Geriatric Assessment within EORTC

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Cancer in the elderly: why so badly treated?

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Joint NCI-EORTC consensus meeting on neoplasia in the elderly. San Servolo Island, Venice, 15-16 October 1990.

Monfardini S¹, Chabner B.
Tasks in the Past

• Advisory function to disease orientated groups

• Review of submitted study protocols for adequate inclusion of age related aspects within the trial
  
  -> age limitations in the in- and exclusion criteria
  -> measurement of renal function
  -> recommendations of a geriatric assessment
Effectiveness?

- No data regarding improvement of more elderly patients by skipping the age limits in the in- and exclusion criteria

A) within EORTC

B) outside EORTC
Frequency of older adults in clinical trials

Hurria et al. J Clin Oncol 2014
Measurement of renal function

- Current research program within the EORTC data base by Vincent Launey-Vacher

- Brussels, Belgium, April 14-15, 2015
- Drugs renal toxicities
- Estimation of renal function in cancer patients
- Handling of cancer drugs in patients with cancer and kidney disease
- Pharmacology (PK; PD; PKPD)
- Kidney disease screening
- Impact of kidney disease on cancer patient care
Implementation of Geriatric Assessment

- No effect on trials design within the advisory and reviewer function
  a) time consuming
  b) low compliance rate
  c) not enough data to make it compulsory
  d) missing recommendations what to do about the results
What are the instruments we would recommend for geriatric assessment?

Is there a minimal data set we can agree on with other research group, which should be done for all patients above the age of 70 years included in the trials?
Minimal Data Set

- Workshop in Brussels in December 2009

- 23 scientists from Europe and 5 staff members of EORTC

- To major topics
  a) Minimal Data Set
  b) Recommendations for design and reporting
EORTC workshop on clinical trial methodology in older individuals with a diagnosis of solid tumors


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The participants of the workshop agreed on the use of a minimum dataset for the assessment of global health status and functional status in older cancer patients. This dataset will consist of the following:

- G8 questionnaire,
- IADL questionnaire,
- CCI and
- data about social situation
Further Recommendations

- The panel had three recommendations for designing and reporting clinical trials in the future:
  
  - obligatory reporting of age-related subgroup analysis (with a preplanned analysis),
  - obligatory post-marketing studies in vulnerable and frail older patients and
  - obligatory inclusion of a minimum dataset for senior adult patients in registration trials and post-marketing trials.
# Minimal Data Set

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Baseline</th>
<th>Follow up after end of protocol treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charlson Comorbidity Index (CCI)</td>
<td>♦</td>
<td></td>
</tr>
<tr>
<td>G8 geriatric assessment screening tool</td>
<td>♦</td>
<td>♦</td>
</tr>
<tr>
<td>Instrumental Activities of Daily Living (IADL)</td>
<td>♦</td>
<td>♦</td>
</tr>
<tr>
<td>Social situation</td>
<td>♦</td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td>Items</td>
<td>Possible answers (code)</td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| A | Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties | 0: severe loss of appetite  
1: moderate loss of appetite  
2: normal appetite |
| B | Weight loss during the last 3 months                                  | 0: weight loss > 3 kg  
1: does not know  
2: weight loss between 1 – 3 kg  
3: no weight loss |
| C | Mobility                                                              | 0: bed or chair bound  
1: able to get out of bed/chair, but does not go out  
2: goes out |
| E | Neuropsychological problems                                          | 0: severe dementia or depression  
1: mild dementia or depression  
2: no psychological problems |
### ONCODAGE Screening G8

<table>
<thead>
<tr>
<th>Items</th>
<th>Possible answers (score)</th>
</tr>
</thead>
</table>
| **F** | 0: BMI less than 19  
1: BMI 19 to less than 21  
2: BMI 21 to less than 23  
3: BMI 23 or greater |
| **Body mass index [BMI (weight in kg)/(height in m²)]** | |
| **H** | 0: yes  
1: no |
| **Takes more than 3 medications per day** | |
| **P** | 0: not so good  
1: does not know  
2: as good  
3: better |
| **In comparison with other people of the same age, how does the patient consider his/her health status?** | |
| **Age** | 0: > 85  
1: 80-85  
2: <80 |
| **TOTAL** | 0 - 17 |
**Instrumental Activities of Daily Living (IADL)**

**To be completed by:** Patient, clinician, nurse or trained coder.

**Notes:** Some domains may not be informative for all people. For example some men (for cultural reasons) may not do the laundry. Therefore each question is preceded by a screening question, to assess relevance.

**Score:** Record total domains which can be scored (i.e. not designated N/A[not applicable]). Record number of domains in which subject is dependent (i.e. scores 0).

<table>
<thead>
<tr>
<th>Domains</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ABILITY TO USE TELEPHONE</strong></td>
<td></td>
</tr>
<tr>
<td>Has never used the telephone</td>
<td>N/A</td>
</tr>
<tr>
<td>◆ Operates telephone on own initiative, looks up and dials numbers, etc.</td>
<td>1</td>
</tr>
<tr>
<td>◆ Dials a few well known-numbers</td>
<td>1</td>
</tr>
<tr>
<td>◆ Answers telephone but does not dial</td>
<td>1</td>
</tr>
<tr>
<td>◆ Does not use telephone at all</td>
<td>0</td>
</tr>
</tbody>
</table>
Minimal Data Set

Social situation
To be completed by: Clinician or trained coder.

Question to the patient:
Which of the following statements best describes where you live?
At home by myself.
At home with someone.
In institutional care (for example residential home or nursing home).
Minimal Data Set

• Nothing changed

• until September 2014

• EORTC Board decided to make the G8 screening compulsatory for all patients aged 70 years and older included in EORTC trials
Minimal Data Set

- G8 will be collected once at inclusion in all 70+ patients in future EORTC trials.
- The results will be available to the treating physician who can decide which actions are needed based on the G8 result (e.g. further geriatric assessment in case of G8 score ≤14; geriatric interventions if specific problems are detected within specific geriatric domains).
- In specific trials, certainly those focused on the older population, more extensive baseline GA (e.g. addition of functionality measured by IADL and/or ADL, comorbidity, social situation, nutritional status) can be added to the baseline geriatric evaluation.
- In specific trials where significant impact on general health status is expected, repeated geriatric evaluation can be required as well as repeated quality of life evaluation with the EORTC QLQ-C30 and QLQ-ELD14 module.
Minimal Data Set

• The inclusion of G8 will allow interpreting whether new treatment strategies have been tested in both fit and less fit patients which has importance for the generalizability of the study results. If the studies contain sufficient numbers of older people, subanalysis of the study results according to age and G8 can be performed, since efficacy and toxicity might differ according to these factors.

• It allows a more global view on G8 across different tumor types and treatment settings. Once a sufficiently large database has been established, we can foresee analysis of the predictive capacity of G8 for different outcome parameters, such as overall survival, toxicity, and decline in quality of life.

• In elderly specific trials, G8 can also be used as a stratification factor or as selection factor avoiding randomization of more fit patients in one arm and more frail patients in another study arm.
EORTC 40085-75083

Treatment of patients with KRAS and NRAS wild type advanced colorectal cancer with 5-fluorouracil (5-FU) or 5-FU plus an Epidermal Growth Factor Receptor inhibitor (cetuximab) based on a Comprehensive Geriatric Assessment

Study Coordinator: Prof. Marc Peeters (BE)
Study Co coordinator: Dr. Ulrich Wedding (DE)
Endpoints

Primary:
- The primary endpoint is PFS
  - Progression will be defined according to the “RECIST V1.1”

Secondary:
- Overall Survival
- Response Rate (according to the RECIST V1.1)
- Comprehensive geriatric assessment (CGA) as evaluated by the elderly minimal dataset (MDS): G8 instrument, IADL and social situation questionnaires and by the short physical performance battery (SPPB)
- Quality of Life (EORTC-QLQ C30 and QLQ-ELD14)
- Safety profile
- Health Economics assessments
Main eligibility criteria

- Male or female pts with pathologically confirmed metastatic colorectal cancer
- KRAS and NRAS wild type colorectal cancer
- No prior systemic chemotherapy for metastatic disease
- No previous exposure to EGFR or VEGF/VEGFR targeted therapy
- Age ≥ 80 or ≥ 70 in combination with functional restrictions defined as limitation in at least 2 of 8 IADL
- Measurable disease according to RECIST V1.1.
  (CRC metastatic patients with non-measurable disease will be reviewed on a case by case basis by SC and EORTC HQ study sponsor)
Treatment

Randomization (1:1) of 150 KRAS/NRAS WT elderly frail patients
Treatment starts as soon as possible after randomization

Stratification Factors
- Institution
- WHO performance status (0-1 vs 2)
- Age category (≥ 80 years vs <80 years)

Arm 1
Day 1:
- Cetuximab 500 mg/m², Q 14 days.
followed by:
- Racemic leucovorin 400 mg/m²
  or l-leucovorin 200 mg/m²
- 5-FU 400 mg/m²
- 5-FU 2400 mg/m², 46 hrs IV, Q 14 days.

Arm 2
Day 1:
- Racemic leucovorin 400 mg/m²
  or l-leucovorin 200 mg/m²
- 5-FU 400 mg/m²
- 5-FU 2400 mg/m², 46 hrs IV Q 14 days.
Thank you