TIPS AND TRICKS FOR RESEARCH IN GERIATRIC ONCOLOGY

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Summary

- General considerations
- Therapeutic trials
- Survey trials
- Data digging
Be EPIC!

Enthusiasm
Perseverance
Integrity
Creativity
Workload

Accrues
- Study staff
- Patient
- Nurses
- Docs

Does not accrue
- Docs
- Nurses
- Patient
- Study staff
Barriers to accrual (physician)

- Most important
  - Comorbid conditions (non-protocol) (16%)
  - Understanding problems (16%)
  - Treatment toxicity (14%)
  - Eligibility criteria (15%)

- 2nd most
  - Transportation (17%)
  - Treatment toxicity (17%)

Kornblith et al., 2002
Removing barriers (patient side)

- Personnel available to explain trials to older patients and family
- Educational material on toxicity in the elderly
Removing barriers (practical side)

- Hunt relentlessly
- Roam clinics and tumor boards
- I LOVE doctorate students and post-docs...
- Think thoroughly through the timing and location of accrual and follow-ups (exploit gaps and parallel appointments)
Therapeutic trials

- Relentlessly cut exclusion criteria
- E.g. Patients on paclitaxel do NOT need a normal creatinine
- Hunt frequency of study tests
- Make them user-friendly
- Think through the “Bells and whistles” of your regimen (e.g. ~1/2 elderly have a CI to bevacizumab)
Allow for second cancers

- In 1/5 patients, the present cancer is their second cancer
- Minimize exclusions: think through your objective (beware of “copy and paste”)
Make it easy for the patient

- Transportation is a major problem
- Local labs
- Affiliate sites
- Use existing path material
Survey trials

- First treat the patient
- Then accrue to the survey
- Older patients are very willing to help!
- If you do it well, you can accrue the majority of your patients!
Data digging

- Digital databases and EMRs are great!
- ...if you know how to use them
- Write a short protocol to make sure you extract all you need
- Very useful when you start with a new idea (career long)
- A database will never replace and EMR or detailed lab results, but it can help you dig smartly