

# **Patient Age and Evolving Treatment Options**

**Hyman B. Muss, MD, FASCO**

**6<sup>th</sup> Annual Breast Cancer Symposium**

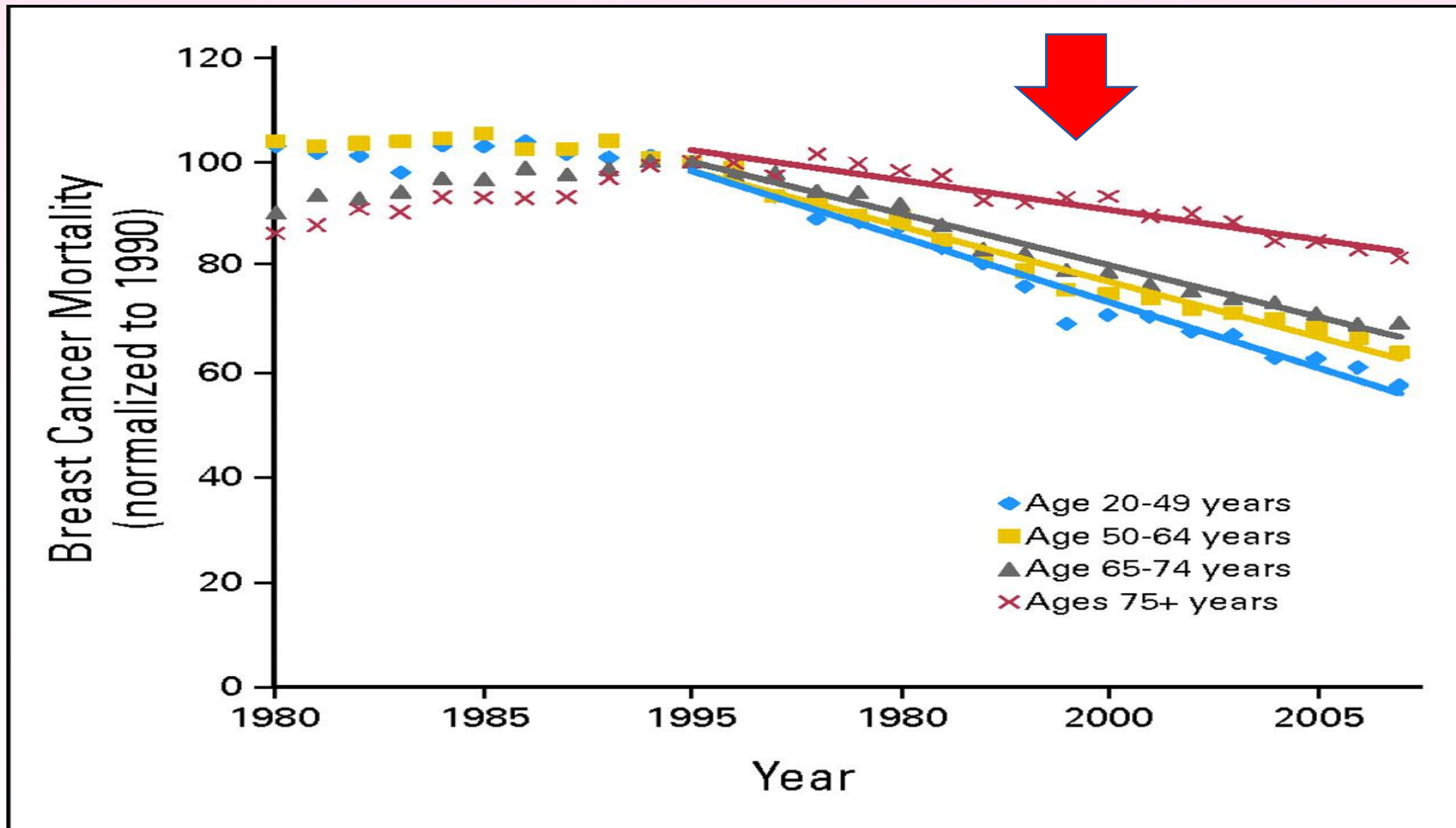
**October 2024**



# For today

- Age and Breast Cancer Demographics
- Its not age, its life expectancy
- Goals of therapy
- What's the benefit of adjuvant therapy
- Calculating side effects of treatment
- Shared decision making

# U.S. Breast Cancer Death Rates Over Time



Smith B D et al. JCO 2011;29:4647-4653

# Sally Smith is a 79 year-old female

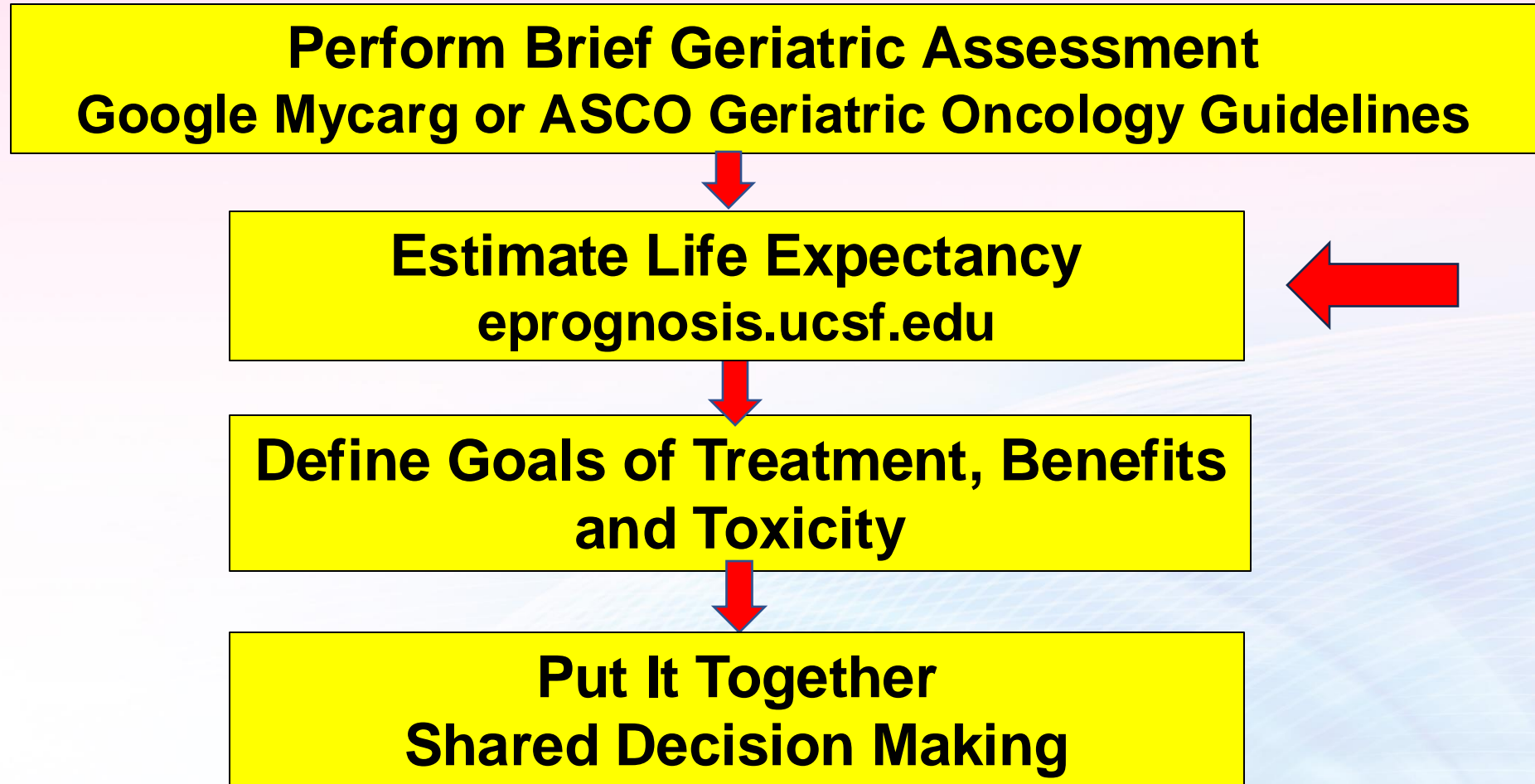
- Hypertension, diabetes, COPD
- Difficulty moving object across a room
- Good social support
- BMI 31
- former smoker, one hospitalization in last year
- Cares for herself, drives, has a dog
- How would you describe your health? “Good”
- Feels a small breast mass in shower

**Not all 79 year-olds are the same...**



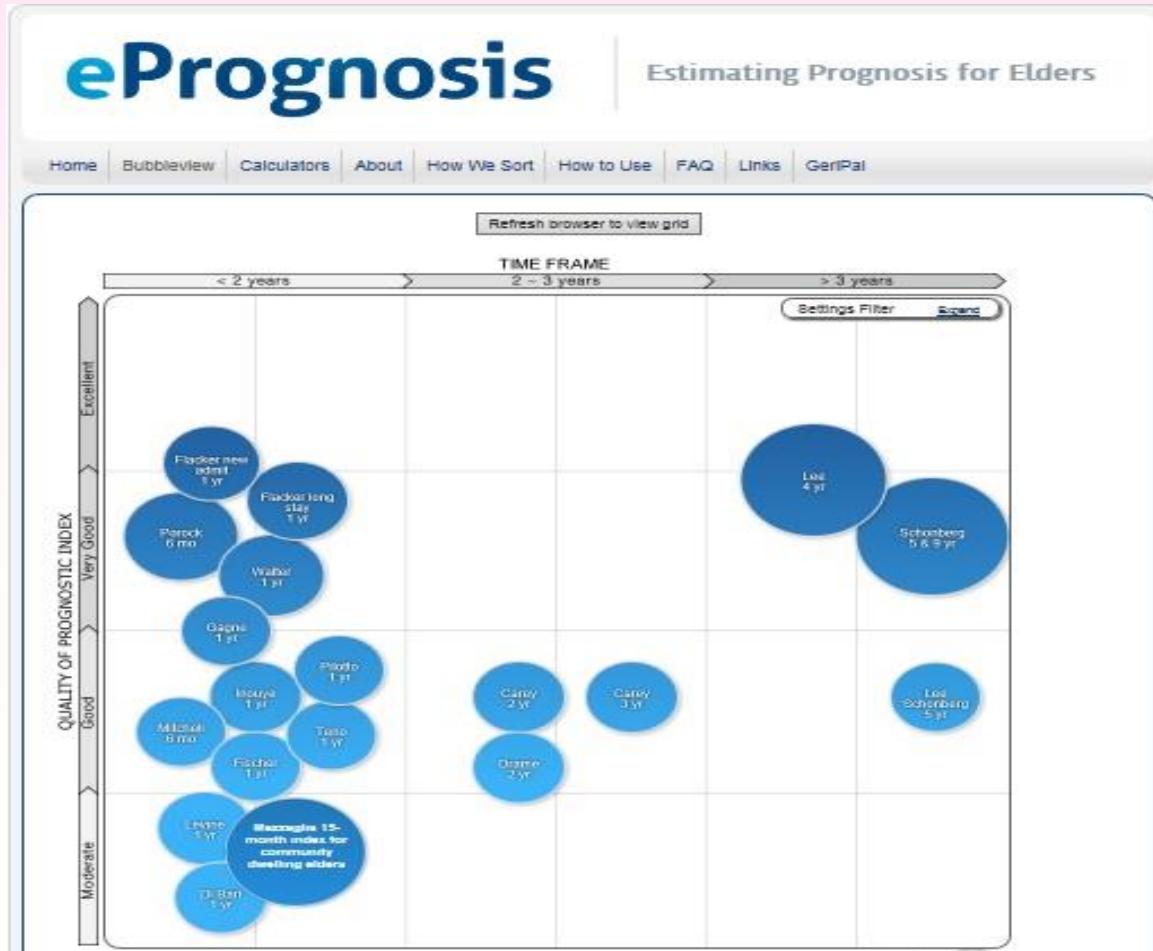
**It's not age,  
it's life expectancy**

# 4 Key Steps for Optimizing Cancer Treatment for Older Patients



# Estimating Life Expectancy

<https://eprognosis.ucsf.edu/>



- No password
- Estimates the likelihood of survival without Cancer
- Uses some geriatric assessment data
- Easy to use and several scales in various settings are available
- Can be done by your staff
- Can also calculate disability

# Sally Smith all cause 10 mortality: Lee index Exclusive of New Breast Cancer

Variable	Sally Smith
Age	79

**All cause mortality**  
**5-year = 20%**  
**10-year = 55%**  
**Median Life Expectancy 9-10 years**

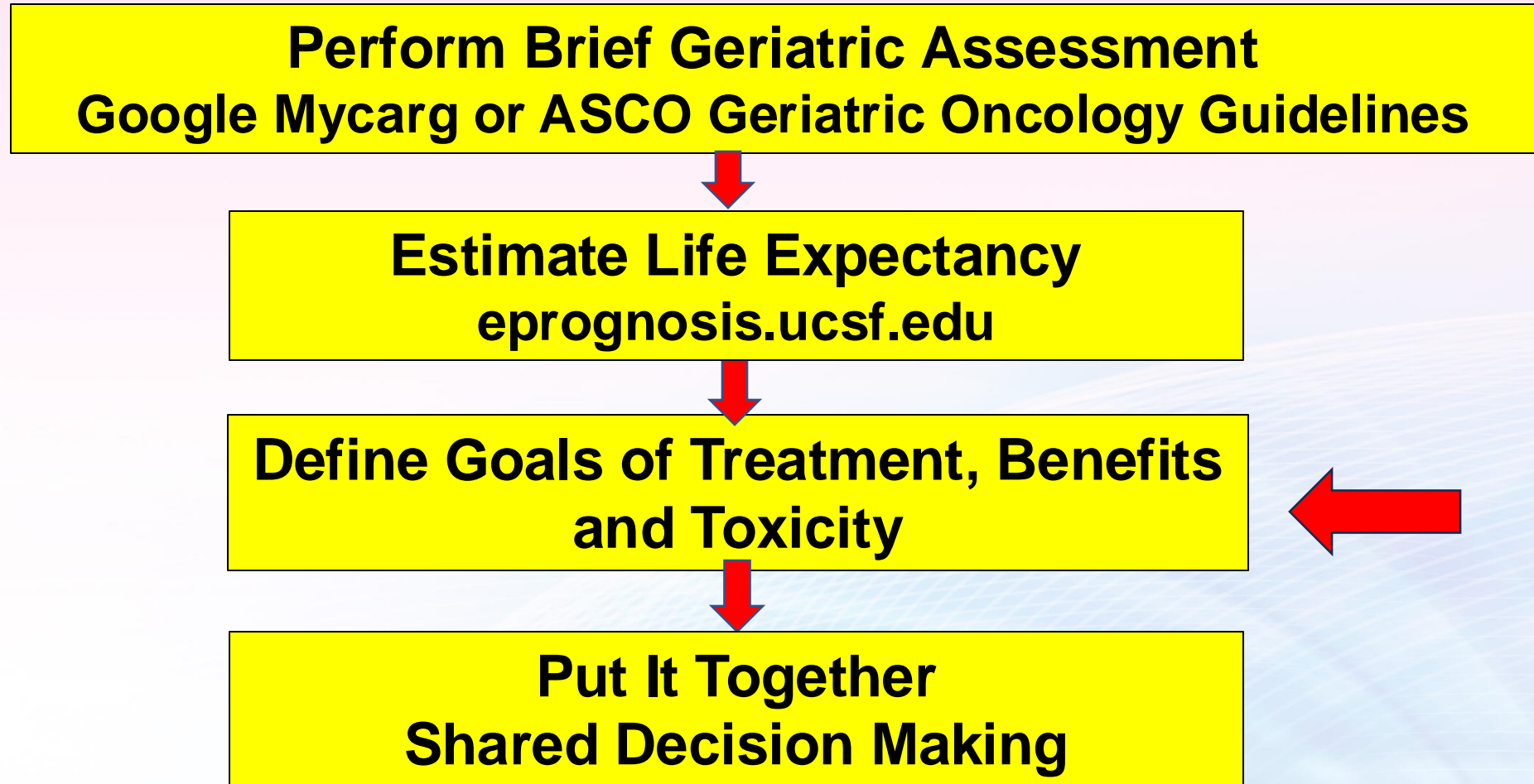
Self rated health	Good
Dependent IADL	None
Difficulty moving objects	Yes



# Sally Smith clinical course

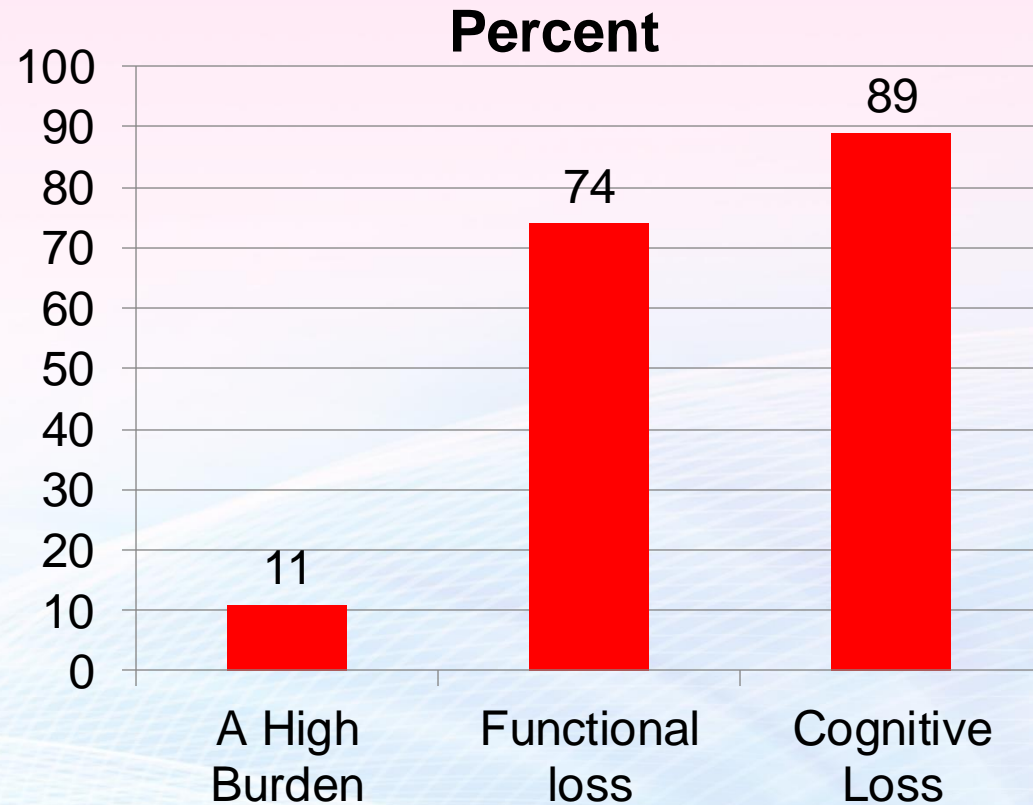
- Exam: 2 cm breast mass, no palpable nodes
- Core biopsy: IDC Grade 2 ER-positive, HER-negative
- Sally decides on surgery first
- Elects Lumpectomy and sentinel node biopsy
- It goes well
- Findings:
  - 3.1 cm tumor with clear margins
  - 1 of 3 sentinel nodes positive
  - Grade 2
  - No LVI
  - ER positive and HER2 negative

# 4 Key Steps for Optimizing Cancer Treatment for Older Patients



# Preferences of Seriously Ill

I would rather die  
than have a treatment  
that causes:



Fried et al, NEJM 2002  
N=226 with cancer, COPD, ASCVD

# Predict model for Sally: 5 and 10-year OVERALL survival

**3.1 cm tumor, self-detected, HR+, HER2-, grade 2, one LN+  
82% five-year OS in general population**

<b>Overall survival</b>	<b>5 years (%)</b>	<b>10 years (%)</b>
<b>Average population</b>	82	57
<b>Surgery alone</b>	74	43
<b>Surgery + endocrine</b>	76	47
<b>Surgery + endocrine + TCx4</b>	77	49

# CARG Toxicity Calculator

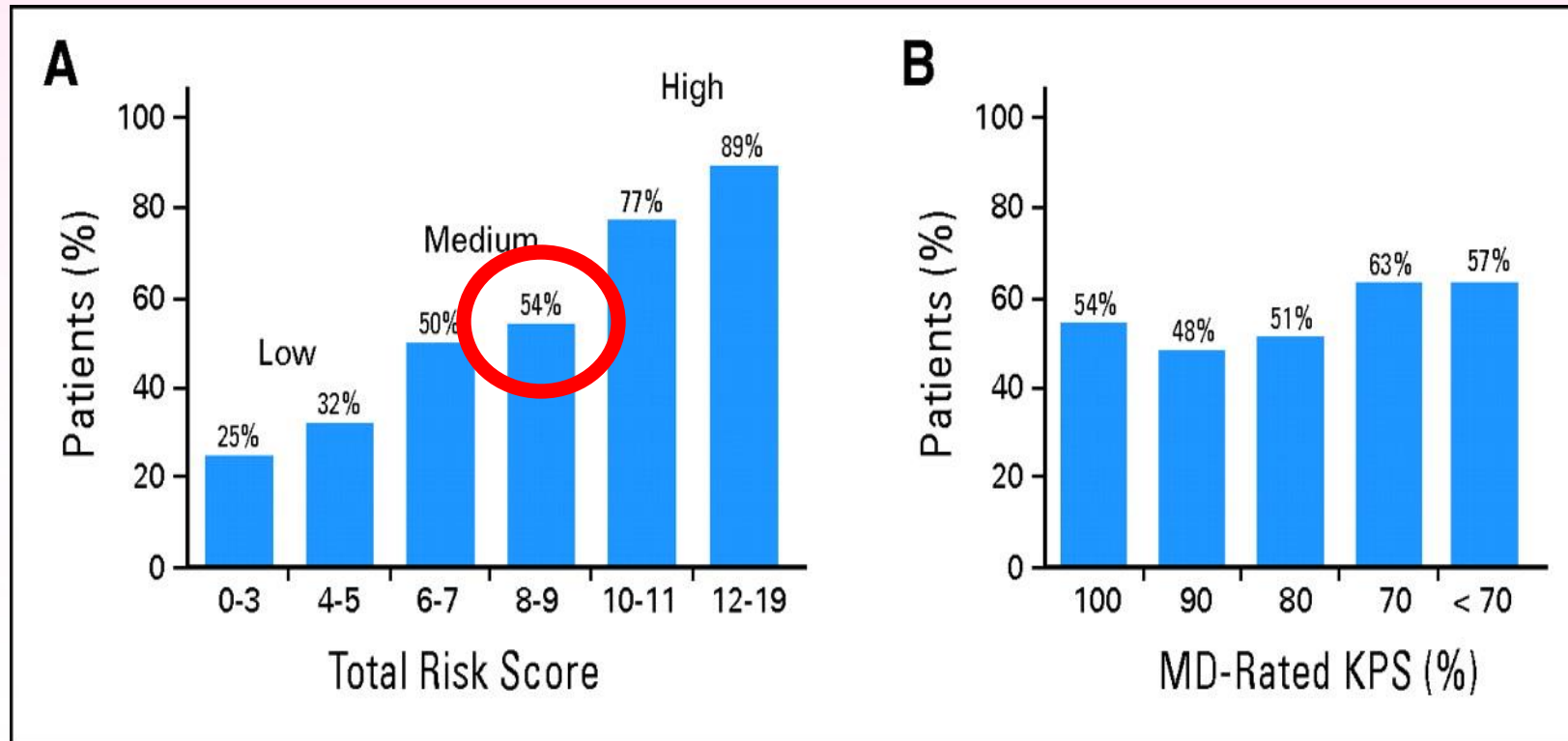
Risk factors for Grade 3-5 Toxicity	Score	Patient
Age ≥73 yrs	2	2
GI/GU cancer vs. other cancer	3	0
Standard dose vs. reduced	3	3
Polychemotherapy		2
Hemoglobin (male:	<b>Our Patient = 9 Points</b>	
Creatinine Clearance (Jelliffe –ideal wt) <34	3	0
1 or more falls in last 6 months	3	0
Hearing impairment (fair or worse)	2	0
Limited in walking 1 block (MOS)	2	2
Assistance required in medication intake	1	0
Decreased social activity (MOS)	1	0

[http://www.mycarg.org/Chemo Toxicity Calculator](http://www.mycarg.org/Chemo_Toxicity_Calculator)

Hurria JCO 29:3457, 2011 and validation 2016

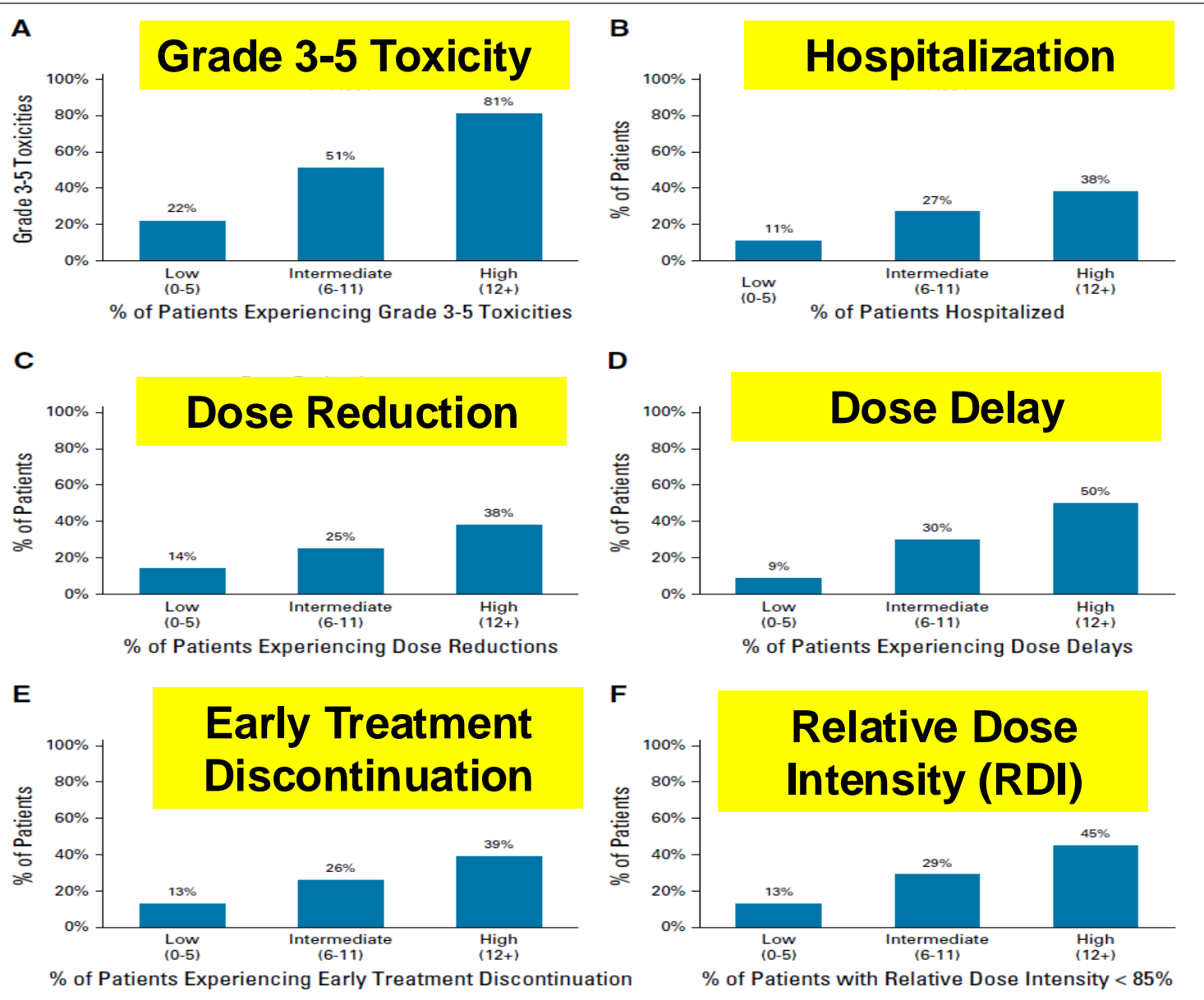
# Ability of (A) risk score versus (B) physician-rated Karnofsky performance status (KPS) to predict.

grade 3-5 chemotherapy toxicity



Hurria et al. JCO 2011;29:3457-3465 and 2016  
Breast Model coming online (Magnuson JCO 2021)

Magnuson +  
CARG Adj BC  
Calculator  
500 pts  
All 65+  
various  
regimens  
HOPE trial  
(NCT01472094)



# Components of the MyCARG Geriatric Assessment

DOMAIN	ASSESSMENT MEASURE	
	Health Professional	Patient Reported
Functional Status	Timed Up and Go Physician Rated Karnofsky Performance Status (KPS)	Activities of Daily Living (ADL) Instrumental Activities of Daily Living (IADL) Karnofsky Performance Status No. of
Comorbidity		Number of Comorbidities Number of Medications Years of
Cognition	Blended Mental Status Test	
Psychological		Mood
Social		Social Support (SSS) Social Isolation (SI)
Nutrition	Body Mass Index	Unintentional Weight Loss in 6 Months

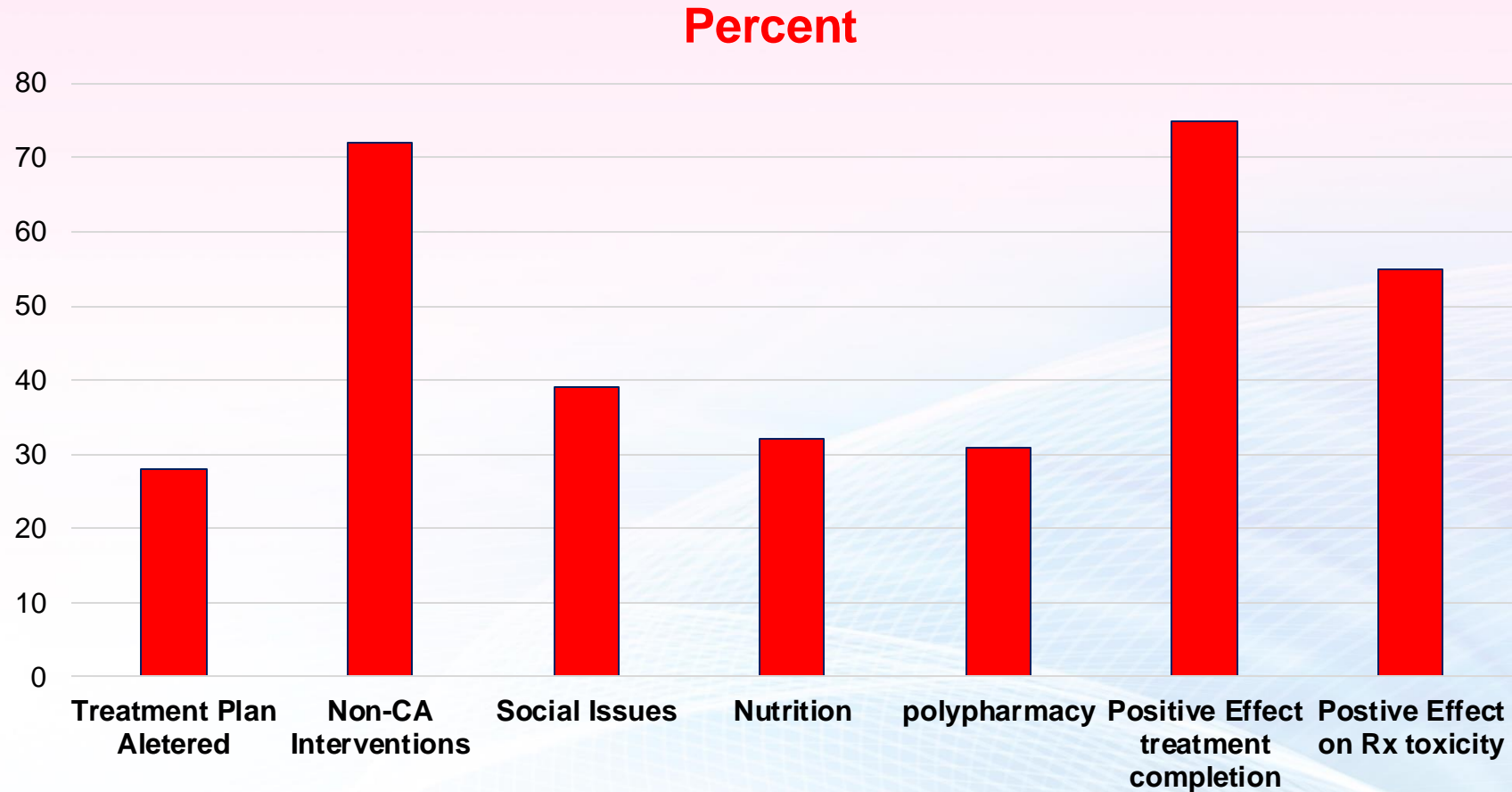
**5 minutes**

**20-25 minutes**



# Geriatric Assessment, Treatment Decisions, and Outcomes

35 studies, median sample per study 84 (15 to 494)



Hamaker et al, J Geriatric Onc 2018: 430-40

# 4 Key Steps for Optimizing Cancer Treatment for Older Patients

**Perform Brief Geriatric Assessment**  
Google Mycarg or ASCO Geriatric Oncology Guidelines

**Estimate Life Expectancy**  
[eprognosis.ucsf.edu](http://eprognosis.ucsf.edu)

**Define Goals of Treatment, Benefits  
and Toxicity**

**Put It Together**  
**Shared Decision Making**



# Shared Decision Making

- Most patients want to share in decisions especially about risk
- Present options and alternatives (avoid framing if you can)
- Define patient's values and preferences
- Discuss Risks and benefits of each option (use numbers, not percent)
- Discuss how treatment will impact quality of life
- Offer information on other issues that might help patient decision
- Make sure you understand patient and caregiver concerns
  - Loss of cognitive and physical function major concerns
- Make sure patient/family/caregivers are in synch
- Make and implement a plan

# 2024 Medicare Reimbursement for Cancer Navigators

- “PIN” services – Principal Illness navigation services
- HCPCS codes G0023, G0024, G0140, and G0146
- Perform navigation for high-risk illness
- Includes:
  - Person-centered planning (Geriatric Assessment fits here)
  - Patient self-advocacy
  - Facilitating access to community based resources to address unmet social needs
  - Other factors relevant to practitioners' diagnosis and treatment