

Strengthening the health care workforce for older people living with cancer

# 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.







#### 19<sup>th</sup> Conference of the International Society of Geriatric Oncology Integrative oncology - Leaving no one behind

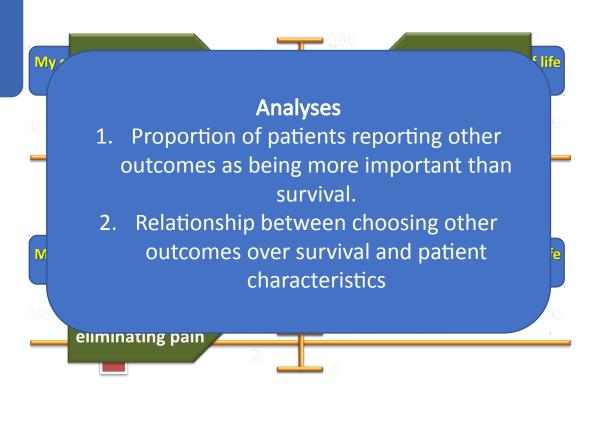
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Methods

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



Health Outcome Prioritization Tools1. Health Outcomes Tool2. Now vs. Later Tool3. Attitude Scale









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## **Results/Conclusions**

#### **Attitudes Scale**

		Agree	Neither	Disagree	Now Vs. Later Tool te Half of onder patients
	The most important thing to me is <b>living as</b>				considered other outcomes as
	long as I can, no matter	30%	15%	55%	more important than survivalyal
•	what my quality of life is Most likely to prioritize other outcomes over survival				
	Pwstage Jyheiseasea(OR				and two-thirds prioritize duture QoL redependence current over future QOL. Eliciting
	shortpclifesthan lose myt ( ability to take care of	OB 1 8, 9 61%	5% Cl 1.0 15%	-3.3) 24%	<sup>59</sup> which outcomes are most ducing
	myself				important for older patients, can
	It is more important to me to maintain my				40 5lead to improved shared
	<b>thinking ability</b> than to live as long as possible	83%	10%	7%	decision-making.

