

Aminah Jatoi, MD and Emily Guerard, MD

Mayo Clinic and University of Wisconsin

TAP TO RETURN TO KIOSK MENU

Rationale

Objective Study Schema

Treatment Plan

Eligibility Criteria

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Rationale

Cancer disproportionately affects older adults (> 65 years old), with the median age at diagnosis of 67 years. The aging process is heterogeneous and determining the functional age of older adults with cancer is vital to individualizing treatment decisions. The geriatric assessment (GA) is a tool that clinicians can use to estimate functional age. The GA contributes a significant amount of information to the routine oncology assessment and identifies problems in patients with a normal Karnofsky performance status (KPS). In addition, the Cancer and Aging Research Group showed that measures within the GA and cancer-specific variables are predictive of chemotherapy toxicity in older adults with solid tumors. Embedding the GA within cooperative group clinical trials would provide a better measure of functional status than standard performance status measures, allow for predictive modeling of toxicity based on geriatric assessment variables, and provides clinically meaningful information in regards to the effect of treatment on relevant geriatric outcomes (i.e., cognition, function, independence) for older adults with cancer.

References: 1. Institute, N.C. SEER Stat Fact Sheets: All Cancer Sites. [cited 2014 December 3]; Available from: http://seer.cancer.gov/statfacts/html/all.html. 2. Walter, L.C. and K.E. Covinsky, Cancer screening in elderly patients: a framework for individualized decision making.JAMA, 2001. 285(21): p. 2750-6. 3. Repetto, L., et al., Comprehensive geriatric assessment adds information to Eastern Cooperative Oncology Group performance status in elderly cancer patients: an Italian Group for Geriatric Oncology Study.J Clin Oncol, 2002. 20(2): p. 494-502. 4. Jolly, T.A., et al., Geriatric assessment-identified deficits in older cancer patients with normal performance status. Oncologist, 2015. 20(4): p. 379-85. 5. Hurria, A., et al., Predicting chemotherapy toxicity in older adults with cancer: a prospective multicenter study. J Clin Oncol. 2011. 29(25): p. 3457-65.



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Primary

 The primary objective is to determine the feasibility of an electronic geriatric assessment (eGA) in academic and community oncology clinics. Feasibility will be determined by the percentage of patients able to complete the self-reported section of the eGA and have a completed healthcare professional section.

Secondary

- Length of time to complete the eGA (overall, self-reported and healthcare professional sections).
- Percentage of patients requiring assistance to complete the self-reported section of the eGA.
- The variance and number of missing variables.
- · Participant satisfaction with the eGA.
- · Healthcare provider (MD, RN, CRP) satisfaction.
- Descriptive geriatric assessment characteristics (i.e., functional status, comorbidities, etc.) of patients who complete the eGA.



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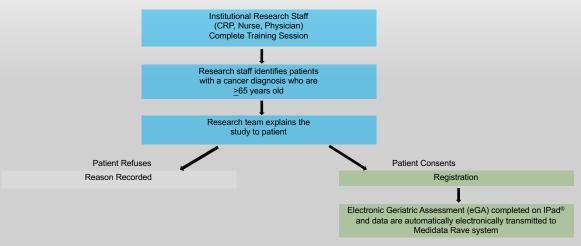
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Patients of all Karnofsky performance status categories will be eligible for this study.

Participating Institutions

City of Hope Cancer Comprehensive Cancer Center(CA043 Memorial Sloan Kettering Cancer Center(NY016)
Saint Joseph Mercy Health System(MI013)
University of Alabama, Birmingham (AL002)
University of Wisconsin Hospital and Clinics(WI020

Gundersen Lutheran Medical Center(WI029)
Queens Hospital Center(NY091)
Spartanburg Regional Health Services District(SCO24)
UNC Lineberger Comprehensive Cancer Center (NC007)



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Study Implementation

Administration of the eGA

The eGA has two sections:

Patient Self-reported Section and Healthcare Provider Administered Section

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Patient-Reported Section

GA Domain	Measure/Questionnaire
Background Information	Demographics, Computer Skill level
Functional Status	OARS Instrumental Activities of Daily Living
	Medical Outcomes Study (MOS) Physical Functioning
	Karnofsky Performance Status Rated by Patient
	Number of falls in the last 6 months
Comorbidity, Vision/Hearing	OARS Physical Health Section
Mental Health*	Mental Health Index
	Depression/Anxiety questions
Social Function & Support	MOS Social Activity Limitation Scale
	MOS Social Support Survey
Spiritual Health	Duke University Religion Index
Questions regarding the Questionnaire	Any item difficult to understand Satisfaction with length of eGA Any items that are distressing; other comments

Healthcare Provider Section

GA Domain	Measure/Questionnaire
Cognition	Blessed Orientation-Memory-Concentration Test
Physical Function	Timed up and Go
	Karnofsky Performance Status Rated by Provider
Nutrition –information abstracted from patient's chart	Calculate Body Mass Index
	Calculate % weight loss in the last 6 months
Spiritual Health	Duke University Religion Index
Questions regarding the Questionnaire	Any items difficult to administer Any items difficult for patient to complete Did the patient complete eGA independently Record length of time for each section and overall

Patient self-reported section: The research nurse or CRP will briefly orient the patient to the iPad®. The research nurse or CRP will be available to the patient to answer questions or handle technical issues with the iPad® while the patient completes the self-reported section of the eGA. Healthcare provider section: A trained research nurse or CRP will administer the cognition and physical function domains of the healthcare provider section of the eGA to the patient. Other questions including nutrition (e.g., height, weight), which will be abstracted from patient's chart, and questions regarding the questionnaire will be recorded as well.



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Key Eligibility Criteria

- Age ≥ 65 years
- Pathological documentation of any malignancy at any stage. Submission of this documentation is not required. The patient can be at any phase of their cancer care (pre-treatment, during treatment, post-treatment)
- · Patients must be able to read and comprehend English
 - Non-English-speaking patients may participate so long as an interpreter (e.g., family member, clinic staff, etc.) is present for consent and the completion of the Geriatric Assessment.

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Funding Support

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