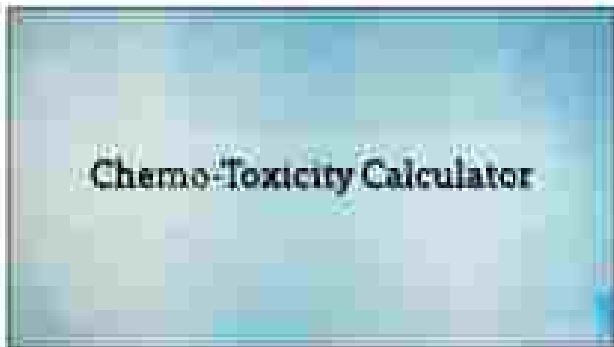
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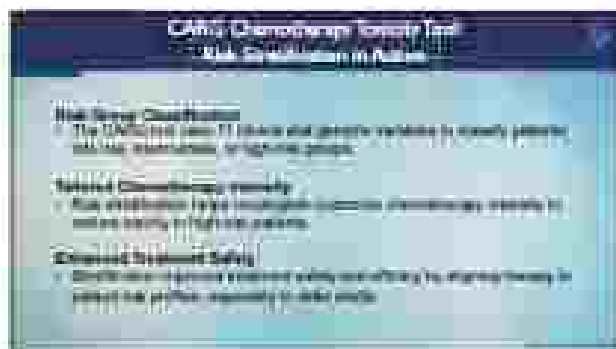
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CARC Chemotherapy Toxicity Trial
Personalized Treatment Planning

- Integration of Clinical Data**
 - The CARC tool synthesizes clinical and genomic data to tailor treatment plans specifically for each patient.
- Maximizing Efficacy and Safety**
 - Genotyping aids the trial to address treatment effectiveness while minimizing side effects, hospitalizations and readmissions.
- Smart Decision Making**
 - The tool provides collaboration between primary physicians and researchers to optimize patient care and clinical performance and research plans.

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CARC Chemotherapy Toxicity Trial
Integration and Ongoing Practice

- Using Test Results**
 - The CARC tool summarizes test results into a patient-specific summary to guide practice.
- Lab Integration**
 - Results will be integrated into clinical decision support, which is part of the clinical workflow.
- Real-time Monitoring**
 - Continuous monitoring, safety and efficacy endpoints being actively tracked and reported.
- Integrated Clinical Research**
 - Integration of data to monitor efficacy, safety and pharmacovigilance.

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CARC Chemotherapy Toxicity Trial
Safety, Smart Impact, Smart Wellness and Outcomes

- Proactive Recovery**
 - The CARC tool will use real-time data to identify patients who may experience toxicity and intervene early.
- Improved Patient Outcomes**
 - Reduce the burden of care and improve quality of life for cancer patients.
- Supporting Clinical Studies**
 - 20 years of research shows the effectiveness of the CARC tool in geriatric oncology clinical management.

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NCODA: Fall Summit

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CARE Chemotherapy Toxicity Tool
Empowering Clinical Care

One-Stop Education

- The NCCN and ASCO have joined forces to create this new resource for oncologists.

Share Decision-Making

- The tool helps oncologists and patients understand chemotherapy-related side effects and risks.

Standard Patient Information

- Patients will have a consistent and understandable resource to help them decide if chemotherapy is right for them.

Improve Treatment Plans

- Patients will be able to discuss their treatment options with their oncologist and make informed decisions.

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Guidelines

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Guidelines 2024

Guidelines 2024

- 1. Clinical Assessment and Management of Geriatricity in Older Adults: Key Challenges for Oncologists
- 2. Clinical Assessment and Management of Geriatricity in Older Adults: Key Challenges for Oncologists
- 3. Clinical Assessment and Management of Geriatricity in Older Adults: Key Challenges for Oncologists
- 4. Clinical Assessment and Management of Geriatricity in Older Adults: Key Challenges for Oncologists

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IMPROVING CARE FOR OLDER ADULTS WITH CANCER: JCOO FIRST (PRACTICE-BASED GUIDELINE) (2016)



- Personal panel of experts in cancer and aging**
 - Multiple cancer specialties in oncology formed
 - Consensus of 17 geriatricians and oncologists
- First standard of care in patients for existing therapies**
 - Standardized geriatric assessment and screening for all
 - Standardized clinical trial eligibility criteria
- Efficiency**
 - Review of literature and clinical trial eligibility criteria
 - Review of clinical trial eligibility criteria
 - Standardized

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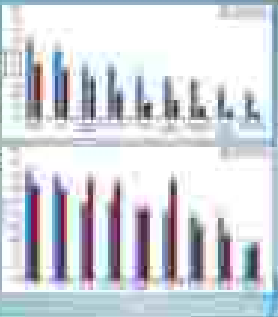


JCOO Oncology Practice
A national oncology practice

How to Apply: A Practical Guide to Clinical Practice for Older Adults with Cancer & Cancer Care Providers in the National Cancer Institute

Key Messages:

- 1. Older adults with cancer are a diverse group with unique needs and challenges.
- 2. Clinical practice should be tailored to the needs of older adults.
- 3. Clinical practice should be tailored to the needs of older adults.



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Decision Making for Older Adults with Cancer: Defining Under-treatment and Over-treatment

Key Messages:

- 1. Under-treatment and over-treatment are common in older adults with cancer.
- 2. Clinical practice should be tailored to the needs of older adults.
- 3. Clinical practice should be tailored to the needs of older adults.

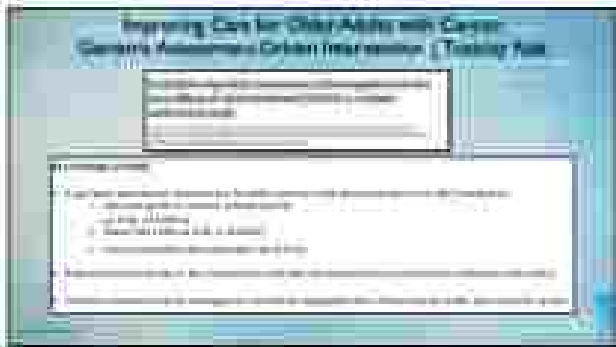


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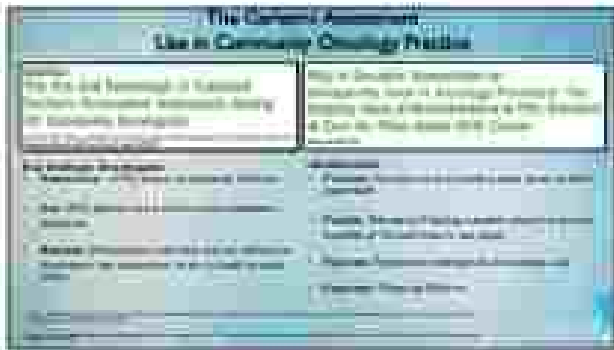




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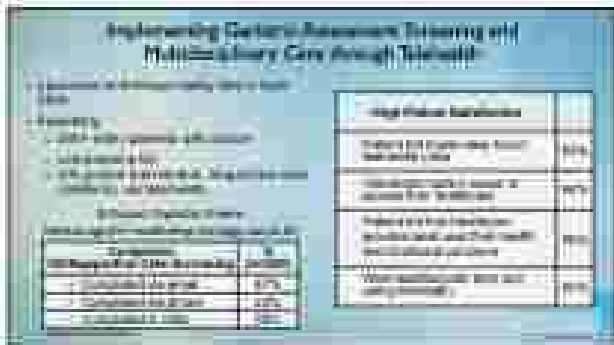


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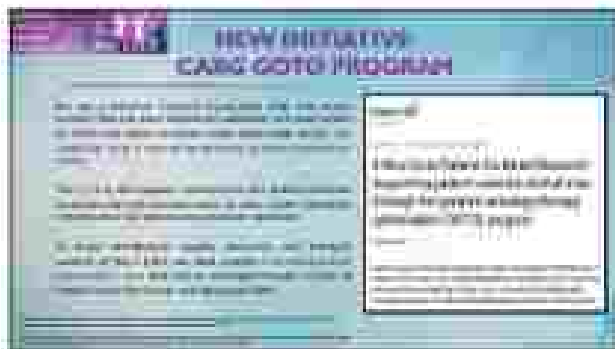
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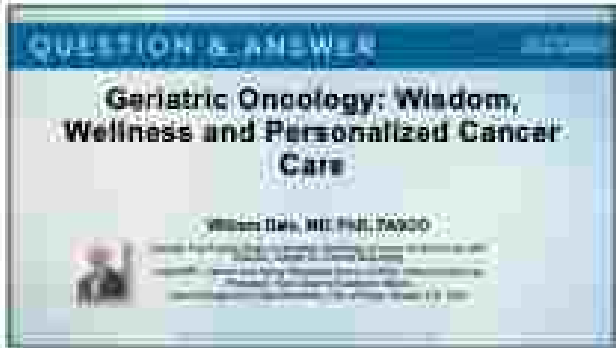
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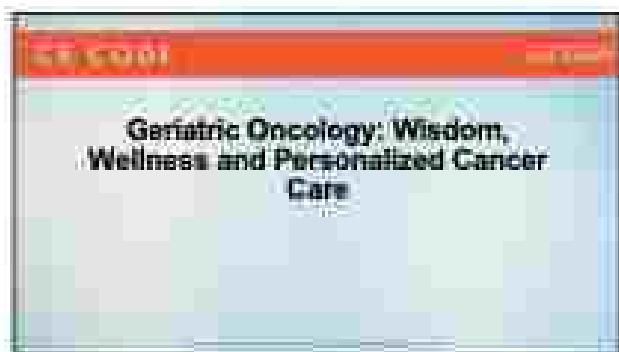


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