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

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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

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

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
# Feasibility of Computerized GA

## Patient Satisfaction

<table>
<thead>
<tr>
<th>Platform</th>
<th>Easy to comprehend</th>
<th>Not upsetting</th>
<th>Length “Just Right”</th>
<th>Completed independently</th>
</tr>
</thead>
<tbody>
<tr>
<td>REDCap</td>
<td>96%</td>
<td>98%</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td>Support screen</td>
<td>99%</td>
<td>98%</td>
<td>97%</td>
<td>99%</td>
</tr>
</tbody>
</table>

> 68% of patients preferred support screen over paper GA

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

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.
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
Eligibility Criteria

- Age $\geq$ 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
Study Schema

Institutional Research Staff (CRA, Nurse, Physician) Complete Training Session

Research staff identifies patients who are ≥ 65 and registered on a cooperative group trial that credits the Alliance

Patient Refuses: Reason Recorded

Research team explains the study to patient

Patient Consents then is Registered

Electronic Geriatric Assessment (eGA) completed on iPad

Data is electronically transmitted to Medidata Rave system

Sample Size
100 patients
50 community sites
50 academic sites
10 sites total
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
Thank you!

- NCORP grant for graciously funding this feasibility study