Track 2: Haem malignancies in the elderly and basic science
Myeloma
P038

HEMATO-GERIATRIC PATHWAY OF PATIENTS OLDER THAN 65 WITH MYELOMA: PREDICTIVE VALUE OF GERIATRIC ASSESSMENT ON THE OCCURRENCE OF CHEMOTHERAPY INTERCURE EVENTS.

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Introduction:
The management of elderly patients with myeloma changed in recent years because of an access of this age group to innovative molecules and by taking care of their frailties.
Objectives: Pathway description of a cohort of patients (pts)> 65 years with symptomatic myeloma not eligible for intensive treatment. Assessing the impact of geriatric assessment on their outcome.
Methods: From 01/2013 to 11/2016 inclusion after consent of new pts> 65 years with myeloma at the Limoges University Hospital. Collection of demographic, hematological, geriatric characteristics at the initial diagnosis, treatment and follow-up after first chemotherapy. A geriatric screening was done by a geriatric nurse using the GERH-7 tool (7 items exploring the social, cognitive, nutritional, thymic, polymedication and autonomy fields). All pts whose score was> 2/10 (= unfit) were referred for assessment by a geriatrician. The others (≤ 2 = fit) had standard support.
Results: 132 pts identified, 115 were included. Median age at diagnosis: 77 years (65-95), 59% (n = 68) ≥75 years, sex ratio = 0.82. Patients referred to the CHU for 50% (n = 57) by a treating physician, 40% (n = 46) by a specialist, and 10% (n = 12) by network hematologists. At diagnosis: 54% (n = 62) with bone pain, 43% (n = 50) with more than 2 bone lesions, and 63% (n = 72) with vertebral MRI. Median Level: Hemoglobin: 11 g / dL (7-14.7) of which 30% (n = 35) <10 g / dL, calcemia: 2.39 mmol/l (1,8-4,3) of which 8% (n=9) >3 mmol/L ; créatinine 133 µmol/L (43-1150) of which 10% (n=12) >177 µmol/L, β2-µglobulin: 5.22 mmol / L (1.6-18.1) of which 37% (n = 31))> 5.5. The main diagnostic comorbidities were: Hight blood pressure for 29% (n = 33), diabetes for 24% (n = 28), cardiac disorders for 21% (n = 25), second cancer for 18% (n = 21). The initial GERH-7 assessment ranked 41% (n = 47) of the pts as fit with a median score of 0.5 / 10 (0-2) and 59% (n = 68) of the pts as unfit with a score 5.5/10(2.5-10). First line treatment :68% with bortezomib (n = 78), 22% of thalidomide (n = 25), 3% of lenalino mi of (n = 4), 7% of other molecules (n = 8). Bisphosphonates 73% (n = 84), growth factors 64% (n = 74). Outcome after this initial treatment, 36% (n = 42) had WHO grade toxicity ≥ 3 (T> 3), 28% (n = 32) had haematological toxicity. 83% (n = 35/42) of these pts were unfit. 63% (n = 73) had no toxicity or lower grade (T <3). 85% (n = 40/47) were fit. The median GERH-7 score was 2.9 (0-8.5) for pts T> 3 versus 1.5 (0-5.5) for pts T <3 score, p = 0.3. Hospitalizations were observed in 21% of pts (n = 24), median age 80.2 years (70-89). 88% (n = 21/24) were screened as unfit for initial geriatric assessment. Hospitalized pts had a median GERH-7 score of 5 (1-10) and non-re-hospitalized pts of 1.5 (0-8.5); P = 0.0002 IC [1.17; 3.34].
Conclusion: The initial systematic geriatric assessment showed that the comorbidities and fragilities detected were predictive of WHO grade ≥ 3 toxicity and unplanned re-hospitalization at the first intercure. Follow-up of geriatric interventions on subsequent treatment lines are being evaluated and will complement the description of pathway and outcome and to focus geriatic interventions on more frail patients.

Disclosure of Interest: None Declared

Keywords: myeloma pathway event geriatric-assessment