

Assessment and Management of Older Patients with Metastatic Breast Cancer (MBC) Among Community Oncologists in the US

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METHODS

Figure 1: Study Design

Phase 1 Objectives:

Evaluate gaps that exist in community oncology practices in the care of older metastatic breast cancer (MBC) patients.

Needs assessment:

Questionnaires, completed by physicians and other members of the care team, evaluating the approach to the treatment and management of the older MBC patient at each participating community site.

Phase 2 Objectives:

Enhance the care of older MBC patients by increasing awareness of geriatric assessment (GA) tools through the implementation of an educational program.

Educational didactic session:

- GA tools and their implementation in clinic.
- Case-based discussion of older MBC patient management.

Educational pilot project:

- MBC patients ≥65 years old completed a patient-focused GA self-assessment.
- The provider will meet with the patient and recommend a treatment plan (Blinded to the patient's GA results).
- The formal report, which includes intervention recommendations based on scores, will be shared with the provider.
- Evaluation of the providers' perspective of these results: "Did this change your management?"

Figure 2: Sample Formal Report

Assessment	Score	Action
ECOG PS	1	No Intervention Required
Evidence of Weight Loss (in the past 6 months)	12%	Immediate Intervention Required
BMI	17.2	Immediate Intervention Required
Charlson Comorbidity Index	2	Intervention Suggested
Montreal Cognitive Assessment (MoCA)	23	Immediate Intervention Required
Timed Up and Go	10.08	No Intervention Required
Number of Falls (in the past 6 months)	1	Immediate Intervention Required
Activities of Daily Living Subscale (ADL)	2	Immediate Intervention Required
Instrumental Activities of Daily Living Subscale (IADL)	4	Immediate Intervention Required
Geriatric Depression Scale	7	Intervention Suggested
MDS Social Support Scale	2	Immediate Intervention Required

RESULTS

Table 1: Provider Demographics

Characteristic	N=43	Characteristic (cont'd)	N (%)
Gender	N (%)	Years in Practice	
Female	23 (53)	<5	16 (37)
Male	20 (47)	5 - 10	12 (28)
Age		11 - 15	9 (21)
30 - 40	16 (37)	> 15	
41 - 50	12 (28)	Prior experience in Geriatrics	
>50	9 (21)	Yes	2 (5)
Race		GA is beneficial	
Caucasian	25 (58)	Agree	33 (77)
Asian	14 (33)	Use GA regularly	18 (42)
Role		% of MBC pts ≥ 70	
Physician	37 (86)	≤ 40 %	31 (72)
Physician extender	6 (14)	> 40%	12 (28)

Table 2: Pre-Intervention Providers Assessment Methods for Older MBC Patients

	Routinely assess prior to treatment			Provider Current Approach		
	N (%)			Validated Scale	Patient Interview	None
Fitness for treatment	ECOG PS assessed in all patients			29 (68)	14 (32)	0 (0)
Cognition	33 (77)	7 (16)	3 (7)	10 (24)	26 (60)	7 (16)
Depression	29 (68)	7 (16)	7 (16)	6 (14)	28 (65)	9 (21)
Socioeconomic status	28 (65)	6 (14)	9 (21)	7 (16)	25 (58)	11 (26)
Fall risk	33 (76)	5 (12)	5 (12)			
Nutritional status	37 (86)	2 (5)	4 (9)	19 (44)	17 (40)	7 (16)
Comorbidities	42 (98)	0 (0)	1 (2)	0 (0)	40 (93)	3 (7)
Toxicity Risk				4 (9)	0 (0)	39 (91)

- Results from the Needs Assessment identified the patient interview as the preferred method of assessing patients prior to treatment. Validated scales are used less frequently.

Table 3: Patient Characteristics

Characteristic	N=80 (%)
Gender	
Female	77 (96)
Male	3 (4)
Age	
Mean (range)	74 (65-90)
Race	
Caucasian	66 (83)
African American	12 (15)
Missing/ Refused	2 (2)
Subtype of breast cancer	
ER/PR+, HER2-	60 (75)
ER/PR+, HER2+	8 (10)
ER/PR-, HER2+	6 (7)
Triple negative	6 (7)
Line of therapy	
1st line	37 (46)
2nd line	19 (24)
3rd line	8 (10)
4th and beyond	16 (20)

Figure 3: Results of Geriatric Assessment

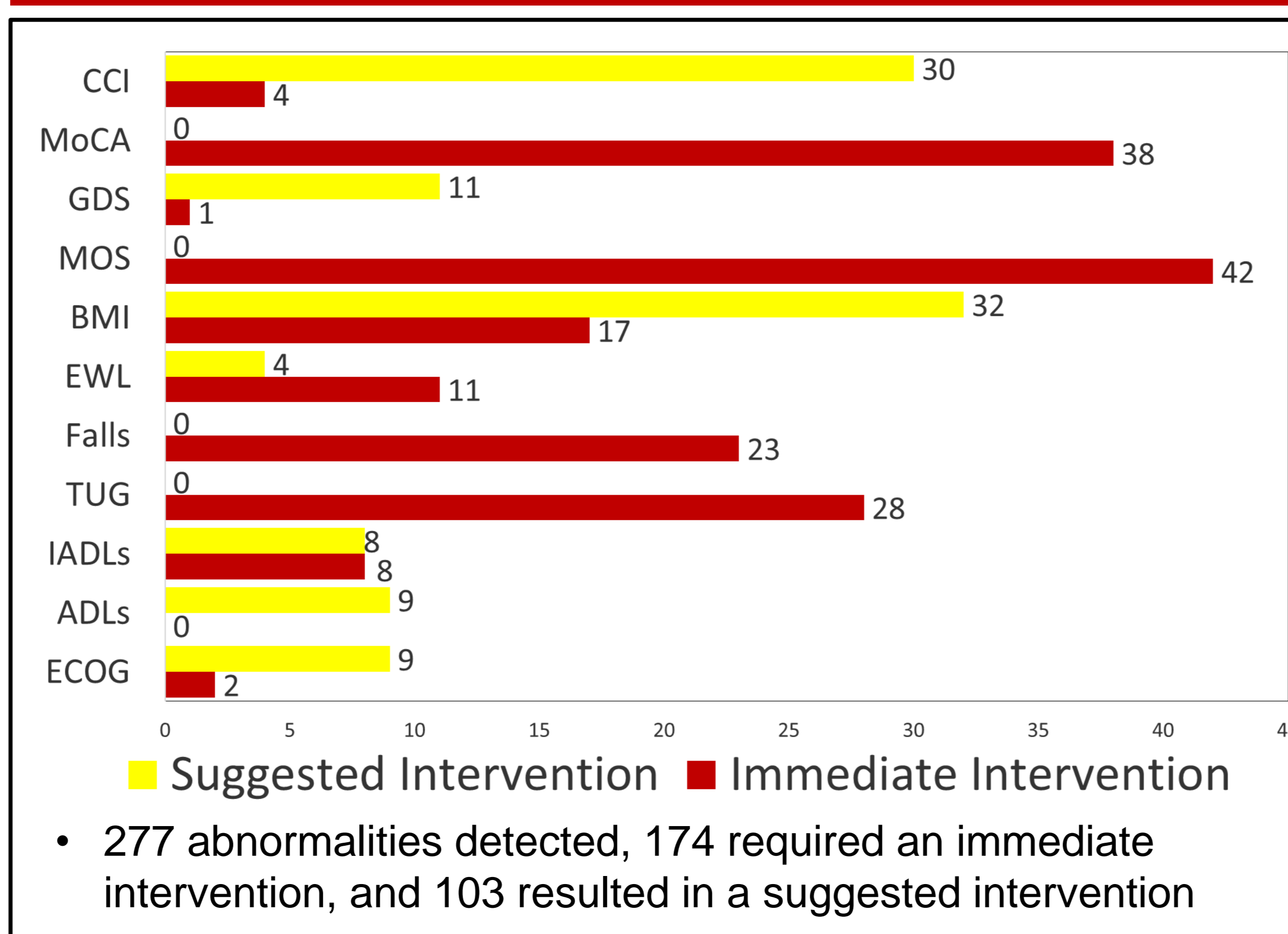


Table 4: Abnormalities found in provider's assessment vs. GA

Domain	Provider's assessment N (%)	Patient CGA N (%)	Identified by both N (%)
Functional Status	29 (36)	43 (54)	22 (28)
Comorbidities	28 (35)	34 (43)	17 (21)
Social Support	7 (9)	42 (53)	5 (6)
Depression	20 (25)	12 (15)	6 (8)
Nutritional Status	27 (34)	50 (63)	20 (25)
Cognitive Status	18 (23)	38 (48)	13 (16)

Table 5: Providers' perspective of GA report

Review of Geriatric Assessment (n=80 patients)	N (%)
Providers who were surprised by results of geriatric assessment	32 (40)
Cognitive function score	16 (50)
Social support score	8 (25)
Number of falls	3 (9)
Other/Multiple	4 (13)
Providers who indicated they will make a treatment plan or supportive care management change	35 (44)*
Support services referral	24 (55)
Geriatrician	3 (7)
Social work	16 (36)
Treatment	1 (2)
I find this information highly useful and important for the care of older patients with metastatic breast cancer	
Strongly Agree	13 (16)
Agree	46 (58)
Neutral	15 (19)

CONCLUSIONS

- Despite acknowledgement of the value associated with pre-treatment GA, most providers in the community do not routinely conduct such an assessment. Furthermore, most providers use interview rather than validated assessment tools to identify age related treatment-altering concerns.
- In preliminary phase II results with 80 patients, the GA identified a large number of deficient areas that had not been identified through the physician's assessment, and resulted in change to the management of these patients.

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Figure 4: Sample of Patient and Provider Intervention

Domain	Assessments	Provider Assessment	CGA	Formal Report	Recommendation	Provider Review
Functional Status	ECOG PS	ECOG 2	2	Intervention Suggested	Consider this score with their IADL and CCI, and intervene accordingly.	Abnormalities detected: Cognitive function Surprised by results because patient "functions independently and compliant" As a result, will make a referral to support services (i.e. nutritional consult, PT, psychiatry) and social work Provider agrees that this information is highly useful and important for the care of this patient.
	Timed Up and Go		15.61 seconds	Intervention Required	Patients in this category are at high risk for falling. Measures that could be implemented to lower this patient's fall risk are physical therapy, occupational therapy, and/or the addition of a walking aid.	
	Falls	Intermediate fall risk	0 (past 6 months)	No Intervention		
	Activities of Daily Living		6	No Intervention		
	Instrumental Activities of Daily Living	Requires some assistance but able to perform self-care	6	Intervention Suggested	Speak with this patient about what support is available to them. If inadequate support is available, referral could be made to physical therapy, occupational therapy, and/or Social Work.	
Nutritional Status	Evidence of Weight Loss		3 lbs, fluctuations	Intervention Suggested	Continue to monitor as weight can change with disease progression.	
	Body Mass Index	Overweight	43.05	Intervention Required	Talk to patient about their nutritional habits, and refer them for a nutritional consult.	
Comorbidities	Charlson Comorbidity Index	1-2 comorbidities that affect cancer care	1	Intervention Suggested	Ensure comorbidities are being treated and monitored effectively.	
Cognitive Function	Montreal Cognitive Assessment	Mild cognitive impairment, no issues affecting daily function	24	Intervention Required	Patient's ability to provide informed Consent should be assessed. Referral to Social Work should be made. Patient's medications should also be assessed.	
Depression	Geriatric Depression Scale	Concerned about some depression, but no further management required	2	No Intervention		
Social Support	Montreal Social Support Scale	Lives alone but has support from family	4 (Raw score of 7)	Intervention Required	Please speak with your patient about their social support needs, and refer them to Social Work.	

