Patient-defined preferences and health outcome prioritization among older adults with cancer starting chemotherapy

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• Older adults with cancer face multiple tradeoffs and competing outcomes
• Some may favor other outcomes (such as QoL, cognition, or independence) OVER survival
• Few older adult-specific trials report patient centered outcomes

Objectives

1. Elicit preferences and priorities among competing health outcomes from older adults with solid tumors starting chemotherapy
2. Assessing if other outcomes were prioritized over prolonging survival.
Methods

Patients aged ≥65 years
Starting a new line of chemotherapy
Enrolled in clinical trial of a GA-based intervention

Geriatric Assessment

Health Outcome Prioritization Tools
1. Health Outcomes Tool
2. Now vs. Later Tool
3. Attitude Scale

Analyses
1. Proportion of patients reporting other outcomes as being more important than survival.
2. Relationship between choosing other outcomes over survival and patient characteristics
Results/Conclusions

- 241 patients included
  - Median age 70 years
  - 42% male
  - 75% Stage IV (35% Gastrointestinal)
  - 47% dependent in ADL
  - 45% dependent in IADL
  - 69% poor self-reported social support

### Attitudes Scale

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Agree</th>
<th>Neither</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The most important thing to me is living as long as I can, no matter what my quality of life is</td>
<td>30%</td>
<td>15%</td>
<td>55%</td>
</tr>
<tr>
<td>Most likely to prioritize other outcomes over survival</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage IV disease (OR 2.0, 95% CI 1.1-3.7)</td>
<td>61%</td>
<td>15%</td>
<td>24%</td>
</tr>
<tr>
<td>I would rather live a shorter life than lose my ability to take care of myself</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is more important to me to maintain my thinking ability than to live as long as possible</td>
<td>83%</td>
<td>10%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Almost half of older patients considered other outcomes as more important than survival, and two-thirds prioritized current over future QOL. Eliciting which outcomes are most important for older patients can lead to improved shared decision-making.