Preliminary results of the GERCOR OLD study

E. Carola, MD
Senlis Hospital - France
SIOG Paris 2011, 5 November
OLD story ...

Old First : The Old 07 study
Prospective multicenter study to predict the chemotherapy feasibility in older patients 75 years old and over with an advanced breast, colorectal or ovary cancer

Old After : The Old Study
Included every stage (advanced and early) in all solid tumors

In all CASES : It’s the first time older patients receive a chemotherapy
Cancer is a disease frequently found in older patients.

Chemotherapy efficiency and tolerance seem to be the same in younger and older age groups in published studies.

But older patients are less frequently treated than younger patients and receive lower doses of treatment due to fear of toxicities.

Identifying frail or vulnerable populations is very important to improving care of older patients with cancer.

The use of comprehensive geriatric assessment improves survival in elderly patients treated for advanced cancer.

Comprehensive geriatric assessment is time consuming and needs expertise, so a short scale is useful to help oncologists predict chemotherapy and feasibility.

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Detect correlation between geriatric parameters and feasibility of chemotherapy in older patients no pre-treated for solid tumor
# 10 Items – OLD Scale

<table>
<thead>
<tr>
<th>n°</th>
<th>Items</th>
<th>Résultat</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Date du jour Nom de la ville Nom de l’hôpital</td>
<td>Aucune erreur</td>
</tr>
<tr>
<td>2</td>
<td>Répétition de 3 mots : Cigare-fleur-porte ou Citron-clé-ballon</td>
<td>Aucune erreur</td>
</tr>
<tr>
<td></td>
<td>-Immédiatement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Après quelques minutes</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aide pour :</td>
<td>Aucune aide</td>
</tr>
<tr>
<td></td>
<td>-Téléphoner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Faire des courses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Préparer les repas</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Entretenir la maison</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Prendre les médicaments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Tenir ses comptes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Conduire ou utiliser les transports</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Appui monopodal 5 secondes</td>
<td>Réussite</td>
</tr>
<tr>
<td>5</td>
<td>Hospitalisation dans l’année précédente</td>
<td>Oui</td>
</tr>
<tr>
<td>6</td>
<td>Polymédications &gt; 5</td>
<td>Oui</td>
</tr>
<tr>
<td>7</td>
<td>Clairance de la créatinine &gt; 30 ml/min</td>
<td>Oui</td>
</tr>
<tr>
<td>8</td>
<td>Albuminémie &gt; 30 g/L</td>
<td>Oui</td>
</tr>
<tr>
<td>9</td>
<td>Vous sentez-vous triste ou déprimé ?</td>
<td>Oui</td>
</tr>
<tr>
<td>10</td>
<td>Présence de l’entourage (aidant ou famille)</td>
<td>Oui</td>
</tr>
</tbody>
</table>

Co-morbidities

Biologic Parameters

Psychological and social environment

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Inclusion criteria

- Patient included in the healthcare national program
- Age ≥ 75
- Solid tumor wherever the localisation and whatever the stage
- Exclusive chemotherapy treatment
  - possible target therapy associated
- Respect chemotherapy Dose:
  Patient must receive at the first course at least 2/3 of the standard dose.
- Written consent

Non Inclusion Criteria

- Other evolutive diseases
- Life expectancy under 3 months
- Not advise due to social, psychological, environnemental causes prevent a good followup of treatment
- Previous chemotherapy
Study Plan

Selection
- Age $\geq$ 75
- All cancer and all stage

Scale in 10 item C1D1

Chemotherapy
- Schedule: investigator choice
- First course dose $\geq$ 2/3 standard dose

Study Start: 2010 January
Inclusion duration: 12 months
Participated duration: 4 months
Study end: 2011 October

Principal AIM
Chemotherapy Feasability

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Patient characteristics (1)

Inclusion period: April 2008 - September 2011

Total number of patients included: 507 patients (117 Old 07-390 Old)

Number of centers: 49

Age

Median age: 80.2

Gender

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Patient characteristics (2)

Tumor localisation

- colorectal: 225 pts
- non-colorectal...
- Breast and Ovary
- lung
- Head and Neck
- Genitourinary
- Others
- Not done

Stage

- Earlier: 150 pts
- Advanced: 315 pts
- Not done
patient characteristics (3)

PS to the inclusion

Hospitalisation before inclusion

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## Geriatric score

<table>
<thead>
<tr>
<th>Items</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cogn</td>
<td>395</td>
<td>330</td>
<td>191</td>
<td>294</td>
<td>227</td>
<td>106</td>
<td>410</td>
<td>305</td>
<td>166</td>
<td>414</td>
</tr>
<tr>
<td>Cogn (%</td>
<td>77,90</td>
<td>65,08</td>
<td>37,7</td>
<td>57,98</td>
<td>44,77</td>
<td>20,86</td>
<td>80,86</td>
<td>61,8</td>
<td>32,7</td>
<td>81,6</td>
</tr>
<tr>
<td>Item ND (%)</td>
<td>12,25</td>
<td>11,5</td>
<td>12,05</td>
<td>13,8</td>
<td>12,25</td>
<td>12,60</td>
<td>15,97</td>
<td>22,3</td>
<td>12,4</td>
<td>12,4</td>
</tr>
<tr>
<td>Item Not Done (ND)</td>
<td>62</td>
<td>56</td>
<td>61</td>
<td>70</td>
<td>62</td>
<td>64</td>
<td>81</td>
<td>110</td>
<td>63</td>
<td>63</td>
</tr>
</tbody>
</table>

One Point = « good » response

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507 patients
From 04/2008 to 09/2011

225 colorectal patients

68 colorectal patients
OLD O7 evaluable

Treated: N=65
- Oxaliplatin-based: N=42
- irinotecan-based: N=9
- Fluoropyrimidine-based: N=14

Not treated: N=2
GE* not done: N=1

Full dose: N=26 (40%)
Dose Reduction: N=24 (37%)
Stop: N=15 (23%)

129 colorectal patients
OLD prior datas

Not Done: 47 (36%)
Stop: N=24 (18%)

* Geriatric Evaluation

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Old 07-Chemotherapy

- Evaluable patients: N=65
  - Oxaliplatin-based: N=42 (65%)
    - FOLFOX: N=39
    - XELOX: N=2
    - TOMOX: N=1
  - Irinotecan-based: N=9 (14%)
  - Fluoropyrimidine monotherapy: 14 (21%)

8 patients received bevacizumab with chemotherapy
OLD 07 Chemo feasibility & Dose Reductions

Treated: N=65
- oxaliplatin-based: N=42
- irinotecan-based: N=9
- fluoropyrimidine-based: N=14

Full dose: N=26 (40%)
Dose reduction: N=24 (37%)
Stop: N=15 (23%)

Reasons for dose reductions
Hemato: N=8
Asthenia: N=5
GI tox.: N=4
Neuro: N=4
Other: N=3

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Old Colorectal cohort toxicities

- 129 pts
- 86 pts evaluable for toxicity
- 10 pts no toxicity

<table>
<thead>
<tr>
<th>Grade 3/4</th>
<th>Patient number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhea</td>
<td>2</td>
</tr>
<tr>
<td>Anemia</td>
<td>2</td>
</tr>
<tr>
<td>Thrombopenia</td>
<td>2</td>
</tr>
<tr>
<td>Leucopenia</td>
<td>5</td>
</tr>
<tr>
<td>Nausea</td>
<td>1</td>
</tr>
<tr>
<td>Mucocitis</td>
<td>2</td>
</tr>
</tbody>
</table>

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Conclusion

- Older patients = Heterogeneous population

- OLD study=
  - Real older patients = median age 80
  - Real life : Multicenters
  - Homogeneous cohort
    - Principal Colorectal localisation
    - Similar chemotherapy

For therapeutic decision G8 Today
OLD scaleTomorrow ?
Thanks

L’équipe du Gercor
- Pr Aimery DE GRAMONT
- Dr Benoît CHIBAUDEL
- Nasredine AISSAT- ARC GERCOR

Senlis TEAM

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