Feasibility of an Electronic Geriatric Assessment (eGA) for Older Adults with Cancer

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Alliance Cancer in the Elderly Committee Meeting

May 13, 2016

Importance of GA in Oncology

- Geriatric assessment (GA) adds meaningful information to the routine oncology evaluation
  - Identifies problems in patients with a normal KPS
- GA aids in predicting treatment-related toxicity
- Embedding the GA into cooperative group trials would provide….
  - Better measure of functional age
  - Predictive modeling of toxicity based on GA variables
  - Information on how treatment affects geriatric domains
    - These outcomes are important to older adults

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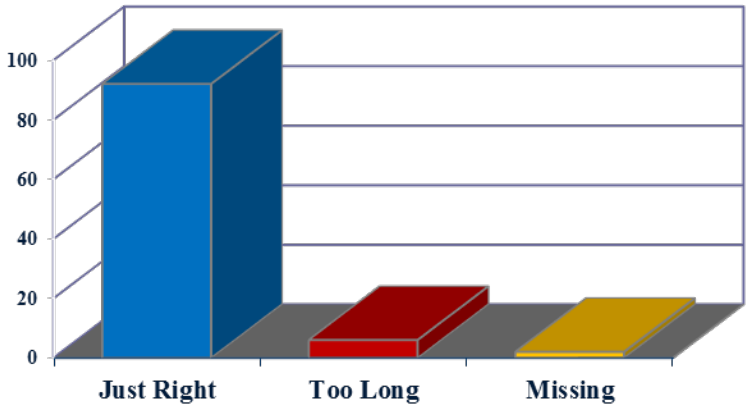
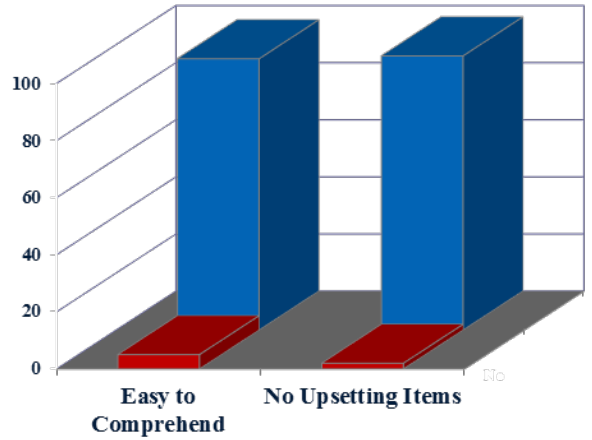
Repetto et al *JCO* 2002
Jolly et al *Oncologist* 2015
Hurria et al *JCO* 2011

Paper Geriatric Assessment is Feasible in Cooperative Group Trials

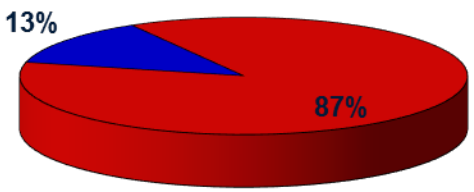
92% Length is "Just Right



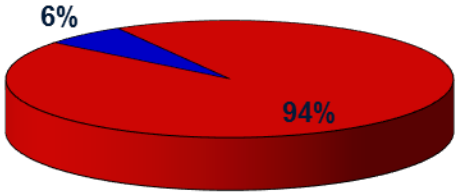
95% Easy to comprehend
96% Not upsetting



87% Completed patient questionnaire w/o assistance



94% Completed healthcare provider portion



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Hurria et al *JCO* 2011

Reason for Study

- Data collection issues with paper GA
  - Leukemia companion study (361006) reported 14% of forms missing at the Spring group meeting in 2015.
- eGA on iPad would provide a more straightforward method to collect data in real time
- Imperative to move to electronic format before implementation into busy oncology clinics
- Determining the feasibility of the eGA is the first step before integration

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Feasibility of Computerized GA

Patient Satisfaction

Platform	Easy to comprehend	Not upsetting	Length "Just Right"	Completed independently
REDCap	96%	98%	93%	93%
Support screen	99%	98%	97%	99%

- 68% of patients preferred support screen over paper GA

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Kim et al *JCO* 33, 2015 (suppl; abstr 9536)

Feasibility of Computerized GA

- Self-administered GA in patients with GI malignancies (N=38)
  - 97% completed initial GA
  - ~ 50% needed assistance
    - Primarily due to lack of familiarity with computers

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McCleary et al *Oncologist* 2013

Primary Objective

1. To determine the feasibility of eGA in academic and community oncology clinics. Feasibility will be determined by:
    a. Percentage of patients able to complete the self-reported section of the eGA and have a completed healthcare professional section.

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Secondary Objectives

1. Length of time to complete the eGA (overall, self-reported and healthcare professional sections).
2. Percentage of patients requiring assistance to complete the self-reported section of the eGA.
3. The variance and number of missing variables
4. Participant satisfaction with the eGA
5. Healthcare provider satisfaction
6. Descriptive GA characteristics of patients who are enrolled on cooperative group trials that credit the Alliance

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Eligibility Criteria

- Age ≥ 65 years
- Pathological documentation of any malignancy at any stage
- Participants must be able to read and understand English
- Enrollment on any cooperative group clinical trial that credits the Alliance
- All performance status categories

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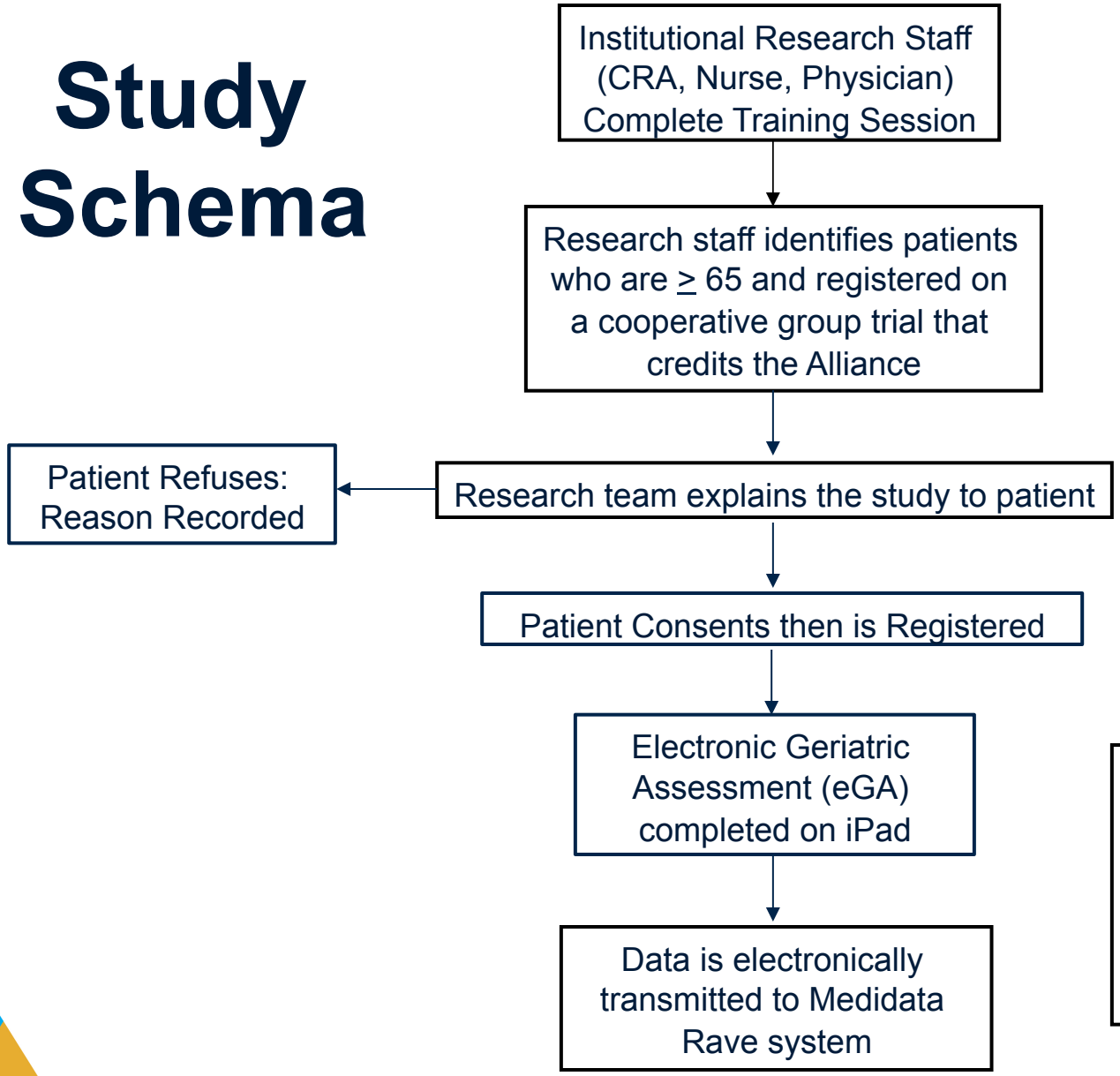
Study Schema



Sample Size

100 patients
- 50 community sites
- 50 academic sites

10 sites total

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Long-term Goals

- Establish that the eGA is feasible in older adults with cancer
- Collect GA data rapidly and efficiently
- Integrate into cooperative group trials and design GA interventional trials

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Thank you!

- NCORP grant for graciously funding this feasibility study

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