



67° CONGRESSO NAZIONALE SIGG

LA LONGEVITÀ DECLINATA AL FEMMINILE

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Salute "V.Tiberio".**

**LA FRAGILITÀ NEL PAZIENTE ONCOLOGICO: I BENEFICI DEGLI
INTERVENTI BASATI SULLA VALUTAZIONE GERIATRICA**



SOCIETÀ ITALIANA
DI GERONTOLOGIA
E GERIATRIA

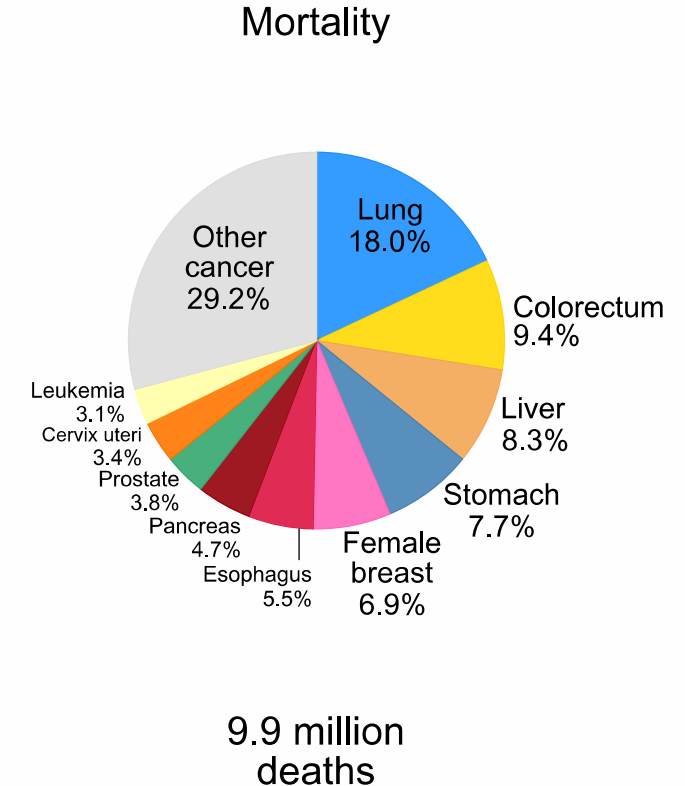
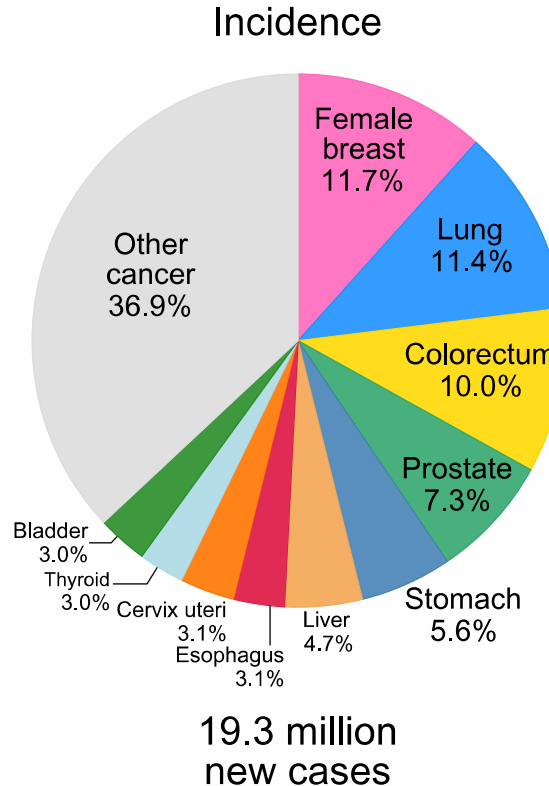


Roma, 30 novembre - 3 dicembre 2022
UNIVERSITÀ CATTOLICA DEL SACRO CUORE



Both sexes

- Worldwide an estimated 19.3 million new cancer cases and almost 10 million cancer deaths occurred in 2020.
- The most commonly diagnosed cancers: female breast cancer (11.7%), lung cancer (11.4%) and colorectal cancer (10%).
- Lung cancer is the leading cause of cancer death, 1.8 million deaths (18%), followed by colorectal cancer (9.4%).

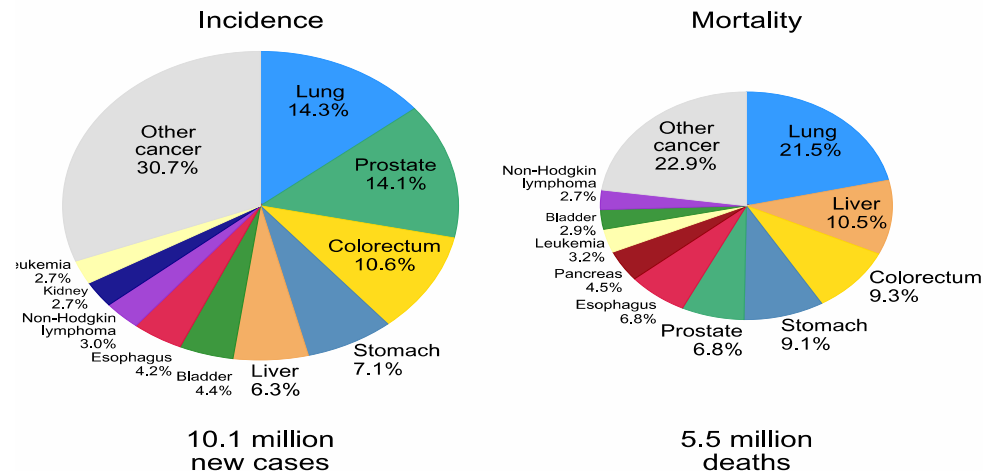


Sung H. et al Global Cancer Statistics 2020

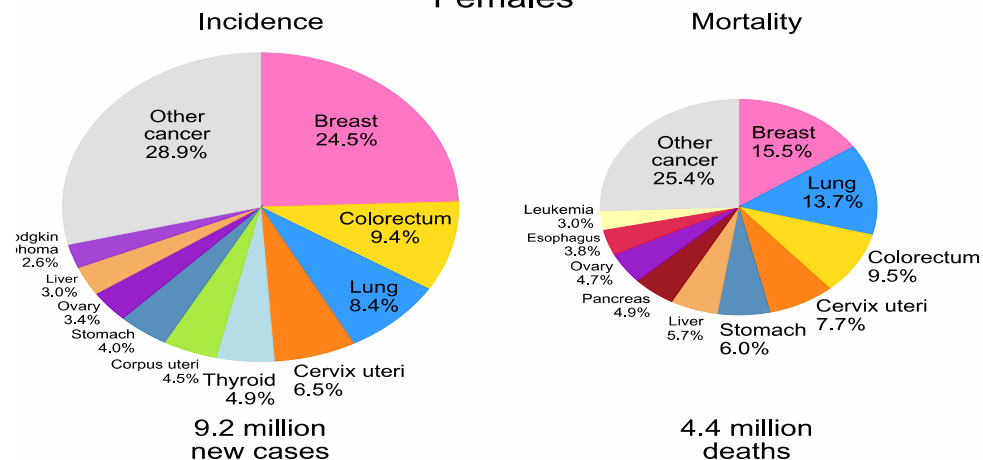


- The incidence rate for all cancers combined was 19% higher in men than in women
- The gender gap for overall cancer mortality worldwide is twice that for incidence, with death rates 43% higher in men than in women.

Males



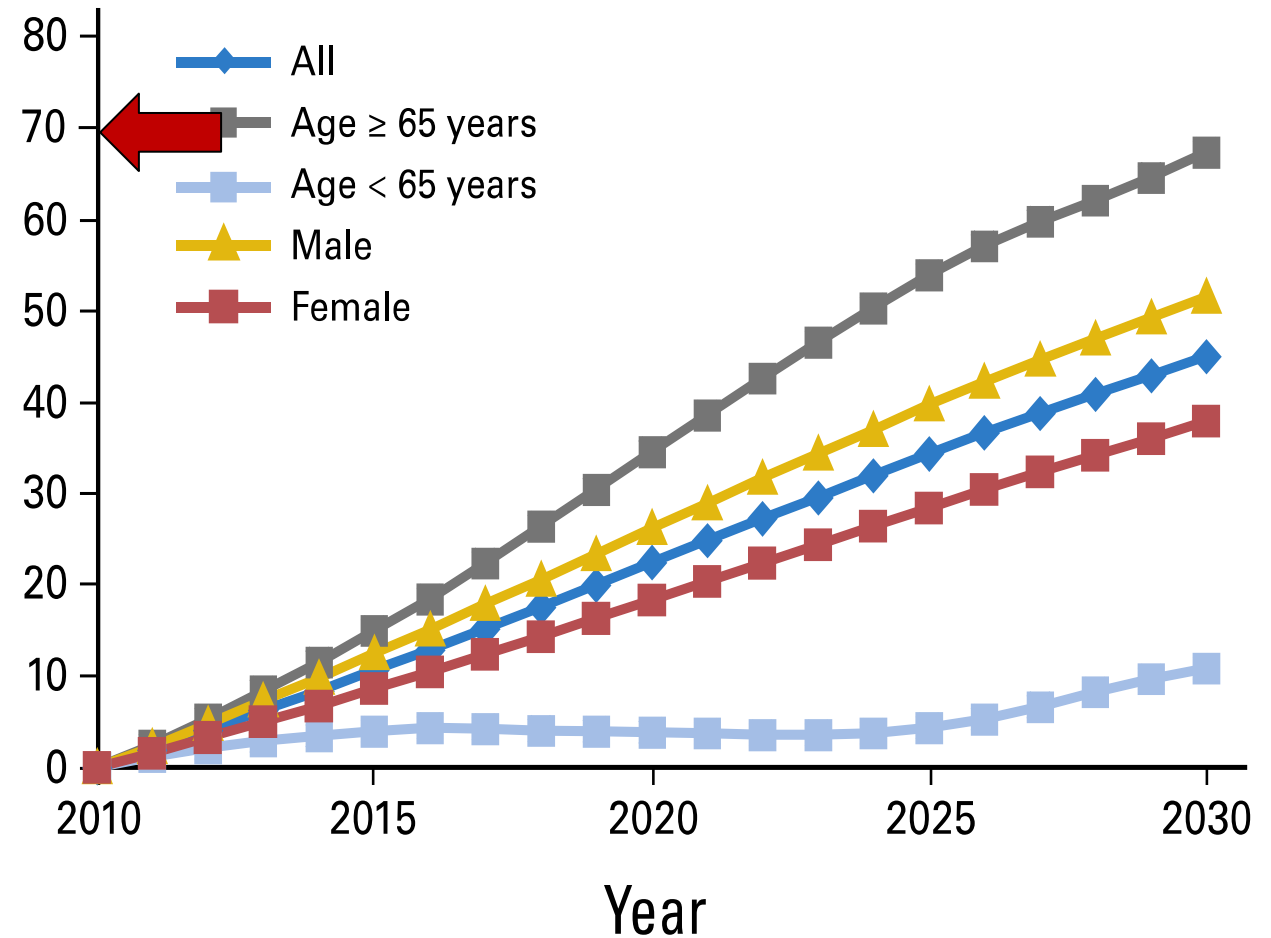
Females



Sung H. et al Global Cancer Statistics 2020



- **Female Breast Cancer** : 62 years the median age of a breast cancer diagnosis and nearly 20 percent of women diagnosed are over the age of 75 (*USA Surveillance Epidemiology and End Results registry*).
- **Lung Cancer** : 37% occur over 75 years old (*Torre L.A et al Lung cancer statistics 2018*)
- **Colorectal cancer** : 60% of patients are > 70 years at the time of diagnosis (*National Cancer Registration and Analysis UK 2015*)
- By 2030 cancer diagnosis in elderly will increase up to 70%



Smith et al Journal of Clinical Oncology 2009



An update on a systematic review of the use of geriatric assessment for older adults in oncology

M. T. E. Puts^{1*}, B. Santos¹, J. Hardt¹, J. Monette², V. Girre³, E. G. Atenafu⁴, E. Springall⁵ & S. M. H. Alibhai⁶

Background: Our previous systematic review of geriatric assessment (GA) in oncology included a literature search up to November 2010. However, the quickly evolving field warranted an update. Aims of this review: (i) provide an overview of all GA instruments developed and/or in use in the oncology setting; (ii) evaluate effectiveness of GA in predicting/modifying outcomes (e.g. treatment decision impact, treatment toxicity, mortality, use of care).

Materials and methods: Systematic review of literature published between November 2010 and 10 August 2012. English, Dutch, French and German-language articles reporting cross-sectional or longitudinal, intervention or observational studies of GA instruments were included. Data sources: MEDLINE, EMBASE, PsycINFO, CINAHL and Cochrane Library. Two researchers independently reviewed abstracts, abstracted data and assessed the quality using standardized forms. A meta-analysis method of combining proportions was used for the outcome impact of GA on treatment modification with studies included in this update combined with those included in our previous systematic review on the use of GA.

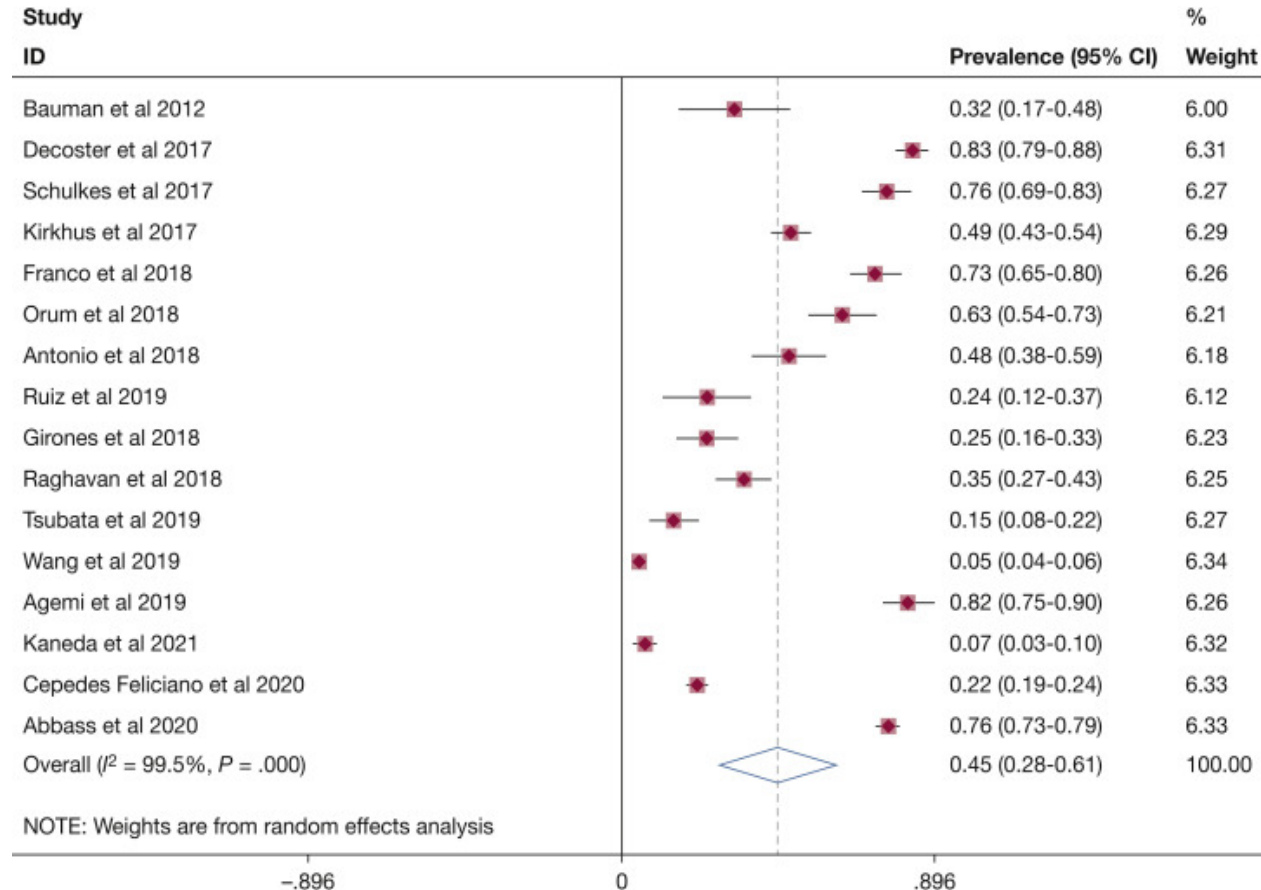
Results: Thirty-five manuscripts reporting 34 studies were identified. Quality of most studies was moderate to good. Eighteen studies were prospective, 11 cross-sectional and 5 retrospective. Three studies examined treatment decision-making impact and found decisions changed for fewer than half of assessed patients (weighted percent modification is 23.2% with 95% confidence interval (20.3% to 26.1%). Seven studies reported conflicting findings regarding predictive ability of GA for treatment toxicity/complications. Eleven studies examined GA predictions of mortality, and reported that instrumental activities of daily living, poor performance status and more numerous GA deficits were associated with increased mortality risk. Other outcomes could not be meta-analyzed.

Conclusion: Consistent with our previous review, several domains of GA are associated with adverse outcomes. However, further research examining effectiveness of GA on treatment decisions and oncologic outcomes is needed.

- ADL, IADL, performance status, increased number of deficits/frailty markers were associated with poor health outcomes such as toxicity of treatment and mortality .



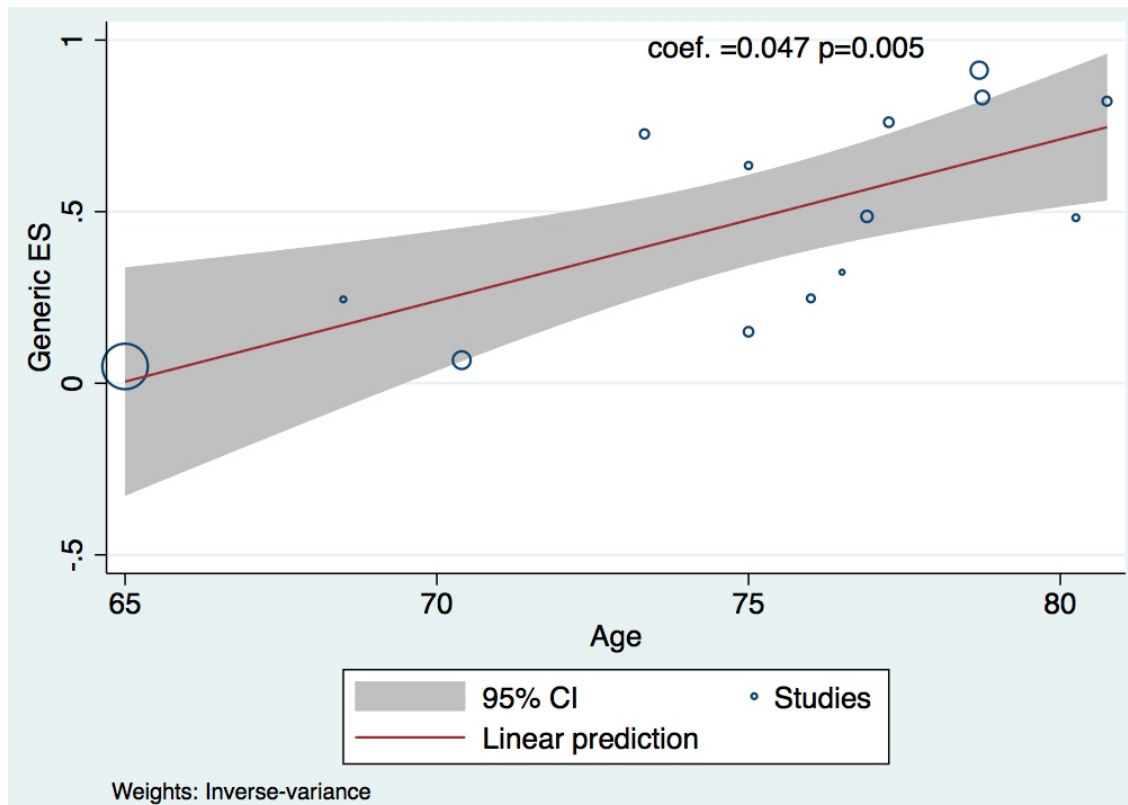
Frailty in Patients with Lung Cancer A Systematic Review and Meta-Analysis



- What is the prevalence of frailty among patients with lung cancer?



Frailty in Patients with Lung Cancer A Systematic Review and Meta-Analysis

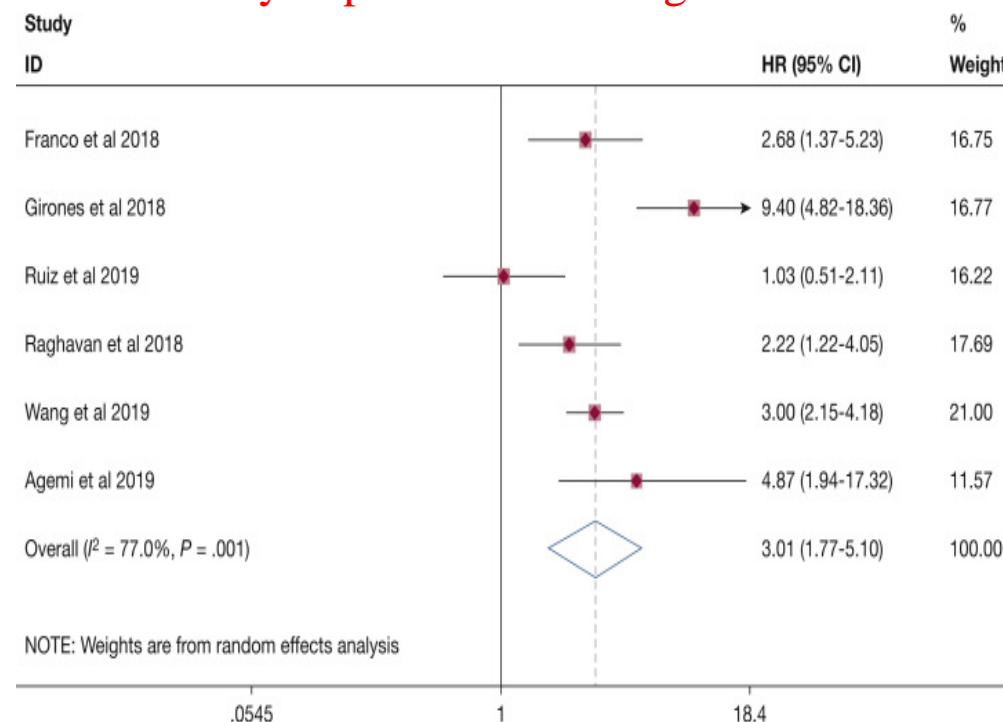
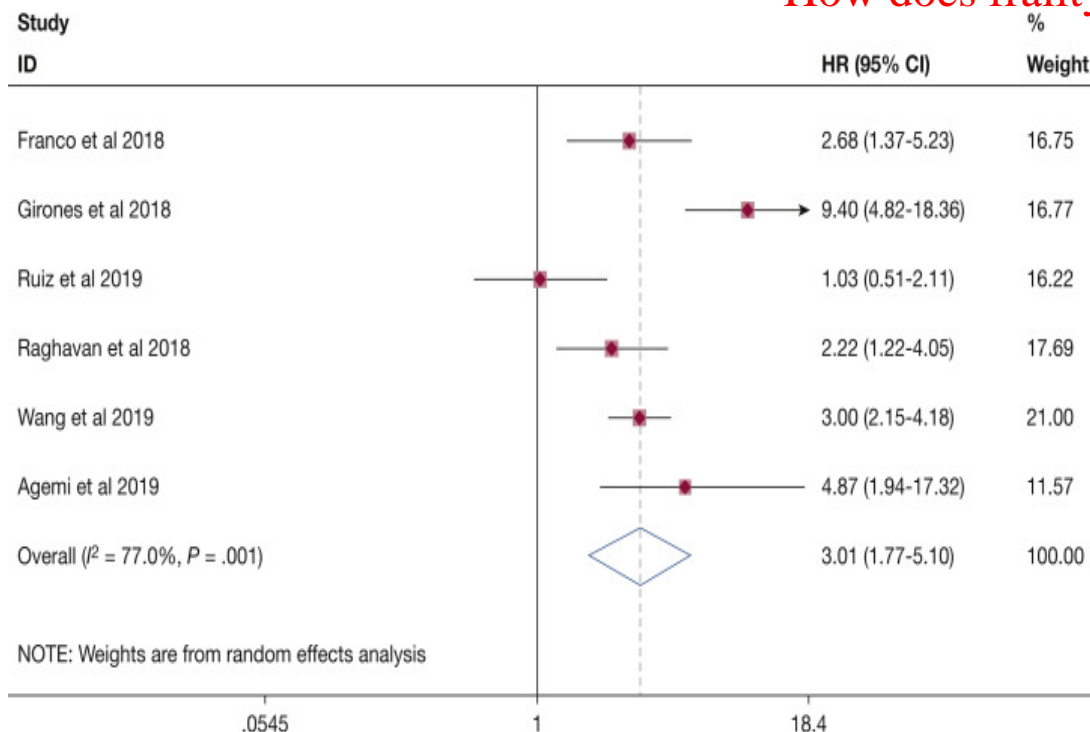


Komici K. et al CHEST 2022



Frailty in Patients with Lung Cancer A Systematic Review and Meta-Analysis

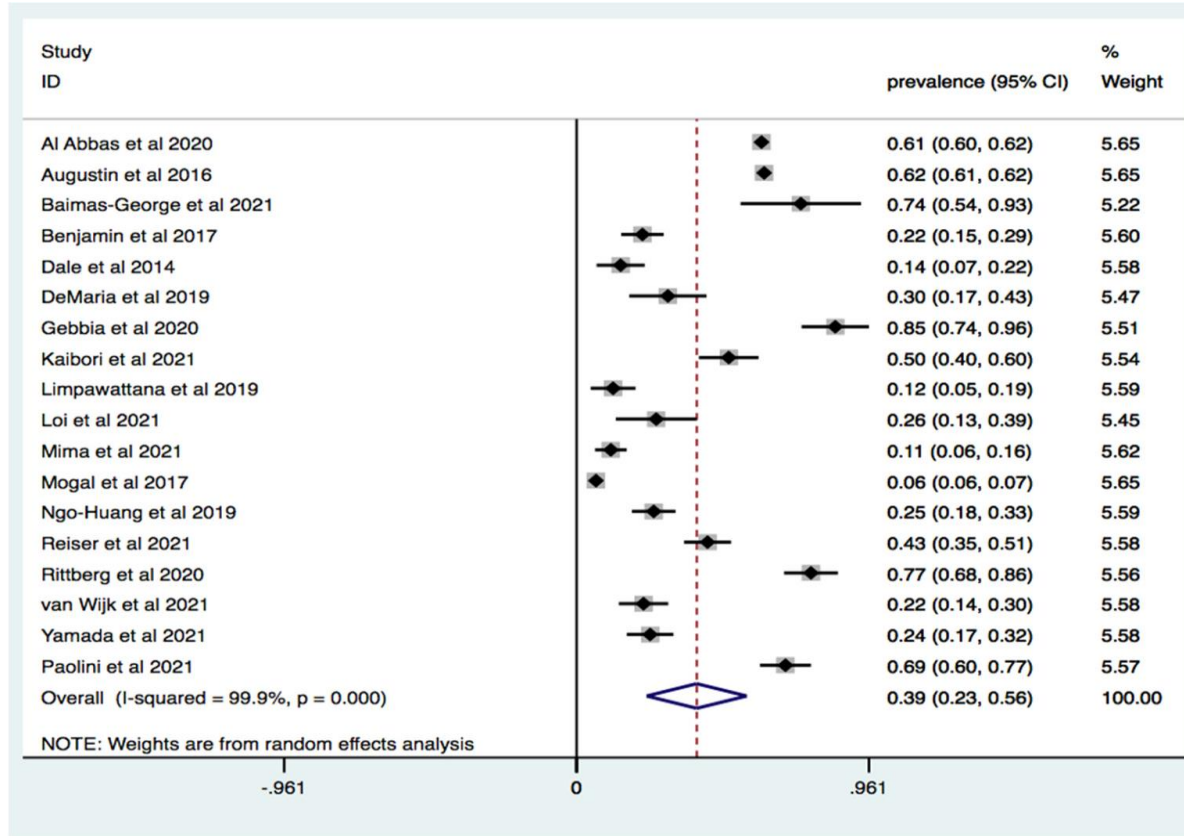
- How does frailty influence mortality in patients with lung cancer?





Article

The Prevalence and the Impact of Frailty in Hepato-Biliary Pancreatic Cancers: A Systematic Review and Meta-Analysis

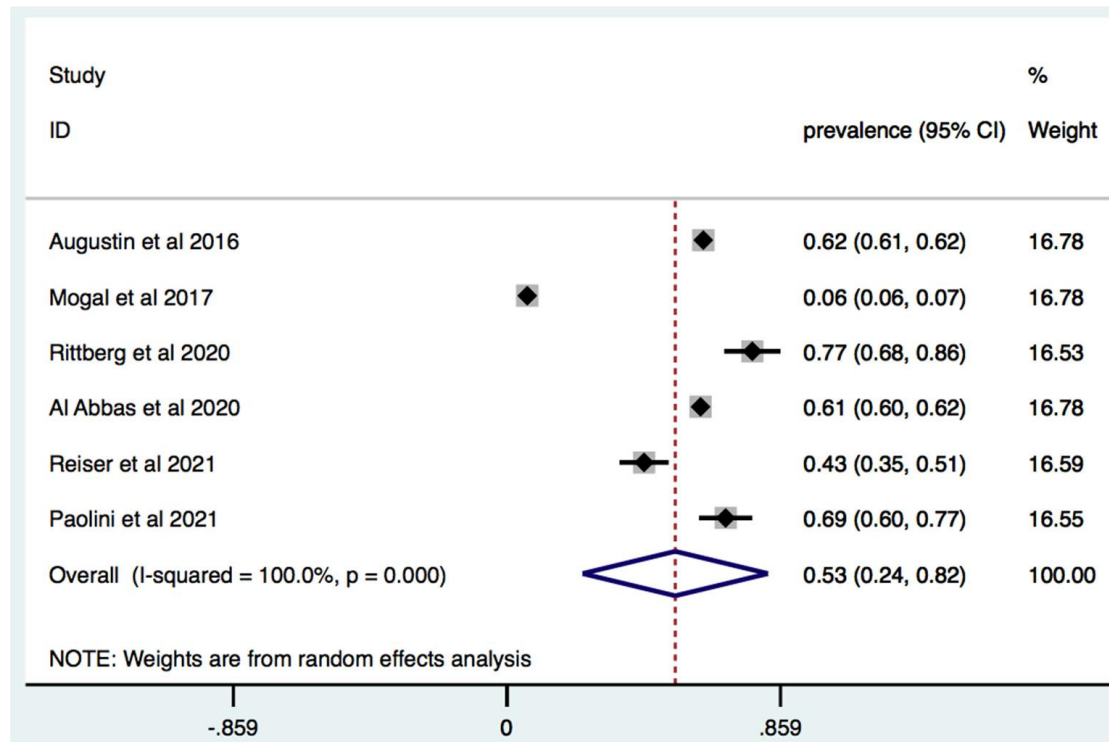


Komici K. et al J of clinical Medicine 2022



Article

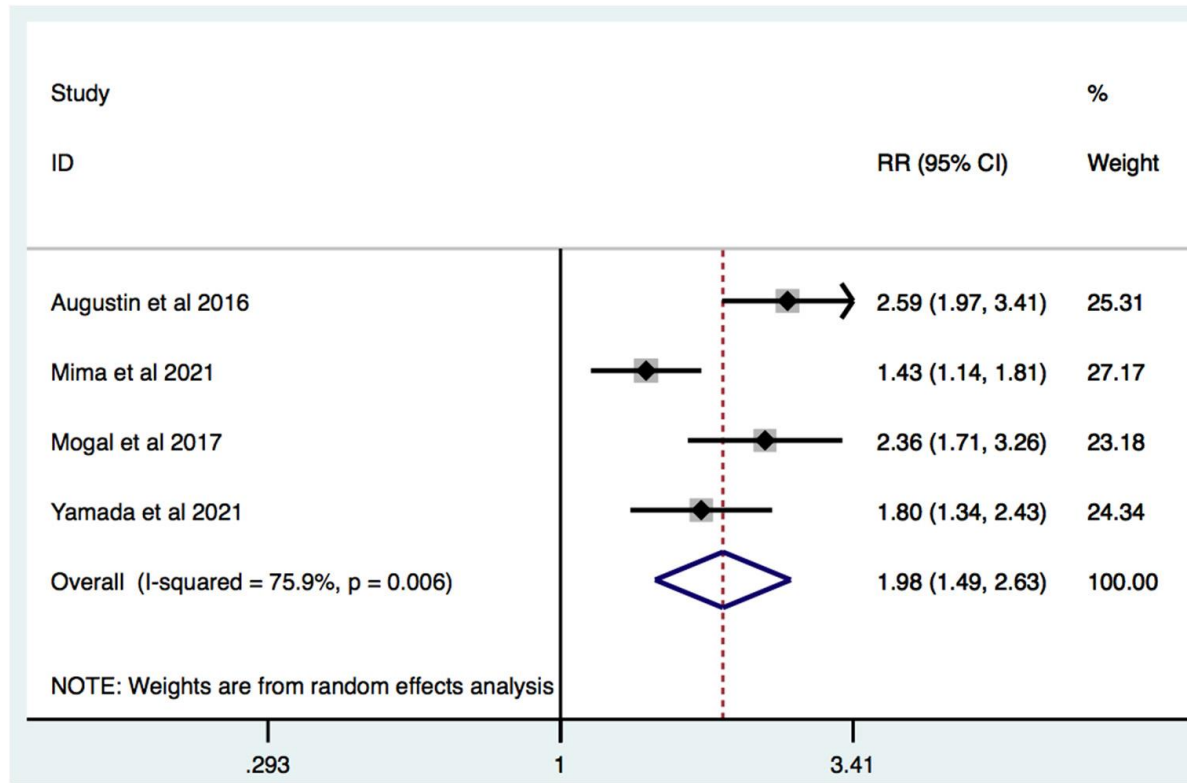
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Article

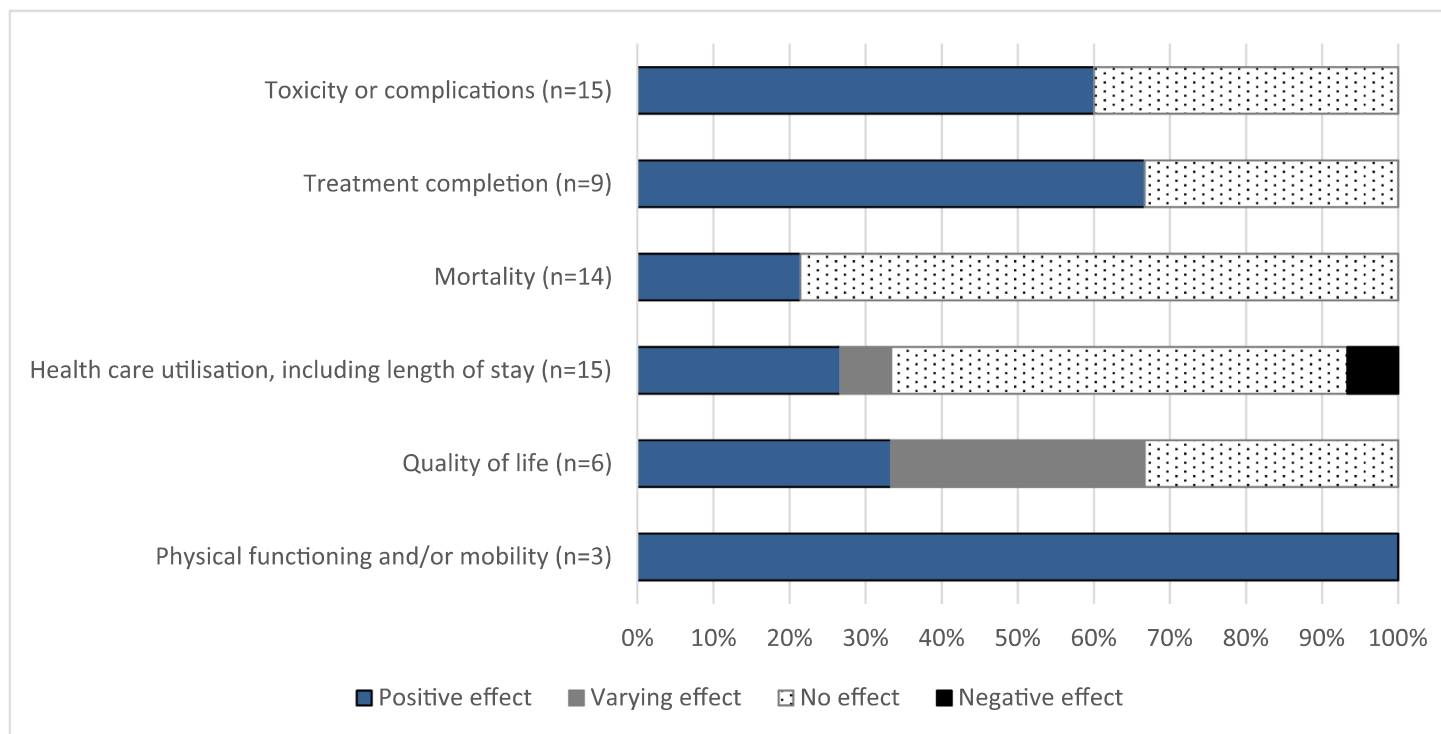
The Prevalence and the Impact of Frailty in Hepato-Biliary Pancreatic Cancers: A Systematic Review and Meta-Analysis



Komici K. et al J of clinical Medicine 2022



Geriatric assessment in the management of older patients with cancer – A systematic review (update)





What is the role of a CGA-driven intervention vs standard of care (SOC) on treatment-related toxic effects and other clinical outcomes ?



What is the role of a CGA-driven intervention vs standard of care on treatment-related toxic effects and other clinical outcomes ?

Study Design: Systematic Review and Meta-Analysis

Population : cancer patients



Intervention : CGA-driven interventions



Comparison: CGA-driven interventions vs SOC



Outcome: Treatment related toxic effects and others:



Unpublished data



identification

screening

eligibility

inclusion

Pubmed/Medline
(n=785)

Scopus
(n=5714)

Web of Science
(n=765)

Cochrane
(n=283)

Other Sources
(n=12)

Records after duplicates removed (n=3869)

Records Screened (n=3869)

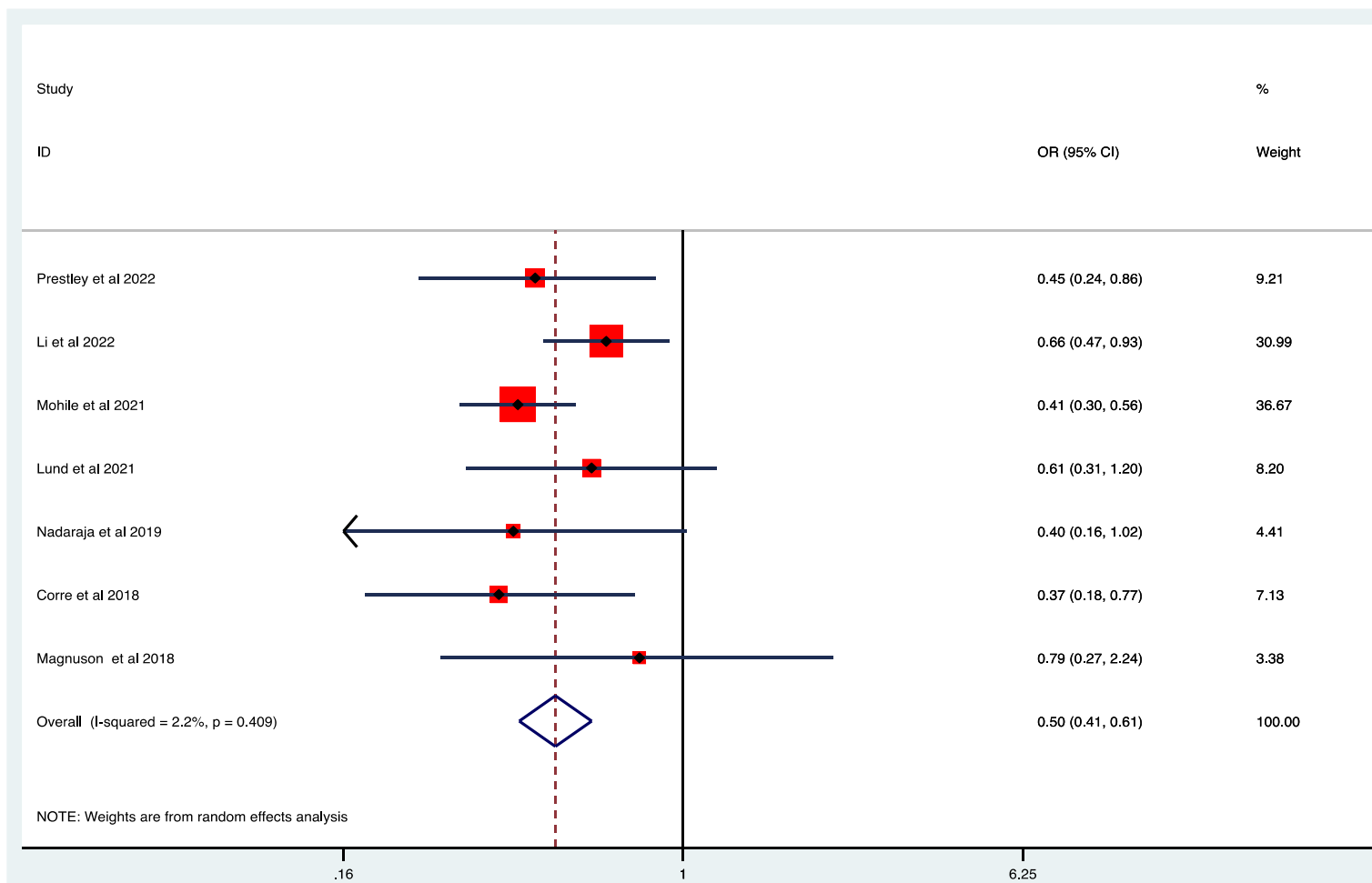
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Full text articles assessed for
eligibility (n=129)

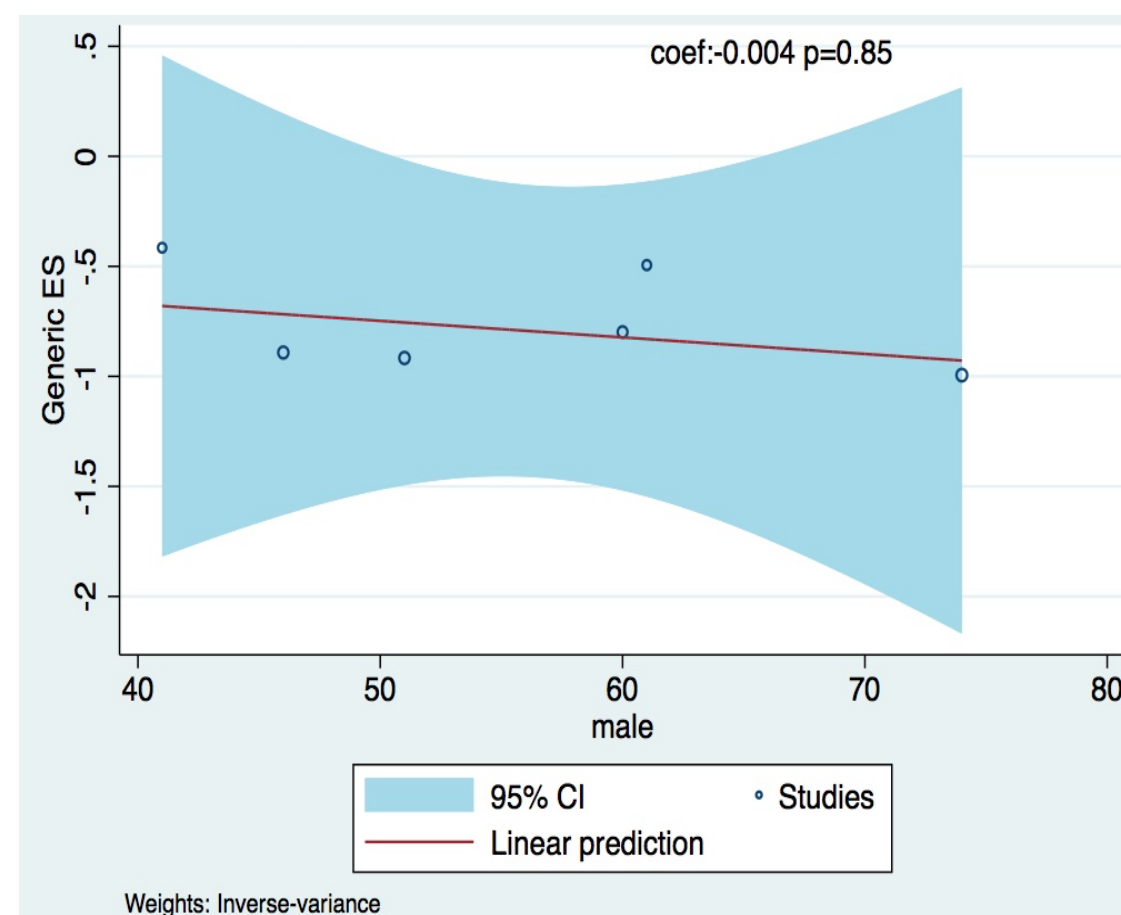
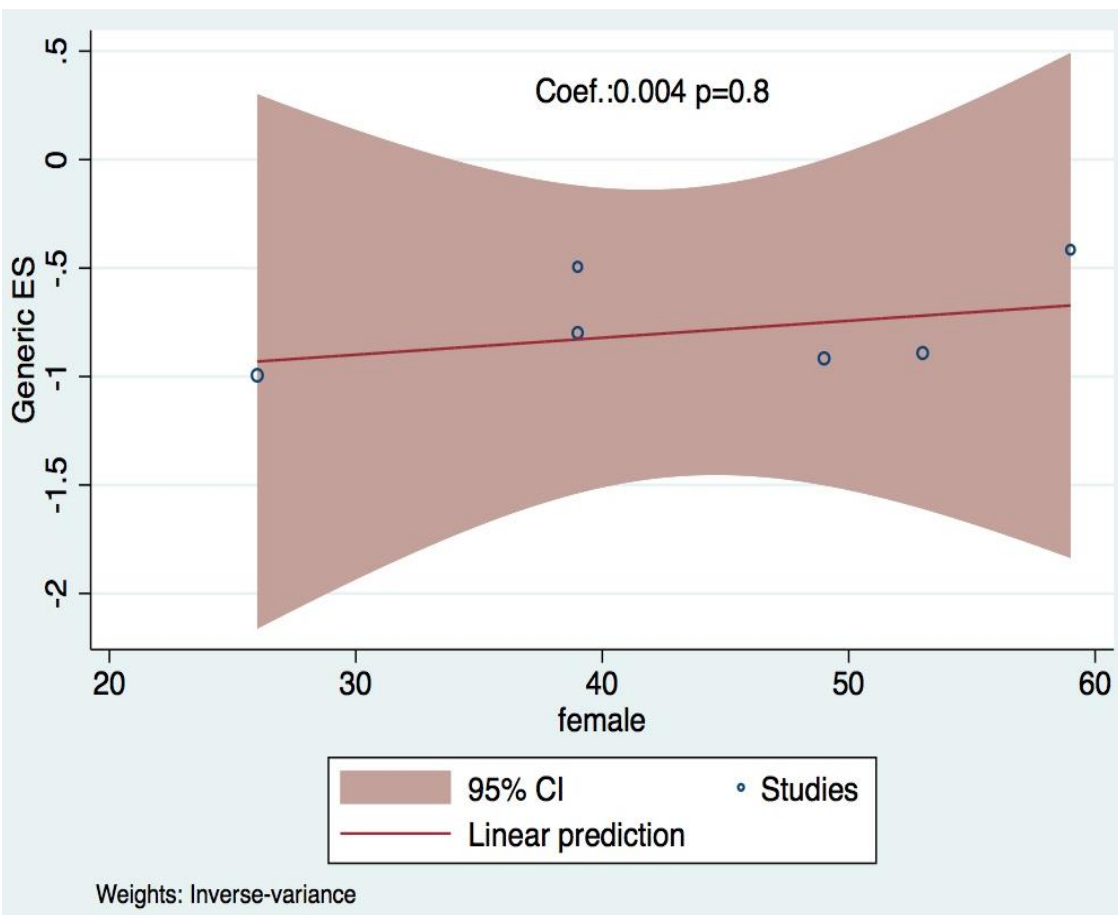
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with reasons
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Included studies (n= 7)

Unpublished data



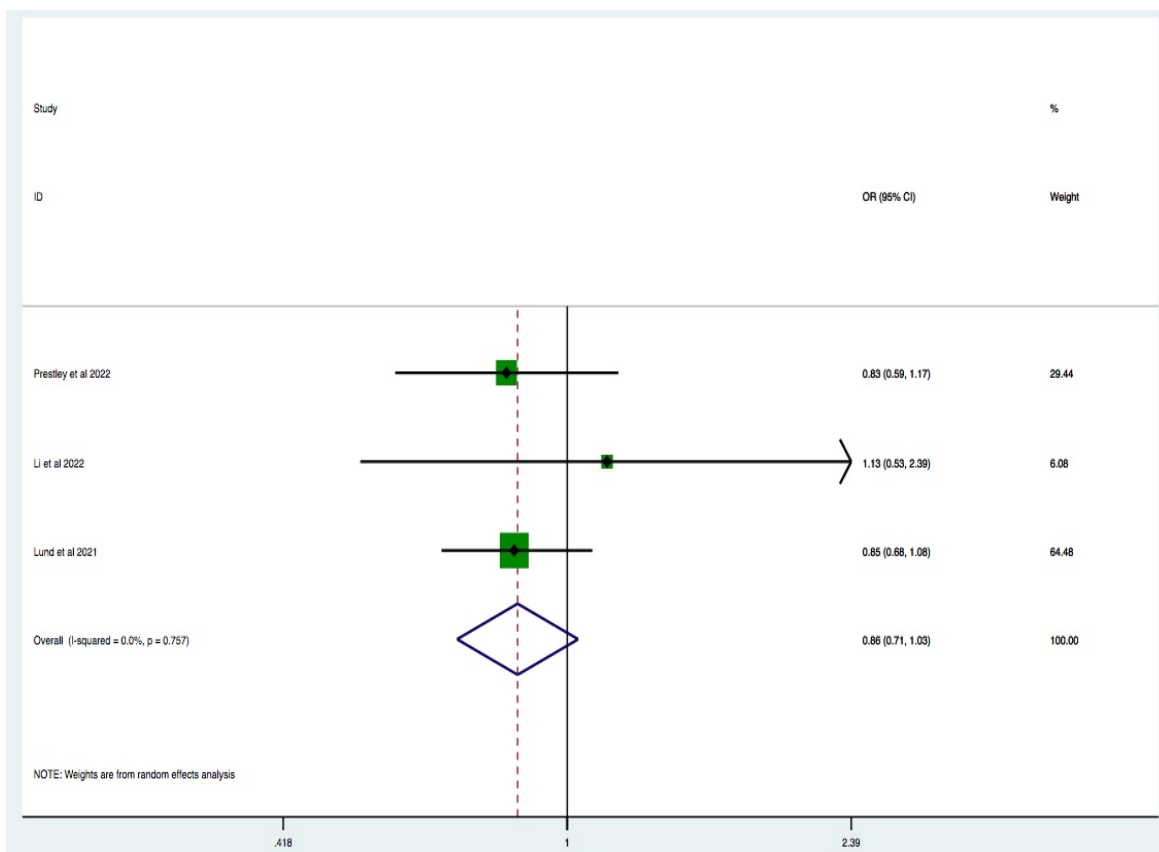
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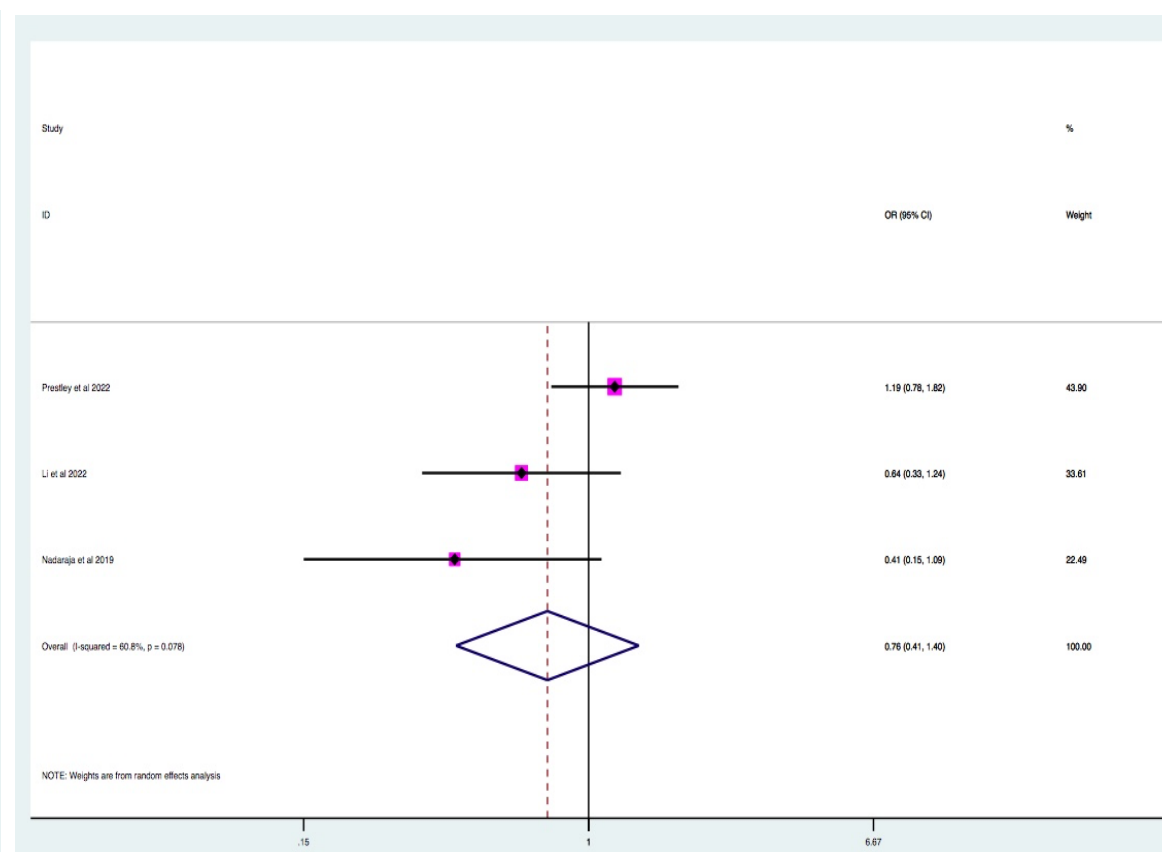
Unpublished data



Early Chemotherapy Discontinuation



Un-planned Hospitalizations



Unpublished data



CONCLUSIONS

- ✓ CGA-driven interventions are associated with a lower risk of treatment-related toxicity compared to standard care
- ✓ CGA-driven interventions did not modify the risk of early therapy discontinuation or unplanned hospitalizations
- ✓ Further RCT should investigate the role of CGA-driven interventions on outcomes and also from a gender-related perspective.
- ✓ The result of the geriatric assessment should be incorporated into oncologic decision-making.