# RECHERCHE EN ONCOGERIATRIE
# Cohorte PACA EST


**Rabia Boulahssass**
**UCOG PACA EST**

# PACA EST COHORT

## a prospective, multicentric cohort (5 centers)

**INCLUSION CRITERIA**
- ≥70 ans
- Cancer
- Before therapeutic decision

**Ethics committee**
**CNIL N°188**

**n>3900**

**EGS**

**FOLLOW UP**

- ✓GERIATRIC DATA
- ✓ONCOLOGIC DATA
- ✓Guided Geriatric Intervention (TGI)

# > 25 présentations orales


30 >posters

# THEMATIQUES RECHERCHE

PREDICTION DECES PRECOCE

FATIGUE

QDV

INTERVENTION CIBLEES

# Facteurs prédictifs de décès à 100j

Pourquoi 100 j?

« THE POLICE FORENSIC DEPARTMENT»


THE ONCOLOGIC TEAM

THE GERIATRIC TEAM

«THE PROFILERS »


THE PATIENT

PREDICTION

« THE CLASSICAL INSPECTOR »

PREDICTION

# FACTEURS PREDICTIFS INDEPENDANTS

| Facteurs de risques | HR | 95% CI | p |
|---|---|---|---|
| Cancers | | | |
| Métastatiques | 2.2 | 1.4 to 3.5 | 0,01 |
| MNA | | | |
| ≤ 23,5 | 2.3 | 1.1 to 5.6 | 0,04 |
| VITESSE DE MARCHE | | | |
| <0,8m/s | 1.9 | 1.1 to 3.7 | 0,03 |

Boulahssass et al ASCO 2014 J Clin Oncol 32:5s,2014 (suppl,abstr 9511)

PRESENTED AT: ASCO 50 ANNUAL MEETING SCIENCE & SOCIETY

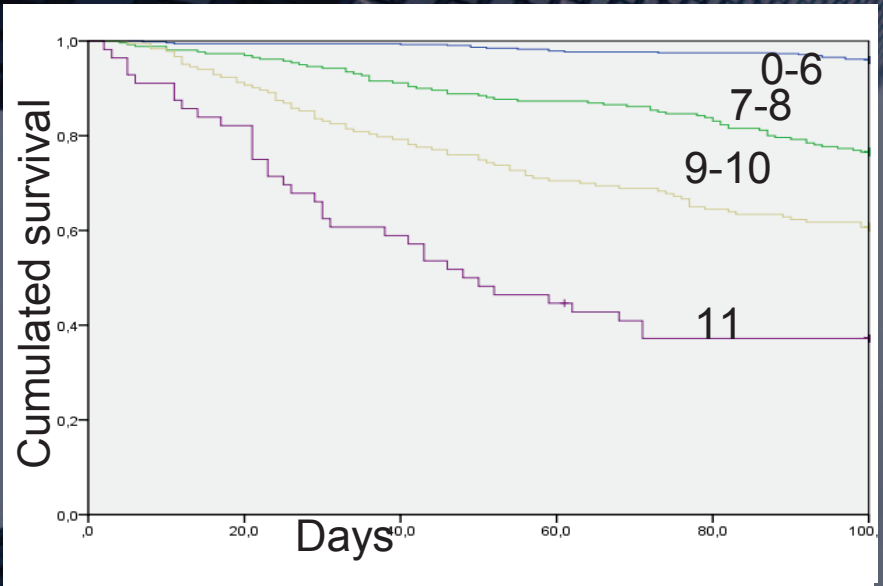
# Nice Cancer Ageing Survival Score n=1020

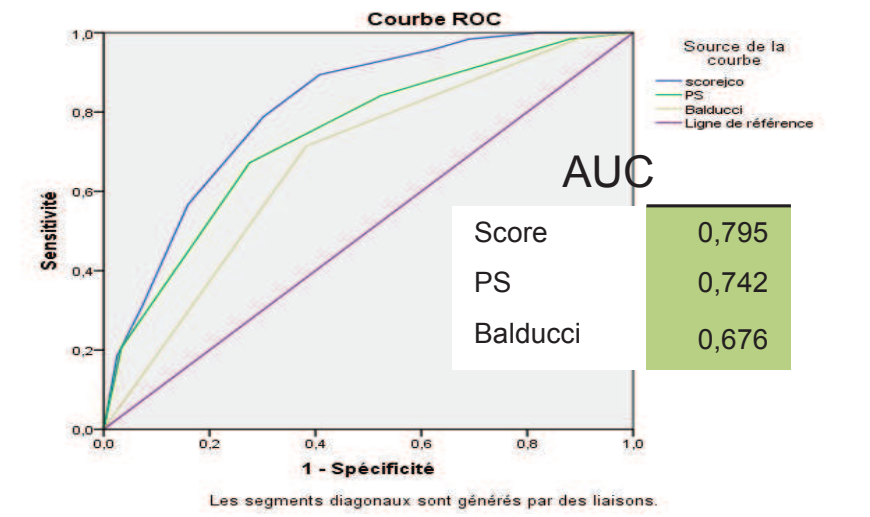
| Facteurs de Risque | OR | IC | p | βcoef | Points Score |
|---|---|---|---|---|---|
| **CANCERS MÉTASTATIQUES** | **2,5** | **1,7-3,5** | **P=0,001** | **0,916** | **2** |
| **VITESSE DE MARCHE <0,8 m/s** | **2,1** | **1,3-3,3** | **p=0,002** | **0,761** | **1** |
| **MNA** > 23,5 | | | Ref | | 0 |
| **≤ 23,5 et ≥ 17** | **4,4** | **1,1-16,2** | **P=0,01** | **1,485** | **3** |
| **<17** | **8,0** | **2,1-31,1** | **P=0,01** | **2,087** | **4** |
| CANCER SEIN n=239 | | | Ref | | 0 |
| **AUTRES CANCERS** | **4,1** | **1,9-8,4** | **P=0,001** | **1,410** | **3** |
| **PS >2** | **1,7** | **1,1-2,6** | **P=0,01** | **0,535** | **1** |

**VALIDATION INTERNE :BOOTSTRAP (1000 x 2/3 de la cohorte)**

Boulahssass et al oral communocation ASCO 2015

# Nice Cancer Cancer Ageing Score NCASS n=1020




AUC

| | |
|---|---|
| Score | 0,795 |
| PS | 0,742 |
| Balducci | 0,676 |

| SCORE | Risk at 100 days | Events | n |
|---|---|---|---|
| 0-6 | 4 % | 21 | 521 |
| 7-8 | 24 % | 61 | 260 |
| 9-10 | 39 % | 72 | 183 |
| 11 | 63 % | 35 | 56 |

Boulahssass and al Oral Communcation ASCO 2015

European Journal of Cancer 100 (2018) 65–74

ELSEVIER

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.ejcancer.com

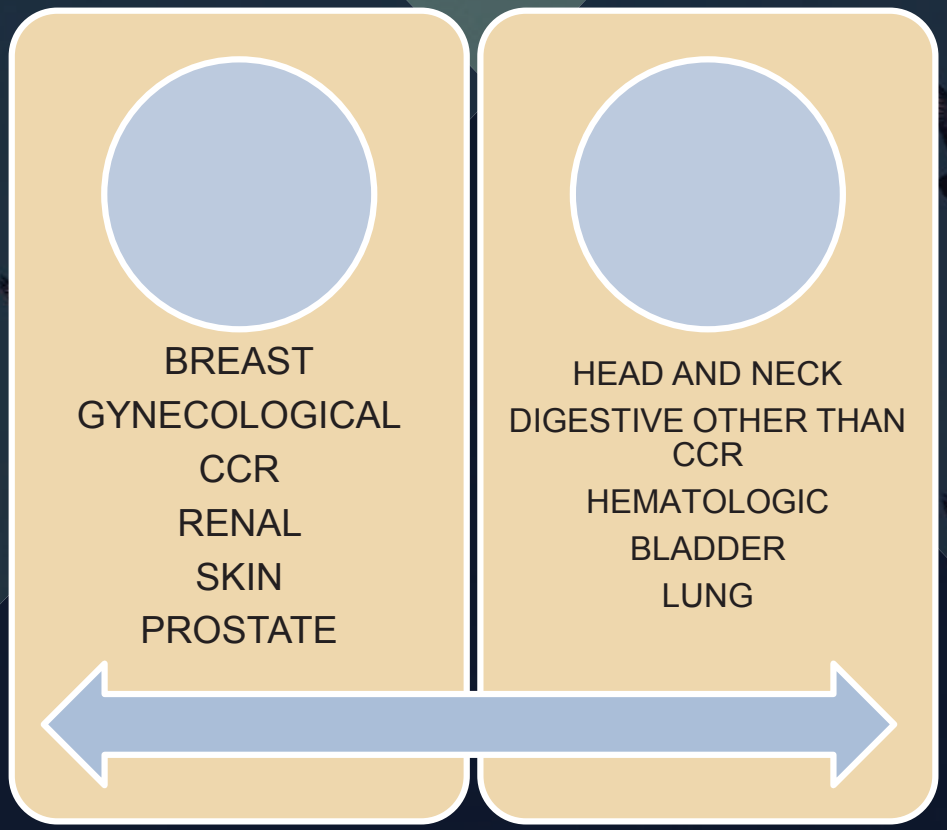
Original Research

# Predicting early death in older adults with cancer

Rabia Boulahssass [a,b,*], Sebastien Gonfrier [a], Jean-Marc Ferrero [c,d], Marine Sanchez [a], Véronique Mari [d], Olivier Moranne [e,f], Cyrielle Rambaud [a], Francine Auben [a], Jean-Michel Hannoun levi [c,d], Jean-Marc Bereder [g], Isabelle Bereder [h], Patrick Baque [c,i], Jean Michel Turpin [a], Anne-Claire Frin [j], Delphine Ouvrier [j], Delphine Borchiellini [d], Remy Largillier [k], Guillaume Sacco [c,h,l], Jerome Delotte [c,m], Cyprien Arlaud [h], Daniel Benchimol [c,g], Matthieu Durand [c,n], Ludovic Evesque [d], Abakar Mahamat [o], Gilles Poissonnet [p], Jérôme Mouroux [c,q], Jérôme Barriere [r], Emmanuel Benizri [c,h], Thierry Piche [c,j], Joel Guigay [b,c,d], Eric Francois [a,d], Olivier Guerin [a,b,c]

# Score NCAS META

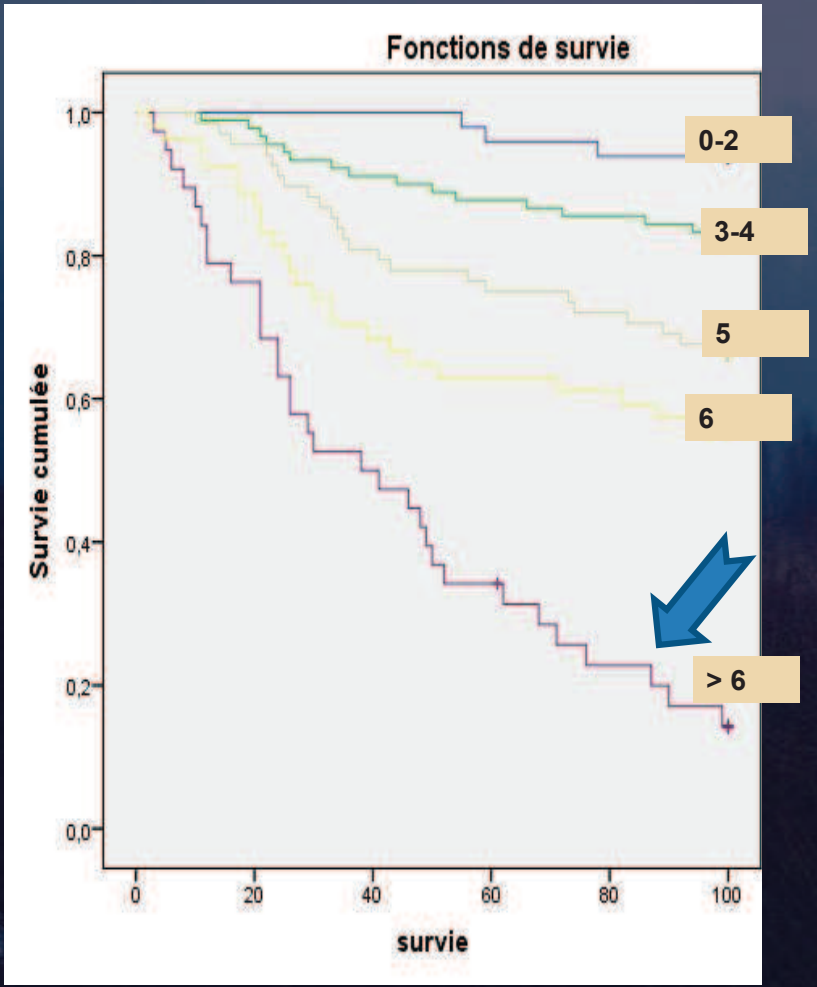
“



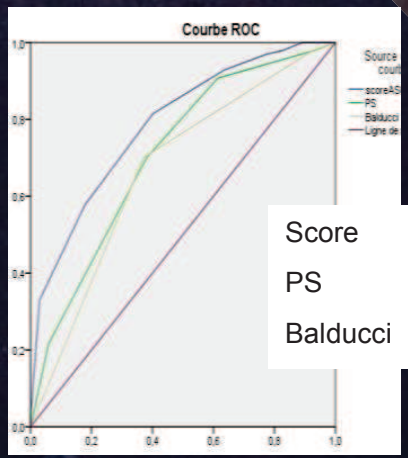

- **Number of metastatic localizations.**
- **2 groups of cancers**

SIOG 2016 from oral presentation

# Score NCAS META




| SCORE | Risk at 100 days | Events | n |
|---|---|---|---|
| 0-2 | 6 % | 3 | 49 |
| 3-4 | 17 % | 15 | 90 |
| 5 | 34 % | 23 | 68 |
| 6 | 44 % | 24 | 54 |
| >6 | 84% | 32 | 38 |




| | AUC |
|---|---|
| Score | 0,787 |
| PS | 0,706 |
| Balducci | 0,669 |



*SIOG ,Milan 2016 from oral presentation*

# *Cancer Related Fatigue before oncologic treatments : Fatigue related factors and analysis of early death associated to fatigue. The AST-ELD Study. A prospective cohort study with 979 elderly cancer patients*

***EUGMS 2017***

**Rabia Boulahssass,**Sebastien Gonfrier, Marine Sanchez, Cyrielle Rambaud, Dominique Saja, Jean Michel Turpin, Isabelle Bereder, Guillaume Sacco, Cyprien Arlaud, François Hubert Brunschwing, Edouard Clais, Fanny Leborgne, Emilie Ferrer, Joel Guigay, Eric François, Olivier Guerin.

# Pourquoi ? “

La **fatigue** est **mystérieuse** , c’est le **premier symptôme** en oncologie

Symptôme **banalisé**, **sous évalué** , encore mal pris en charge

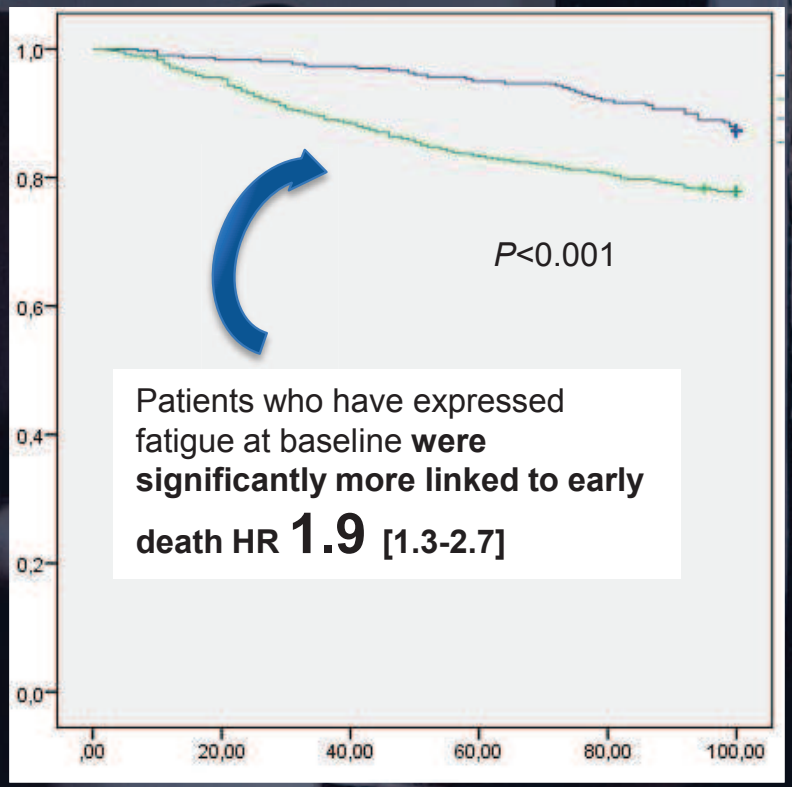
**Optimiser** au mieux la qualité de vie **avant** la prise en charge spécifique


Age moy
82y
M+
30%
Fatigue
69%
25%
Importante
70%
Besoin de repos
Anxiete
55%
Insomnie
48%
>5 med
53%
Anemie
57%

# Analyse multivariée n=976

| FACTEURS ASSOCIES | OR | IC | p |
|---|---|---|---|
| Polymédication Nb >5 | 1.6 | 1.1-2.1 | 0.003 |
| Anxiete | 2.3 | 1.7-3.2 | <0.001 |
| GDS>5 | 2.2 | 1.5-3.3 | <0.001 |
| PS>2 | 1.6 | 1.1-2.5 | 0.03 |
| Hb <10g | 1.8 | 1.2-2.8 | 0.005 |
| Confinement | 1,5 | 1.1-2.5 | 0.04 |
| MNA <17 | 1.8 | 1.1-3.2 | 0.02 |
| MNA ≤23.5->17 | 1.4 | 1.1-2.1 | 0.04 |
| Cancer Poumon | 4.1 | 1.3-11.9 | 0.01 |

# SURVIE à 3 mois




| Factors | OR | CI | p |
|---|---|---|---|
| MNA < 17 | 12.1 | 4.1-35.1 | <0.001 |
| MNA 23.5->17 | 6.7 | 2.3-19.5 | <0.001 |
| MMSE <24 | 1.5 | 1.1-2.4 | 0.005 |
| Male | 1.8 | 1.1-2.7 | 0.007 |
| Stage IV | 2.7 | 1.7-2.4 | <0.001 |
| Gait Speed <0,8 m/s | 3.1 | 1.9-5.3 | <0.001 |
| Weakness | 2.5 | 1.2-4.9 | 0.007 |

***Factors significantly associated to death***
***Multivariate analyses n=681***

# Evaluation de la qualité de vie et des paramètres gériatriques dans l'étude SIFEBI Etude de Phase I/II

## portant sur l'irradiation partielle monofractionnée des patients âgées de plus de 70 ans atteintes d'un cancer à faible risque de rechute locale

Rabia Boulahssass, Gériatre Nice SOFOG

2018

Centre Hospitalier Universitaire de Nice
UNIVERSITÉ CÔTE D'AZUR
Antoine Lacassagne
CENTRE DE LUTTE CONTRE LE CANCER DE NICE

# 1.Etude SIFEBI

## NCT01727011 SIngle Fraction Elderly Breast Irradiation

Pr JEAN MICHEL HANNOUN LEVI

# Toxicité acceptable
# Bonne faisabilité

ELSEVIER

Brachytherapy ■ (2017) ■

BRACHYTHERAPY

## Accelerated partial breast irradiation for suitable elderly women using a single fraction of multicatheter interstitial high-dose-rate brachytherapy: Early results of the Single-Fraction Elderly Breast Irradiation (SiFEBI) Phase I/II trial

Jean-Michel Hannoun-Lévi[1,*], Daniel Lam Cham Kee[1], Jocelyn Gal[2], Renaud Schiappa[2], Arthur Hannoun[3], Mathieu Gautier[1], Rabia Boulahssass[4], Isabelle Peyrottes[5], Emmanuel Barranger[6], Jean-Marc Ferrero[7], Marie-Eve Chand[1], Jérôme Doyen[1]

Hannoun Levi et al Brachytherapy Mars 2018

# Protocole

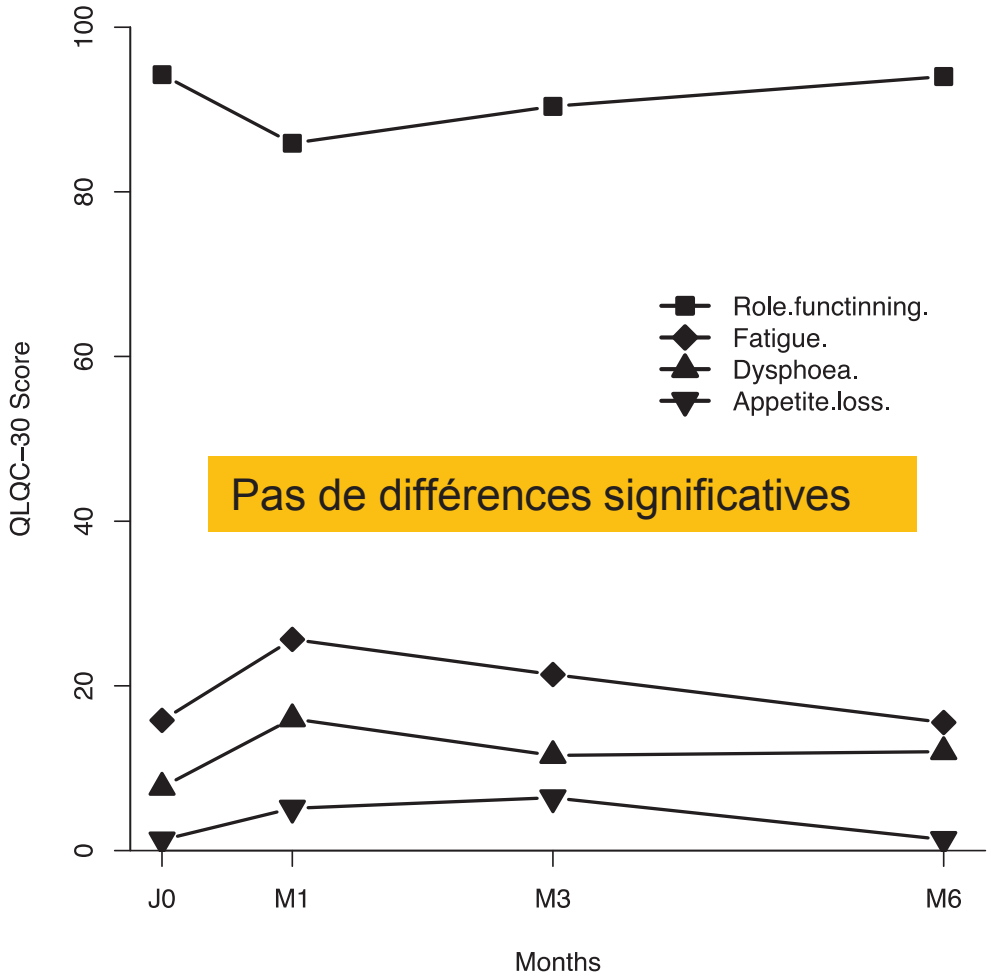
- Tumorectomie
- Tubes vecteurs en peropératoire pour curiethérapie interstitielle
- Irradiation se fait en monofractionnée J8 J10
- Après la cicatrisation du lit opératoire
- Résultats anatomopathologiques disponibles

Baseline → M+1 • QDV • GER → M+3 • QDV • GER → M+6 • QDV • GER

- G8 + EGS détaillée en baseline
- GER :ADL, IADL, QlQc30,QlQ-BR23 EVA, Vit de marche, FP,perte de poids

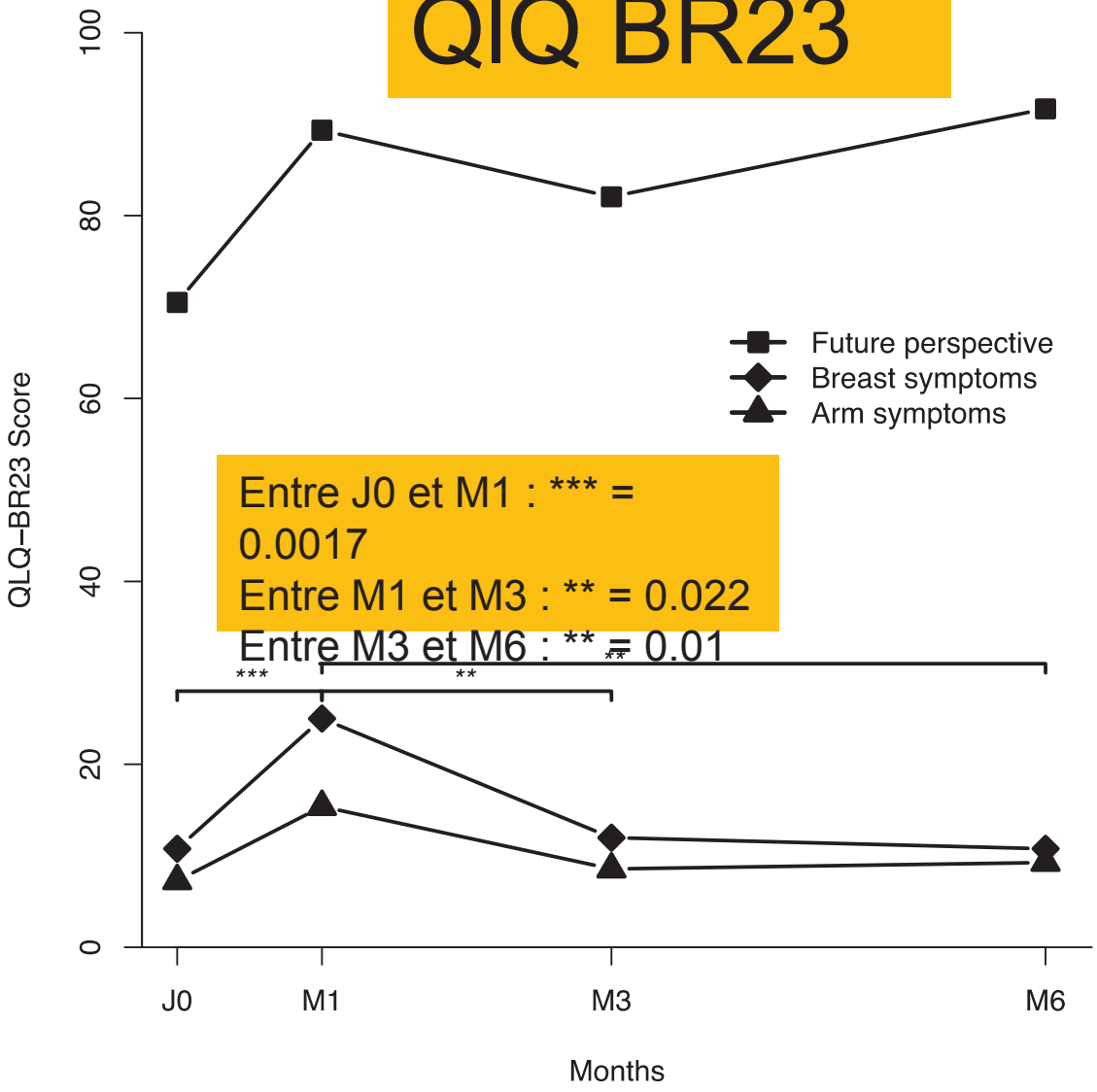
Hannoun Levi et al Brachytherapy Mars 2018

# Items QlQC30




Pas de différences significatives

# QIQ BR23




Entre J0 et M1 : *** = 0.0017
Entre M1 et M3 : ** = 0.022
Entre M3 et M6 : ** = 0.01

*Article*

# THE DESIRE TO BETTER UNDERSTAND OLDER ADULTS WITH SOLID TUMORS TO IMPROVE MANAGEMENT: ASSESSMENT AND GUIDED INTERVENTIONS. THE FRENCH PACA EST COHORT EXPERIENCE

Rabia Boulahssass MD[1,2, 3,*], Sebastien Gonfrier MD[1], Noémie Champigny MD[1], Sandra Lassalle MD, PhD[2,3,4,5], Eric François[3,6]MD, Paul Hofman MD, PhD[2,3,4,5] and Olivier Guerin MD, PhD[1,2,3]

In review

**Table 2: Comprehensive Geriatric assessment (CGA) at baseline.**

| GERIATRIC ASSESSMENT | No of patients (n=3140) | % |
|---|---|---|
| Activity of daily Living (ADL) | | |
| <5.5 | 1528 | 48.6 |
| Missing | 7 | 0.2 |
| Instrumental Activity of daily living (IADL) [31] | | |
| >0 | 1885 | 60 |
| Missing | 8 | 0.3 |
| Speed Gait | | |
| <0·8 m/s | 1482 | 47.2 |
| Missing | 5 | 0.2 |
| One leg stand | | |
| <5s | 2232 | 74·3 |
| Missing | 8 | 0.3 |
| Isolation | 242 | 7.7 |
| Missing | 6 | 0.2 |
| Home confinement | 896 | 28·6 |
| Missing | 4 | 0.1 |
| Balducci Score | | |
| 1 | 146 | 4.6 |
| 2 | 1568 | 49·9 |
| 3 | 1426 | 45·4 |
| Missing | 0 | |
| MNA | | |
| >23·5 | 1030 | 32.8 |
| 17-23·5 | 1500 | 47·8 |
| <17 | 502 | 16.0 |
| Missing | 108 | 3.4 |
| Missing | 0 | |
| MNA | | |
| >23·5 | 1030 | 32.8 |
| 17-23·5 | 1500 | 47·8 |
| <17 | 502 | 16.0 |
| Missing | 108 | 3.4 |
| MMSE | | |
| ≤24 | 1230 | 39·2 |
| Missing | 104 | 3.3 |
| GDS | | |
| <5 | 1912 | 69.9 |
| Missing | 249 | 7.9 |
| G8> 14 | 424 | 13·5 |
| Missing | 68 | 2.2 |
| Lee Score | | |
| 0-5 | 52 | 1.7 |
| 6-9 | 763 | 24.3 |
| 10-13 | 1083 | 34.5 |
| >14 | 1210 | 38·0 |
| Missing | 32 | 1·0 |
| Ponderated Charlson | | |
| <5 | 277 | 8.9 |
| Missing | 26 | 0.8 |
| NCASS | | |
| 0-6 | 1592 | 50.7 |
| 7-8 | 762 | 24.2 |
| 9-10 | 490 | 15.6 |
| 11 | 138 | 4.5 |
| Missing | 158 | 5.0 |

*Abbreviation: ADL: Activity Daily Living IADL: Instrumental Activity Daily Living MNA: M*
*Depression scale, MMSE: Mini Mental state evaluation NCCAS Nice Cancer Aging Surviva*

| Table 3 Geriatric Guided Interventions | n=8819 | % |
|---|---|---|
| Nutritional care | 2231 | 71.1 |
| Physiotherapist intervention | 1462 | 46.6 |
| Delirium prevention | 599 | 19.1 |
| Social worker interventions | 733 | 23.3 |
| Psychological/Psychiatry care | 510 | 16.2 |
| Treatment Modification for optimization | 667 | 21.2 |
| Adjustment medication for iatrogenic disorders | 351 | 11.2 |
| Comorbidities Management | 970 | 30.9 |
| Nurses interventions | 580 | 18.5 |
| Specialized Pain management | 96 | 3.1 |
| Caregiver care | 355 | 11.3 |
| Care pathway modification | 265 | 8.4 |

| INTERVENTIONS AND BALDUCCI | Average Number of Interventions |
|---|---|
| BALDUCCI 1 or "fit patients" | 1.5 |
| BALDUCCI 2 or "Vulnerable Patients" | 2.4 |
| BALDUCCI 3 or "Frail patients " | 3.3 |

* $p<0.0001$

**Table 5: Independent factors associated with an increased need of geriatric interventions**

| Factors | p | OR | 95%CI | |
|---|---|---|---|---|
| G8 ≤14 | 0.023 | 1.5 | (1.1-2.1) | |
| Dependence on IADL | 0.013 | 1.3 | (1.1-1.6) | |
| MNA score | | | | |
| >23.5 | | | Ref | |
| 17-23.5 | < 0.0001 | 1.9 | (1.5-2.4) | |
| <17 | < 0.0001 | 3.1 | (2.2-4.3) | |
| GDS ≥ 5 | < 0.0001 | 1.5 | (1.2-1.8) | |
| MMS ≤24 | 0.009 | 1.3 | (1.1-1.5) | |
| PS >2 | p=0.003 | 1.4 | (1.1-1.8) | |

# Monaco Age Oncologie

Cours Francophone d'Oncogériatrie

**14-15**
mars 2019
Hôtel Méridien Beach Plaza
Monaco

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INTERNATIONAL SOCIETY
OF GERIATRIC ONCOLOGY
*Strengthening the health care workforce for older people living with cancer*

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