

  
SOCIETÀ ITALIANA  
DI GERONTOLOGIA  
E GERIATRIA

**64** CONGRESSO NAZIONALE SIGG

*Continuità di affetti, continuità di cure*  
ROMA, 27/30 NOVEMBRE 2019 - AUDITORIUM DELLA TECNICA

# Nuovi fattori prognostici di sopravvivenza e tossicità da trattamento nel paziente oncologico anziano

**30 Novembre 2019**

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**Università Campus Bio-Medico – Area di Geriatria**



**UNIVERSITA'  
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BIO-MEDICO  
DI ROMA**

# Extremely High Mortality Rate after a Successful Gastrectomy for Cancer in Older Adults.

**Conclusion:** Age is an important prognostic factor of middle-term survival after gastrectomy for cancer. **Geriatric assessment** and better patient selection for major surgery for cancer are **required to improve the outcome** of gastrectomy for cancer in patients aged over 75 years.

Ciesielski M et al. *J Gastric Cancer*. 2019;202-211.

# More Versus Less Therapy for Older Adults With Acute Myeloid Leukemia: New Perspectives on an Old Debate.

...Existing data can support more intensive treatment strategies for selected older adults, although there is growing evidence to support less intensive therapies as well....

Klepin HD et al. *Am Soc Clin Oncol Educ Book*. 2019;39:421-432.



# Piastrine



**Multimorbidity**

**Fattori socio-economici**



**Retrospective studies performed at the Ospedale  
Policlinico San Martino, Genoa, Italy, from  
February 2015 to May 2018.**

**148 patients aged 65+ with a first diagnosis of  
solid tumour, candidates to surgery and/or  
chemotherapy.**

**Patients received a two-step approach with  
SAOP2 screening questionnaire, and  
comprehensive geriatric assessment (CGA).**



## **BACKGROUND**

**Platelets play a role in immune response, inflammation, tissue regeneration, and lymphoangiogenesis. In addition to their role in non-hemostatic or thrombotic disorders, platelets might be actively involved in cancer development and progression.**

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**Social issues often complicate treatment decision-making in “real world” clinical practice. Therefore, the assessment and management of social issues is a benchmark of patient-centered care.**

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**Older patients are characterized by comorbidity and disability which often complicate treatment decision-making in “real world” clinical practice. The ASCO, Friends of Cancer Research, and the US FDA recently recommended modernizing criteria related to comorbidities routinely used to exclude patients from cancer clinical trials.**



# METHODS

## Comprehensive Geriatric Assessment

<b>Cognitive performance</b>	<b>Mini Mental State Examination</b>
<b>Mood</b>	<b>15-item Geriatric Depression Scale</b>
<b>Functional ability</b>	<b>- Instrumental Activities of Daily Living - Barthel Index</b>
<b>Physical performance</b>	<b>Timed "Up &amp; Go" test</b>
<b>Physical burden of illness</b>	<b>Cumulative Illness Rating Scale</b>
<b>Frailty</b>	<b>Rockwood criteria</b>
<b>Patient's level of functioning</b>	<b>ECOG Scale</b>
<b>Nutrition</b>	<b>Mini Nutritional Assessment</b>
<b>Gait and balance</b>	<b>Tinetti scale</b>
<b>Social vulnerability</b>	<b>Gijon's social-familial evaluation scale</b>

**Blood samples were obtained from participants after 12-hour fasting and included complete blood count.**



# METHODS

## Social vulnerability: Gijon's social-familial evaluation scale (SFES)

this scale has been included in the Delphi consensus of an expert committee in oncogeriatrics regarding comprehensive geriatric assessment.

### Five domains

Family situation

Economic situation

Housing

Relationships

Social support

The score ranging 5-25 with higher scores indicating increasing social trouble; a cut-off  $\geq 10$  indicates increased risk of social problem.



# METHODS

**Chemotherapy-emergent toxicity was recorded and classified according to CTCAE v5.0.**

## Five grades

### Grade 1:

Mild; asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated.

### Grade 2:

Moderate; minimal, local or noninvasive intervention indicated; limiting age-appropriate instrumental ADL.

### Grade 3:

Severe or medically significant but not immediately life-threatening; hospitalization or prolongation of hospitalization indicated; disabling; limiting self care ADL.

### Grade 4:

Life-threatening consequences; urgent intervention indicated.

### Grade 5:

Death related to adverse event.





**Association(Odds Ratios, OR, and 95% confidence intervals, CI) of mortality with platelet count in the study population. All the covariates were entered simultaneously into the models.**

<b>Platelet count</b>	<b>OR</b>	<b>95% CI</b>	<b>P</b>
<b>Model 1</b>	<b>1.07</b>	<b>1.01-1.13</b>	<b>.025</b>
<b>Model 2</b>	<b>1.10</b>	<b>1.03-1.17</b>	<b>.007</b>
<b>Model 3</b>	<b>1.11</b>	<b>1.02-1.22</b>	<b>.038</b>

**Model 1:crude model**

**Model 2: adjusted for age and sex**

**Model 3: adjusted for age, sex, Instrumental Activities of Daily Living, Barthel Index, Tinetti Scale, frailty (Rockwood criteria), Mini Nutritional Assessment, and Gijon's social-familial evaluation scale.**



**Results of the logistic regression models (Odds Ratios, OR, and 95% confidence intervals, CI) for the occurrence of death in the study population. All the covariates were entered simultaneously into the model.**

<b>Gijon's social-familial evaluation scale</b>	<b>OR</b>	<b>95% CI</b>	<b>P</b>
<b>Model 1</b>	<b>1.44</b>	<b>1.13-1.83</b>	<b>.003</b>
<b>Model 2</b>	<b>1.41</b>	<b>1.10-1.80</b>	<b>.007</b>
<b>Model 3</b>	<b>1.41</b>	<b>1.02-1.94</b>	<b>.036</b>
<b>Model 4</b>	<b>1.38</b>	<b>1.01-1.88</b>	<b>.044</b>

**Model 1: crude model**

**Model 2: adjusted for age and sex**

**Model 3: adjusted for age, sex, Cumulative Illness Rating Scale, Instrumental Activities of Daily Living, Time Up and Go test, and frailty status (Rockwood criteria).**

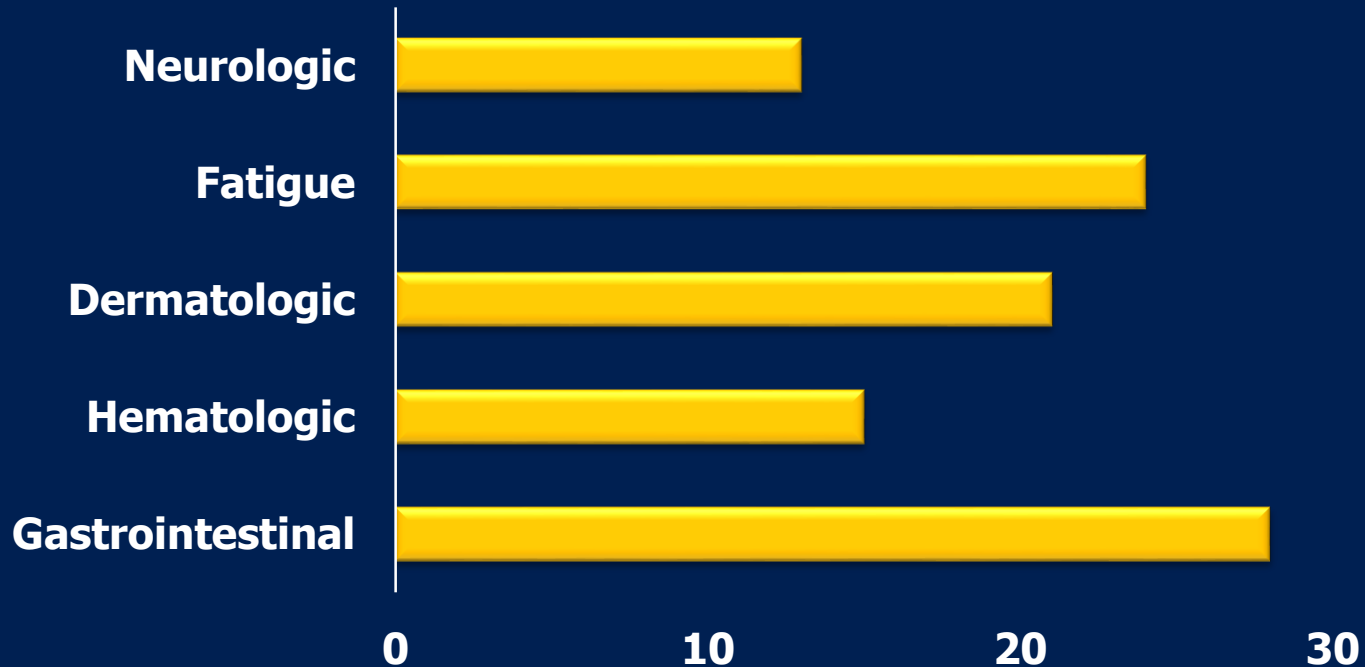
**Model 4: Model 3 + ECOG scale.**



# RESULTS

**Chemotherapy-emergent toxicity was recorded in 67 (45%) participants, with a median of 3 (range: 1-4) organs.**

## Chemotherapy-emergent toxicity



**Results of the logistic regression models (Odds Ratios, OR, and 95% confidence intervals, CI) for the occurrence of chemotherapy-emergent toxicity in the study population. All the covariates were entered simultaneously into the model.**

<b>Need of geriatric intervention</b>	<b>OR</b>	<b>95% CI</b>	<b>P</b>
<b>Model 1</b>	<b>2.35</b>	<b>1.12-4.92</b>	<b>.024</b>
<b>Model 2</b>	<b>3.21</b>	<b>1.43-7.17</b>	<b>.005</b>
<b>Model 3</b>	<b>5.19</b>	<b>2.17-12.42</b>	<b>&lt;.001</b>

**Model 1: crude model**

**Model 2: adjusted for age and sex**

**Model 3: adjusted for age, sex, Instrumental Activities of Daily Living, Barthel index, Tinetti scale, Gijon's social-familial evaluation scale, ECOG scale.**





Contents lists available at [ScienceDirect](#)

## Journal of Geriatric Oncology



### Development of a predictor of one-year mortality in older patients with cancer by geriatric and oncologic parameters

Chiara Giannotti <sup>a,b,1</sup>, Gabriele Zoppoli <sup>a,b,1</sup>, Lorenzo Ferrando <sup>a,c,1</sup>, Roberto Murialdo <sup>b</sup>, Irene Caffa <sup>a</sup>, Alice Laudisio <sup>d</sup>, Stefano Scabini <sup>b</sup>, Emanuele Romairone <sup>b</sup>, Piero Fregatti <sup>a,b</sup>, Daniele Friedman <sup>a,b</sup>, Patrizio Odetti <sup>a,b</sup>, Alessio Nencioni <sup>a,b,\*</sup>, Alberto Ballestrero <sup>a,b,\*</sup>, Fiammetta Monacelli <sup>a,b,\*</sup>

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<sup>b</sup> IRCCS Ospedale Policlinico San Martino, Genoa, Italy

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<sup>d</sup> Internal Medicine and Geriatrics Unit, Campus Bio-Medico University, Rome, Italy

**J Geriatr Oncol. 2019 Nov 6. pii: S1879-4068(19)30141-9.  
doi: 10.1016/j.jgo.2019.10.018.**

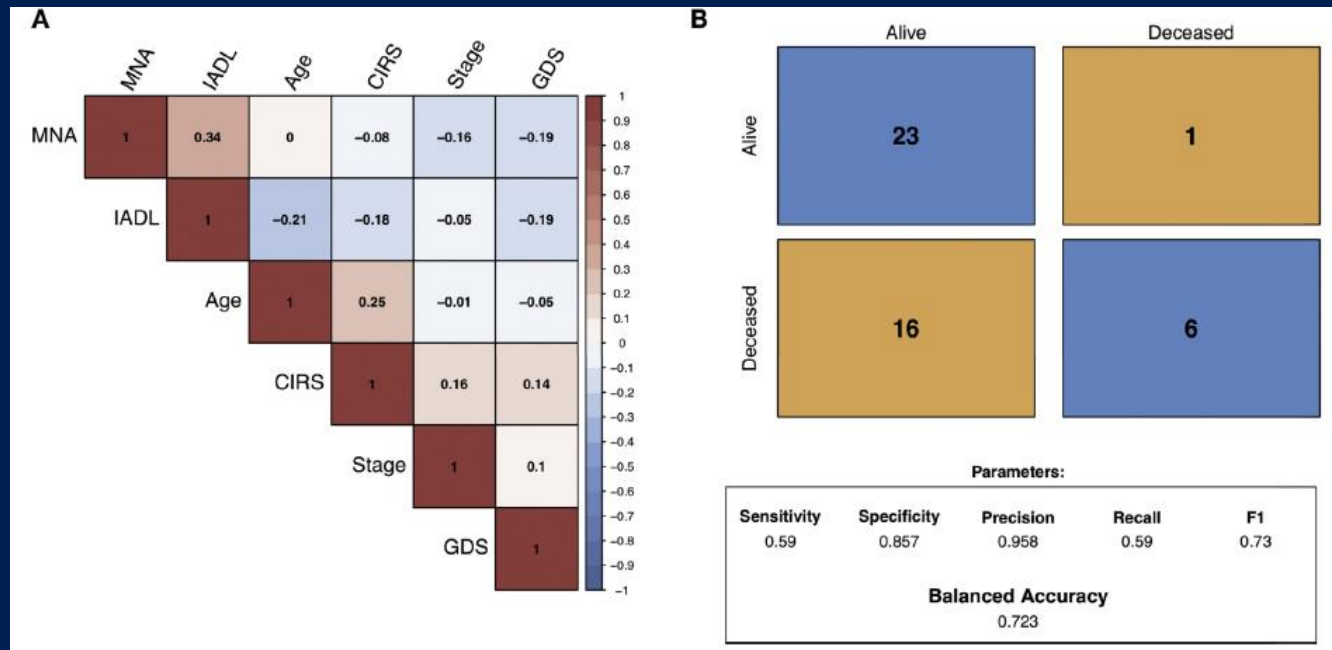


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Variable importance (based on absolute weight values).

Variable	Importance
MNA	0.09533226
Age	0.09971491
IADL	0.08741122
CIRS severity	0.07641355
Stage	0.07404448
GDS	0.06135735



**Giannotti C et al. J Geriatr Oncol. 2019 Nov 6. doi: 10.1016/j.jgo.2019.10.018.**



# MetaGENUA

Age


MNA

CIRS

GDS

IADL

0 8



0 1 2 3 4 5 6 7 8

A horizontal slider control for IADL. The slider bar is blue and extends from 0 to 8. A grey circular knob is positioned at the value 8. The numbers 0 and 8 are displayed in blue boxes at the ends of the slider.

Stage

1 4



1 2 3 4

A horizontal slider control for Stage. The slider bar is blue and extends from 1 to 4. A grey circular knob is positioned at the value 4. The numbers 1 and 4 are displayed in blue boxes at the ends of the slider.

Estimate

The MetaGENUA® classifier is freely available as an online tool at <https://translationalgenomicslab-dimi.shinyapps.io/MetaGENUA100/>

Giannotti C et al. J Geriatr Oncol. 2019 Nov 6. doi: 10.1016/j.jgo.2019.10.018.





Contents lists available at ScienceDirect

## Journal of Geriatric Oncology



### Effectiveness of Multi-Prognostic Index in older patients with advanced malignancies treated with immunotherapy

Andrea Sbrana <sup>b,1</sup>, Rachele Antognoli <sup>a,1</sup>, Giuseppe Pasqualetti <sup>a,\*</sup>, Giuseppe Linsalata <sup>a</sup>, Chukwuma Okoye <sup>a</sup>, Valeria Calsolaro <sup>a</sup>, Federico Paolieri <sup>b</sup>, Francesco Bloise <sup>b</sup>, Sergio Ricci <sup>b</sup>, Andrea Antonuzzo <sup>b,\*\*</sup>, Fabio Monzani <sup>a</sup>

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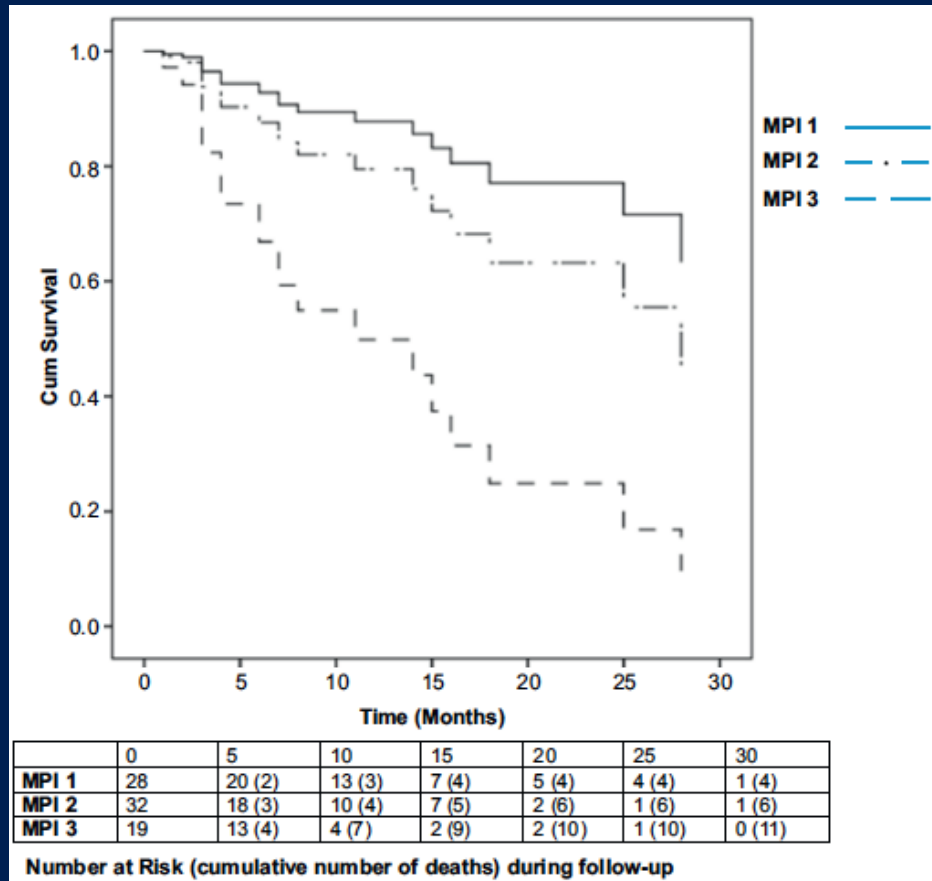
<sup>b</sup> Oncology Unit 1, Pisa University Hospital, via Roma 67, 56126 Pisa, Italy

**J Geriatr Oncol. 2019 Oct 28. pii: S1879-4068(19)30157-2.**  
**doi: 10.1016/j.jgo.2019.09.010.**



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**J Geriatr Oncol. 2019 Oct 28. pii: S1879-4068(19)30157-2.  
doi: 10.1016/j.jgo.2019.09.010.**

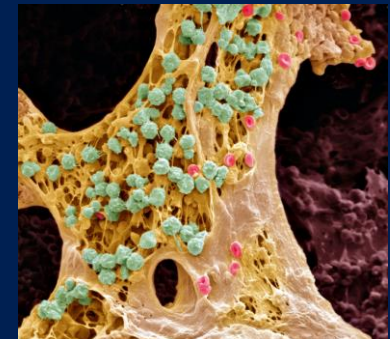
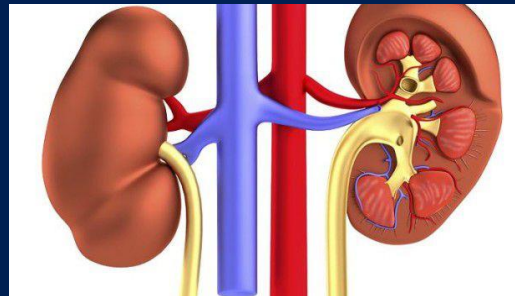
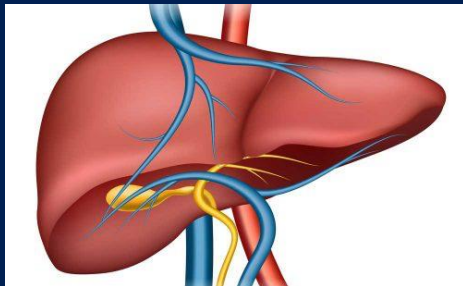
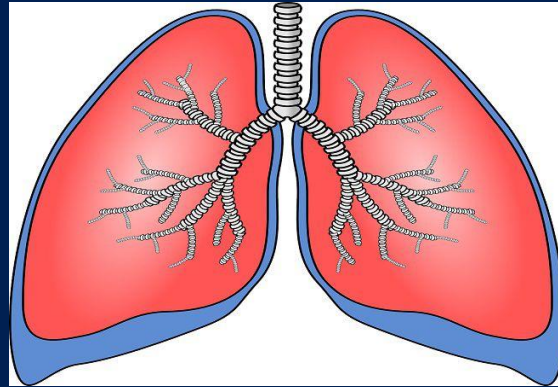
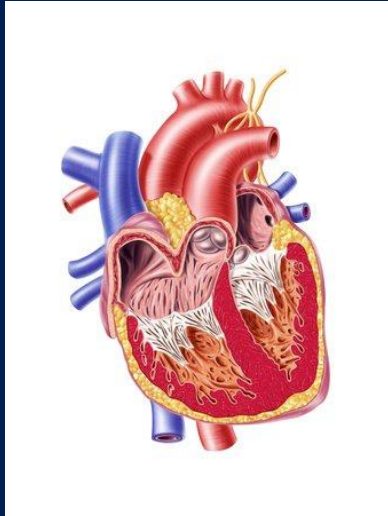




**Protocollo di studio clinico: functioning,  
damage and organ frailty in elderly patients  
with cancer:  
The GRADIENT study (orGan fRAilTy in  
elDerly patIENTs)**



# CLINICAL ASSESSMENT AT BASELINE





Università Campus Bio-Medico di Roma  
Dott.ssa Alice Laudisio  
Area di Geriatria  
Sede

Roma, 16/04/2019  
Prot: 15/19 OSS ComEt CBM

**Oggetto:** Parere su studio osservazionale multicentrico **GRADIENT** dal titolo: “**Funzionamento, danno e fragilità d’organo dei pazienti anziani con neoplasia**”.

*In merito al protocollo indicato in oggetto, esaminati i seguenti documenti:*

1. signed\_GRADIENT\_studio osservazionale prospettico
2. signed\_GRADIENT\_natura osservazionale
3. signed\_GRADIENT\_lettera intenti
4. protocollo\_GRADIENT study 16-3-19
5. GRADIENT\_Lettera d'intenti studio osservazionale prospettico UCBM Promotore - vers 1.2017
6. GRADIENT\_consenso informato studio osservazionale UCBM vers. 02

Alla luce delle direttive della Circolare n. 6 del Ministero della Salute del 2 settembre 2002 e alla Determina del 20/03/2008 recante “Linee guida per la classificazione e conduzione degli studi osservazionali sui farmaci”; il Comitato Etico nella seduta del **16 aprile 2019** **Approva** lo studio.



# **Systemic treatment of cancer in the elderly.**

**Balducci L et al. Arch Gerontol Geriatr. 1988;7:119-50.**

**Treatment of cancer and hematological malignancy in elderly people: oncogeriatrics as a discipline for the future (Part I): geriatric evaluation and management of solid tumors.**

**Ghiringhelli F et al. Rev Med Interne. 2005;26:216-25.**

**Impact of preoperative change in physical function on postoperative recovery: argument supporting prehabilitation for colorectal surgery.**

**Mayo NE et al. Surgery. 2011 Sep;150(3):505-14.**

