

What happened at Curie Institut since the SIOG 2017 Advanced Course?



R Geiss¹, E Brain¹

¹ Institut Curie, Hôpital René Huguenin, 35 rue Dailly, 92210 SAINT-CLOUD.

WHAT CONCRETELY HAS BROUGHT YOU TO THE SIOG ADVANCED COURSE?



It would be a lie not to say that Dr Brain is the main reason I attended the SIOG advanced course. I am fortunate to work with him daily. We even share the same office! He is a mentor for me. I do not know where I would be today without him.

THANK YOU DOCTEUR BRAIN!

WHAT HAS IMPROVED IN YOUR INSTITUTION SINCE?

- Monthly staff with oncologists, geriatricians, nurses + nurses executives (from the 2 clinical sites of Institut Curie) in order to improve caregiving to older patients
- "Flash courses" in geriatric oncology (conducted by geriatricians and myself) for nurses and caregivers in oncology units: confusion, fall, polypharmacy, etc.
- QUALI-SAGE: French national survey assessing reasons for non-participation of older cancer patients in clinical trials: perspectives of physicians, patients and family caregivers, based on qualitative and quantitative methods

HOW DO YOU INTEND TO DEVELOP LINKS ACROSS WORLDS OF ONCOLOGY AND GERIATRICS IN THE FUTURE?

- At my hospital: daily awareness of paramedics & physicians for geriatric issues
- In Paris/Saint-Cloud: responsible for a training day in geriatric oncology part of a university diploma in geriatrics, member of the UCOG (Unit of Coordination in Geriatric Oncology) Paris West
- In France: enrolment in the Young SoFOG (young committee of the French Society of Geriatric Oncology)
- Beyond French borders: stay involved within SIOG network and with students of the SIOG advanced course

RESEARCH PLANS?

Phase II: First line Osimertinib for patients \geq 75 years old with EGFR mutation in stage III/IV lung cancer (ELDAURA II)

- Hypothesis
 - Better efficacy of Osimertinib vs 1st generation tyrosine-kinase inhibitor (TKI) (FLAURA, ESMO 2017)
 - Less toxicity of Osimertinib vs 1st and 2nd generation TKI
 - No specific data in older patients
 - Estimated patient number
 - ✓ Hypothesis 1: 122 patients (alpha and beta 5%)
 - ✓ Hypothesis 2: 88 patients (alpha 9%, beta 7%)
- Primary study endpoint: mean time to treatment failure
- Secondary endpoints (non exhaustive): correlation between toxicity/efficacy, pharmacokinetics and geriatric data (ADL, IADL, falls, denutrition, polypharmacy, etc.)
- Development ongoing: meeting with AstraZeneca end of November 2017

Retrospective study: Chemotherapy doublets in first line for non squamous non small cell lung cancer in older patients

- Introduction
 - Carboplatin + weekly paclitaxel vs vinorelbine or gemcitabine monotherapy increase survival for patients 70+ yo
 - It is the current standard platinum-based doublet chemotherapy for older patients (Quoix, Lancet)
 - The PARAMOUNT study has shown superiority for pemetrexed maintenance vs placebo after pemetrexed + cisplatin induction in non squamous non small cell lung cancer
 - A post-hoc analysis of PARAMOUNT study shows comparable survival and toxicity profiles in 70+ patients and younger ones
 - A phase II study of 75+ yo patients has shown good results of pemetrexed maintenance after carboplatin + pemetrexed (Tamiya, Med Oncol)
- Material and methods
 - Use of Unicancer ESME lung database to compare the different chemotherapy doublets in older patients vs younger ones
 - Uni- and multivariate analysis for geriatric/non geriatric factors and efficacy
- Development: discuss the project with Pr. Soubeyran and Pr. Paillaud

Survey to assess the use of complementary and alternative medicines (CAM) in elderly patients treated for solid or haematologic cancer (Young SoFOG)

- CAM are used up to 60% in patients with neoplastic disease. Prevalence in elderly patients lack of data but seems to be around 25%.
- The aim of this survey is to estimate the prevalence of CAM in elderly patients in France and to check interactions for herbal medicine with comedication and cancer treatments.
- Development : work group with the young SoFOG due for January 2018 (Pr. Soubeyran and Pr. Paillaud)