SIOG 2012

Management of Chemotherapy Toxicities

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Older People with Cancer having Chemotherapy

Worry

- How to function day-to-day
- *How to cope with side effects*
- How to manage finances
- How to care for basic needs during treatment

Managing chemo when elderly, presents unique challenges and obstacles, which an elderly person can often overcome with the right information and resources

Chemo Toxicity in Older Adults

- Chemotherapy toxicity is common in older adults

In prospective study of 500 patients*:

- 53% experienced at least one grade 3 to 5 toxicity
- 2% experienced a treatment-related mortality
- Predictive Model - Geriatric assessment variables independently predicted the risk of toxicity
- *Move onto risk stratification and scoring***

Hurria A et al, 2011. *JCO* **29** (25)3457-3465
Extermann M et al, 2012 *Cancer* **118**(13):3377-86

Oncologist/Haematologist Perspective

Impact of Patient Age on Clinical Decision-Making in Oncology

- 'Clinicians may be using chronological age as a proxy for other factors when making recommendations on cancer treatment for older patients'
- Some patients may receive less intensive treatment solely on the basis of their chronological age rather than biological age

National Cancer Equality Initiative
http://www.dh.gov.uk/health/2012/02/age-oncology

? Increased Toxicity from Chemotherapy in Older Patients

- "A pooled analysis of adjuvant chemotherapy for resected colon cancer in elderly patients"
- 3,351 patients and compared the performance of patients in four different age groups

Sargent D et al, 2001 NEJM 345:1091-1097

Jury still out?

- "Selected elderly patients with colon cancer can receive the same benefit" from chemotherapy as their younger counterparts
- The five-year overall survival was
  - 71% for those who received chemotherapy
  - 64% for those who did not receive chemotherapy
- The toxic effects - nausea or vomiting, diarrhoea, stomatitis and leucopenia in those above 75 years old - not increased compared to other age groups

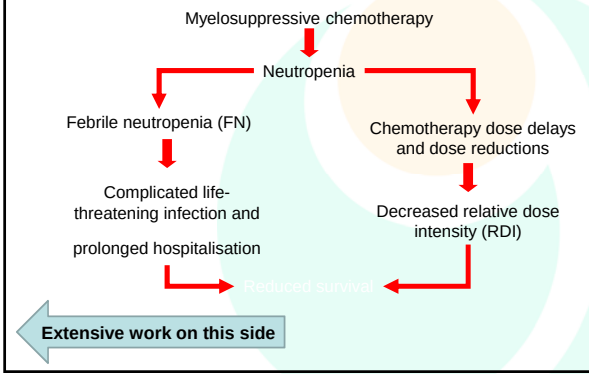
Sargent D et al, 2001 NEJM 345:1091-1097

Comorbidities

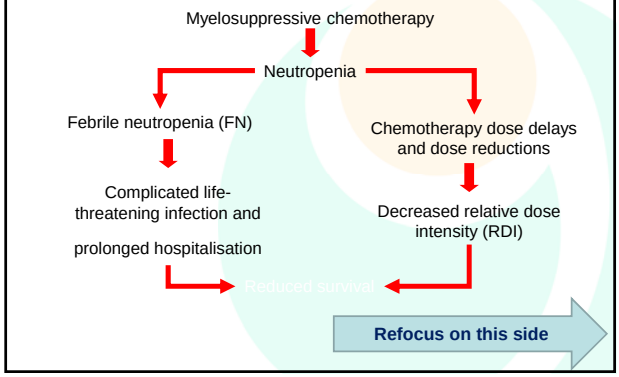
- In Older People - Cancer +++++
- Discharge records from 41,779 adult cancer patients admitted to hospital for Febrile Neutropenia, showed overall in-patient mortality to be 9.5%
- The risk of mortality increased significantly for patients with additional co-morbidities; patients with more than one major co-morbidity had a > 20% risk of mortality

Kuderer NM et al. 2006 *Cancer*;106:2258–2266

Change of focus...



Change of focus...



Belfast Health and Social Care Trust

ONCOLOGY ADVICE CARD

Feeling unwell? Phone us first!

Contact us straight away if you have any of the following during your chemotherapy and in the six weeks afterwards.

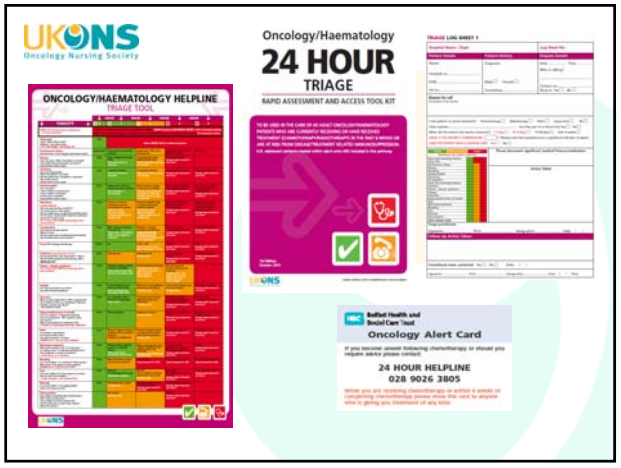
It is really important that you are cared for **quickly and properly** because your 'immune system' is affected by chemotherapy and a delay could be **life threatening.**

- Feeling very hot or feeling very cold
- A temperature of below 36°C or above 37.5°C
- Shivering attacks or flu like symptoms
- Breathing problems, persistent cough, coughing up green/yellow spit or blood
- Pain on passing urine, frequency of urine or blood in your urine
- Feeling or being sick
- Diarrhoea for more than 24 hours or bleeding from your back passage or in your stools
- Sore mouth or sore throat preventing you from eating or drinking
- Unexplained rash, new bruising or purple spots on your skin
- Pain not controlled by medication
- Bleeding from your gums or nose, blood blisters or bleeding that does not stop with general first aid
- If you have a central line ('PICC', 'Hickman' or 'Port a cath') and the area around it becomes red, swollen and/or painful
- Any other symptoms which cause you concern

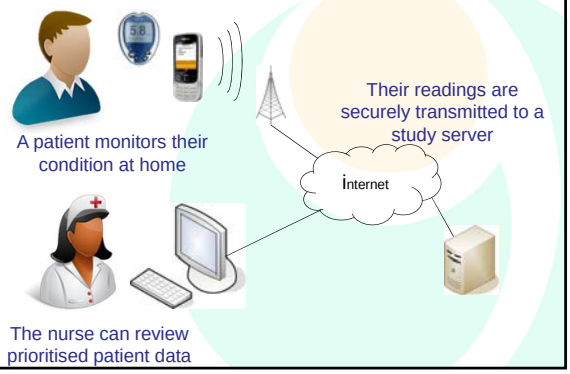
Your contact numbers

24 Hour Helpline (365 days/year): 028 9026 3805

PLEASE KEEP THIS CARD IN YOUR HOME AND SHOW IT TO ANYONE WHO IS LOOKING AFTER YOU!

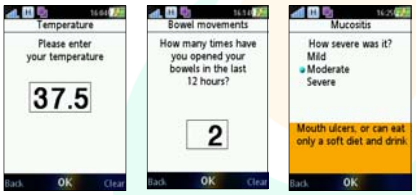


System architecture

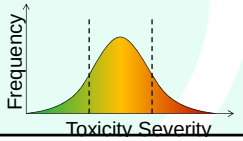


Toxicity Monitoring via Mobile Phone

- Developed a monitoring system to alert cancer nurse to presence of toxicities



What about patients without side-effects?



Algorithms of Care for common side effects

Conclusions

- What are the patient expectations?
- Involve the geriatric nurse in MDT for older patients
- Avoiding toxicity is better than treating it
- To avoid toxicity we must have accurate data about risk and severity of side effects by age
- Real-time monitoring of toxicity is optimal
- This requires more age specific trials, or at very least, trials stratified by age
- Simply opening a study up without age restriction isn't fair to drug or older people