HOW TO MAKE SURE THAT OPTIMALLY DESIGNED STRATEGIES ARE ADEQUATELY DELIVERED AND MONITORED: ISSUES ON COMPLIANCE AND QUALITY OF LIFE

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Global considerations: adjuvant setting

- Shared decision making
- Genetic testing (e.g. Oncotype DX) helps choices
- Consider dynamics of relapse (ER+ vs ER-)
Global considerations: metastatic setting

- Review from the start the whole picture
- Most patients will live several years with the disease
- Psychological issues
- Plan A/plan B (for the patient)
- Remember the goal of treatment (for the physician)
3 ways to beat the disease

- Be cured of it
- Live a meaningful life with it
- Die a peaceful natural death
Hormonal therapy

- The facts
- UK database 98-08: 13,479 women with BC
- 18.9% on AI dc’d <5 years
- 31% on tamoxifen dc’d <5 years
- 14% of AI women switched treatments

Huiart et al. BJC 2011
Corrective interventions

- Beyond the usual:
- Differentiate arthritis from AI joint pain
- AI pain = tenosynovial changes (Morales et al. JCO 08)
- Switching AIs often works
Chemotherapy
CRASH study: End-points

- G₄H: 31.8%
- G₃-₄NH: 56%
- Combined: 67.8%
- Median time to 1ˢᵗ toxicity: 22 days
- Interquartile: 9-51 days

Extermann et al., Cancer, in press
Distribution of CGA Scores before (T1) and after (T2) chemotherapy

Physical Function

ECOG PS

IADL

Chen et al., Cancer 2003
Primary G-CSF prophylaxis

- 17 RCTs

Kuderer et al., JCO 2007
Are chemo pills a good thing or a bad thing?

- **Good**
  - Simpler administration
  - Acceptance
  - Cost (society)

- **Bad**
  - Compliance
  - Absorption issues
  - Cost (patient)
# Predictors of FACT-G change

<table>
<thead>
<tr>
<th></th>
<th>Univariate</th>
<th>Dir. P value</th>
<th>Bivariate p value</th>
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<tbody>
<tr>
<td>Polymedication</td>
<td>+</td>
<td>0.052</td>
<td>0.060</td>
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</table>

(Initial polymedication correlates with FACT-G improvement)

Bivariate analysis adjusted for MAX 2
Correlations

- No correlation between occurrence of $G_4H+G_3-4NH$ toxicity and FACT-G change
- No correlation between comorbidity, ECOG PS, age, or initial FACT-G and MAX 2 of the chemotherapy chosen by oncologists
Polypharmacy

- Compliance decreases with the # of medications
## Medications

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>Median number per patient (range)</td>
<td>6 (0-17)</td>
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<tr>
<td># interacting with p450</td>
<td>2 (0-8)</td>
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## Chemotherapy p450 metabolism

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<th>Agent</th>
<th>1A2</th>
<th>2C9</th>
<th>2C19</th>
<th>2B6</th>
<th>2D6</th>
<th>3A4</th>
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<td>x</td>
<td>x</td>
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<tr>
<td>Etoposide(+2E1)</td>
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<td></td>
<td></td>
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<td>(x)</td>
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<td>x</td>
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<tr>
<td>Paclitaxel (+2C8)</td>
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<tr>
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</table>
Modifiable (and overlooked) causes of non-compliance

- Polymedication: Do the geriatric stuff!
- Poor hearing or vision
- Impact on comorbidities
  - Blood pressure
  - Diabetes
Modifiable causes

- Social concerns
  - Spouse’s health
  - Finances
  - “Not bothering family” (transportation)
  - Family events