Geriatric Assessment Improves Communication Between Oncologists and Older Patients

ASCO Perspective

“As a society, we often think about the value of cancer treatments in terms of survival, but for older patients, we need to look beyond that. Geriatric assessments are clearly an effective tool to help us treat the whole patient. It’s a conversation starter that informs and empowers both patients and oncologists as we make decisions about their cancer care and overall health care together,” said ASCO Expert Joshua A. Jones, MD, MA.

CHICAGO – A federally funded randomized study demonstrated that the use of geriatric assessment in routine care of older adults with advanced cancer significantly improved doctor-patient communication about age-related concerns as well as patient satisfaction with the communication.

Geriatric assessment is an evaluation of health-related concerns common among older adults. In this study, the geriatric assessment included a standardized, written questionnaire and objective tests for physical performance and cognition. Researchers evaluated all patients with geriatric assessment, but only oncologists at practices randomly assigned to the intervention arm received results of the geriatric assessment. Researchers found that doctors who received geriatric assessment results before meeting with their patient were more likely to discuss age-related concerns and recommend interventions to address them.

This is the first randomized study to show that geriatric assessment improves doctor-patient communication, according to the authors. The study will be featured in a press briefing today and presented at the 2018 American Society of Clinical Oncology (ASCO) Annual Meeting.

“As oncologists, we need to step away from focusing solely on the cancer, especially in our older patients. While living longer is important, there are many non-cancer related health issues that are as, if not more, important,” said lead study author Supriya Gupta Mohile, MD, MS, the Wehrheim professor of medicine at the University of Rochester in New York.

“Both patients and their caregivers clearly want the oncologist to discuss age-related concerns. Our study shows that geriatric assessment can help oncologists meet these needs for their older patients.”
Approximately 70% of people with cancer are age 65 and older, and the number of people with cancer over the age of 65 is projected to increase significantly over the next 20 years.¹

**About Geriatric Assessment**
Geriatric assessment is the evaluation of age-related concerns pertaining to physical and mental health, nutrition, and social support, which are often not identified during a routine oncology visit and physical exam. The assessment can identify older adults who are at risk of having a shorter life expectancy due to non-cancer related health problems and people at increased risk of side effects from cancer treatment.

In a recently published [clinical practice guideline](#), ASCO recommended that geriatric assessment be used to identify vulnerabilities that are not routinely captured in oncology assessments in all patients 65 years and older who are receiving chemotherapy.

Research suggests geriatric assessment is most widely used in major cancer centers with geriatric oncology programs, but seldomly used in other practice settings.²,³

**About the Study**
In this study, the researchers randomly assigned 31 community oncology practices that are affiliated with the University of Rochester’s NCI Community Oncology Research Program to geriatric assessment group or usual care group. Through these practices, information from 542 patients was included in this study. All were age 70 years or older, with incurable, advanced solid tumors or lymphoma, and had an impairment in at least one measure on the geriatric assessment performed at study enrollment.

The measures included function (activities of daily living), physical performance (e.g., balance, falls, physical health), comorbidities (chronic illnesses), nutrition, social support, depression, and cognition (e.g., memory problems).

As part of the geriatric assessment, physical performance and cognition measures were assessed through objective tests given by trained coordinators. Other measures were self-reported through validated questionnaires. On average, the questionnaires took patients 30-45 minutes to complete and the objective tests another 10 minutes in the clinic.

Although patients in both study arms received geriatric assessment, only oncologists in the geriatric assessment arm received a web-based summary of results from the assessment with recommendations for interventions for each patient (e.g., physical therapy for a history of falls) prior to their next clinic visit. In the usual care group, physicians were informed if geriatric assessment revealed a patient had significantly impaired cognition or depression, but they received no overall summary of results of the assessments or recommendations for care.

Clinic visits occurred within four weeks of the geriatric assessment. Researchers assessed the content and quality of doctor-patient communication through transcribed recordings of the conversation during one clinic visit for each patient in both study arms. Quality communication was defined as conversations where the physician gathered more information about age-related concerns and patients’ concerns were addressed thoroughly. Patient satisfaction with doctor-patient communication was assessed through a telephone questionnaire following the clinic visit.

**Key Findings**
In the geriatric assessment arm, there was a mean of 3.5 more discussions about age-related concerns during the clinic visits, compared to the usual care arm. On average, there were two more high-quality doctor-patient conversations in the geriatric assessment arm than in the usual care arm, and two more discussions led to interventions in the geriatric assessment arm than in the usual care arm.

Interventions included physical therapy evaluation for patients with a history of falls; reducing or eliminating high-risk medications for a patient taking more than five prescription medications; and assessing decisional capacity in a patient with significant cognitive impairment.

Patients in the geriatric assessment arm had significantly more discussions about almost all age-related concerns measured by geriatric assessment. Patient satisfaction with communication with their doctor was 1.12 points higher in the geriatric assessment arm (difference statistically significant), suggesting that patients valued discussions about age-related concerns.

**Next Steps**

The researchers are evaluating if the interventions resulting from geriatric assessments have a positive effect on patient function and quality of life, and caregiver satisfaction and quality of life. A separate ongoing study is evaluating if geriatric assessment can reduce chemotherapy side effects by improving decision making for older patients with advanced cancer. There are several other randomized clinical trials underway evaluating the effects of geriatric assessment on other outcomes.

This study received funding from the Patient Centered Outcomes Research Institute and the National Cancer Institute. All statements from this study, including its findings and conclusions, are solely those of the authors, and do not necessarily represent the official views of the funding agencies, PCORI, its Board of Governors, or its Methodology Committee.

**Study at a Glance**

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<thead>
<tr>
<th>Disease</th>
<th>Advanced solid tumors and lymphoma</th>
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<tbody>
<tr>
<td><strong>Trial Type</strong></td>
<td>Cluster randomized clinical trial</td>
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<tr>
<td><strong>Patients on Trial</strong></td>
<td>542</td>
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<tr>
<td><strong>Intervention Tested</strong></td>
<td>Geriatric assessment</td>
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<td><strong>Primary Finding</strong></td>
<td>Geriatric assessment helps improve communication about age-related concerns between older patients and their oncologists</td>
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<tr>
<td><strong>Secondary Finding(s)</strong></td>
<td>More age-related problems addressed when geriatric assessment used</td>
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2McNeil C. Geriatric oncology clinics on the rise. JNCI 2013 May 1. 1;105(9):585-6.
3Mohile SG. Community Oncologists’ Decision-Making for Treatment of Older Patients with Cancer. JNCCN. 2018 March; 16(3):301-309
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2018 ASCO Annual Meeting: Presentation Information

Patient and Survivor Care Oral Abstract Session
Sunday, June 3, 2018: 8:48-8:58 a.m. CT
McCormick Place, S102

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Abstract LBA10003: Improving Communication with Older Patients with Cancer using Geriatric Assessment (GA): A University of Rochester NCI Community Oncology Research Program (NCORP) Cluster Randomized Controlled Trial (CRCT).

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Background: GA includes validated measures that assess age-related health domains (e.g., function, cognition) known to increase adverse outcomes. In this PCORI and NCI funded CRCT, we evaluated if providing a GA summary and recommendations for GA-guided interventions improves communication about age-related concerns for older patients (pts) with cancer. Methods: Pts aged ≥ 70 with advanced solid tumors or lymphoma and at least 1 impaired GA domain were enrolled. Oncology practices were randomized to intervention (oncologists received GA summary) or usual care (no summary provided). The primary outcomes were: 1) number of discussions about age-related concerns (the clinic visit after GA was audio-recorded and transcribed; 2 blinded coders evaluated quality of communication and plan for follow-up interventions) and 2) telephone surveys of patient satisfaction (modified Health Care Climate Questionnaire [HCCQ-age] scored 7-35). Outcomes were analyzed using linear mixed models with arm as the fixed effect, controlling for practice. Results: From 2014-17, 544 pts (295 in GA) were enrolled from 31 practices. There were no differences in demographics by arm (mean age 77 yrs; 49% female). More patients in usual care had impaired physical performance (96% vs 92%, p = 0.03) and social support (33% vs 25%, p = 0.05). In 530 evaluable pts, the overall mean number of discussions was 6.3 (SD: 4.0). The GA arm had 3.5 more discussions about age-related concerns (95%CI: 2.28-4.72, p = 10^-6; intraclass correlation coefficient [ICC] = 0.24) compared to usual care; of these, in the GA arm, 2.0 more discussions on average had higher quality communication (95%CI: 1.20-2.69; p = 6x10^-6) and 1.9 more led to interventions (95% CI: 1.14-2.73; p = 1.6x10^-5). The GA arm had significantly more discussions for almost all GA domains. In 511 pts with HCCQ-age, the mean score was 22.9 (SD 4.5); the score was...
1.12 points higher in the GA arm (95%CI: 0.23-2.03; p = .027; ICC = 0.02). **Conclusions:** Providing a GA summary to oncologists increases the number and quality of discussions about age-related concerns and improves pt satisfaction.

**Disclosures:** Supriya Gupta Mohile, MD, MS, Consulting or Advisory Role with Seattle Genetics; Arti Hurria, MD, FASCO, Consulting or Advisory Role with GTx, Boehringer Ingelheim, On Q Health, Sanofi, OptumHealth, Pierian Biosciences, MJH Healthcare Holdings, LLC., Research Funding from GlaxoSmithKline, Celgene, Novartis; Eva Culakova, PhD, MS, Research Funding (Institutional) from Amgen; Judith O. Hopkins, MD, Consulting or Advisory Role with AIM Specialty Health.