

# SIOG 2017 - Abstract Submission

Track 3: Supportive & palliative care

Fatigue

O13

## FATIGUE DURING ONCOLOGIC TREATMENTS IN ELDERLY VERSUS YOUNG PATIENTS: A CALL FOR SIOG RECOMMENDATIONS

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**Please indicate how you prefer to present your work if it is accepted:** Oral or Poster Presentation

**I submit my abstract to be considered for the following award:** None

**Introduction:** Older cancer patients lay at the crossroads of several fatigue providers. Cancer treatment-related fatigue (CTRF) represents the most common treatment-associated side effect while cancer-related fatigue appears in advanced cancer, anaemia or respiratory tract obstruction and may be difficult to distinguish from CTRF. In the geriatric field independently of cancer, fatigue is proposed as one of the features characterizing the frailty syndrome. More generally fatigue is strongly associated with negative health-related events and may be the marker of the depletion of the body's homeostatic reserves. Despite that, current NCI recommendations on fatigue management do not consider age as a risk factor for increased CTRF (1).

**Objectives:** To identify reports of relevant clinical studies to answer the following question: "Is there evidence that age increases the risk of CTRF?" for the majority of targeted therapies and chemotherapy regimen performed in the 7 most frequent cancer indications in the elderly.

**Methods:** Computerised literature searches of MEDLINE, EMBASE and The Cochrane Library were performed. Since CRF is unsystematically reported and alternatively called "fatigue", "asthenia", "lethargy", "weakness" no systematic analysis could be performed. Were included subgroup analyses as well as older patients' specific studies.

**Results:** Among 172 regimen analysed, data on all grade and/or grade3+ fatigue were available for 124 (72%) and differed according the tumour type and the setting. The reporting was high (>80%) in colorectal cancer, metastatic breast and prostate cancer and low (<60%) in adjuvant breast cancer, small cell lung cancer, non Hodgkin lymphoma, urothelial and ovarian cancers. A classification of the CTRF risk was performed according the published rates of grade 3+ CRF with the following thresholds: weak (<5%), moderate ([5%>10%]), high ([10%>20%]) and very high (≥20%). As rates of fatigue differed largely between trials for the same regimen, the higher scores were considered for this classification.

Specific data on elderly patients, with different age thresholds, were found for only 10 regimen (6%). When compared to younger patients, the frequency and severity of fatigue was significantly increased.

**Conclusion:** CRF is insufficiently reported in clinical trials and, when evaluated, is poorly reproducible from one trial to the other. As the advent of targeted therapies provides the opportunity to lower the intensity of adverse events, future work is needed to standardise CTRF evaluation -according for example patients's reported outcomes questionnaires- in order to include it in the benefic/risk balance.

Elderly specific data on fatigue are reported for only 6% of the regimen. Given the significant impact of fatigue on negative health-related events, SIOG recommendations should be proposed to standardize fatigue assessment and propose specific interventions.

**References:** 1. Board PS and PCE. Fatigue (PDQ®). 2014 Aug 28 [cited 2016 Feb 19]; Available from: <http://www.ncbi.nlm.nih.gov/gate2.inist.fr/books/NBK66049/>

**Disclosure of Interest:** C. Falandry Consultant for: TEVA, HOSPIRA, ASTELLAS, JANSSEN ONCOLOGY, E. Carola Consultant for: TEVA, A. Raynaud-Simon Consultant for: TEVA, C. Cuvier Consultant for: TEVA, V. Mari Consultant for:

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