RECHERCHE EN ONCOGERIATRIE
Cohorte PACA EST

Rabia Boulahssass
UCOG PACA EST

OncoAge

Centre Hospitalier Universitaire de Nice
UNIVERSITÉ CÔTE D'AZUR

Antoine Lacassagne
CENTRE DE LUTTE CONTRE LE CANCER DE NICE


LA COHORTE 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»
LES EXPERTS : MANHATTAN
THE ONCOLOGIC TEAM
THE GERIATRIC TEAM
«THE PROFILERS »
CRIMINAL MINDS
THE PATIENT
PREDICTION
« THE CLASSICAL INSPECTOR »
PREDICTION
MENTALIST
SAISON INÉDITE
SLIDES ARE THE PROPERTY OF THE AUTHOR. PERMISSION REQUIRED FOR REUSE.
PRESENTED AT:
ASCO
Annual Mtg

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

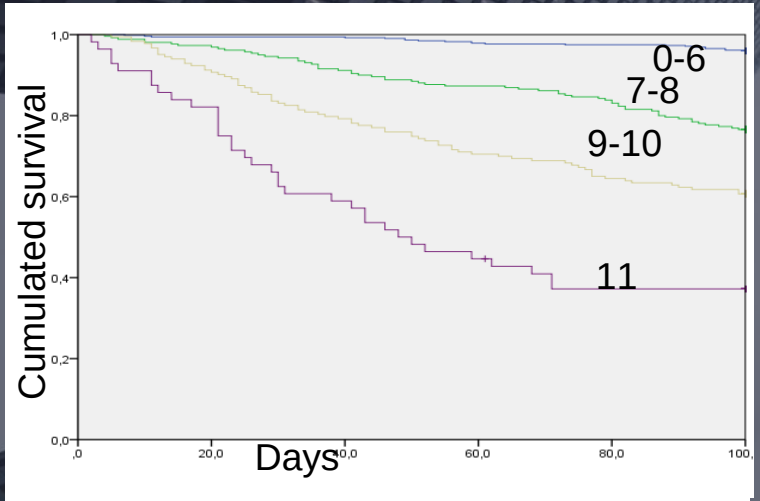
Nice Cancer Ageing Survival Score n=1020

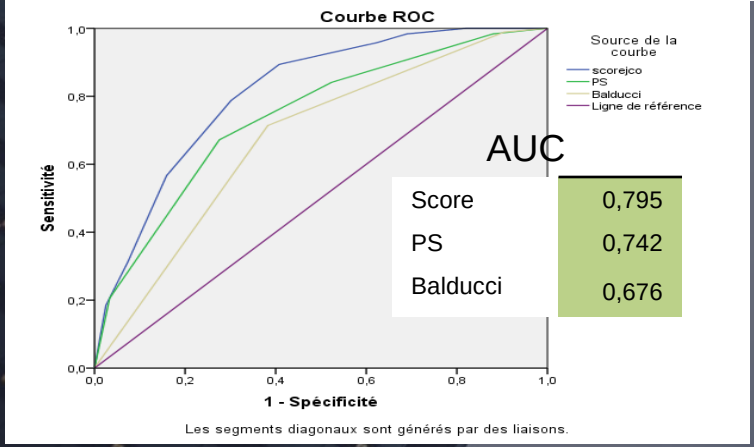
Facteurs de Risque	OR	IC	p	βcoef	Points Score
CANCERS MÉTASTATIQUES	**2,5**	**1,7-3,5**	**P=0,001**	**0,916**	**2**
VITESSE DE MARCHE <0,8 m/s	**2,1**	**1,3-3,3**	**p=0,002**	**0,761**	**1**
MNA > 23,5			Ref		0
≤ 23,5 et ≥ 17	**4,4**	**1,1-16,2**	**P=0,01**	**1,485**	**3**
<17	**8,0**	**2,1-31,1**	**P=0,01**	**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

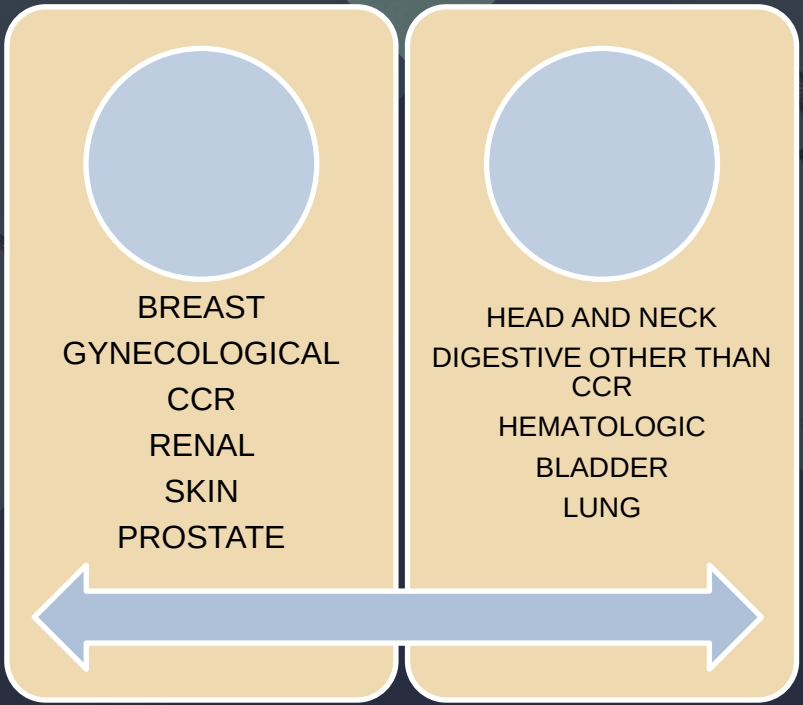
Original Research

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

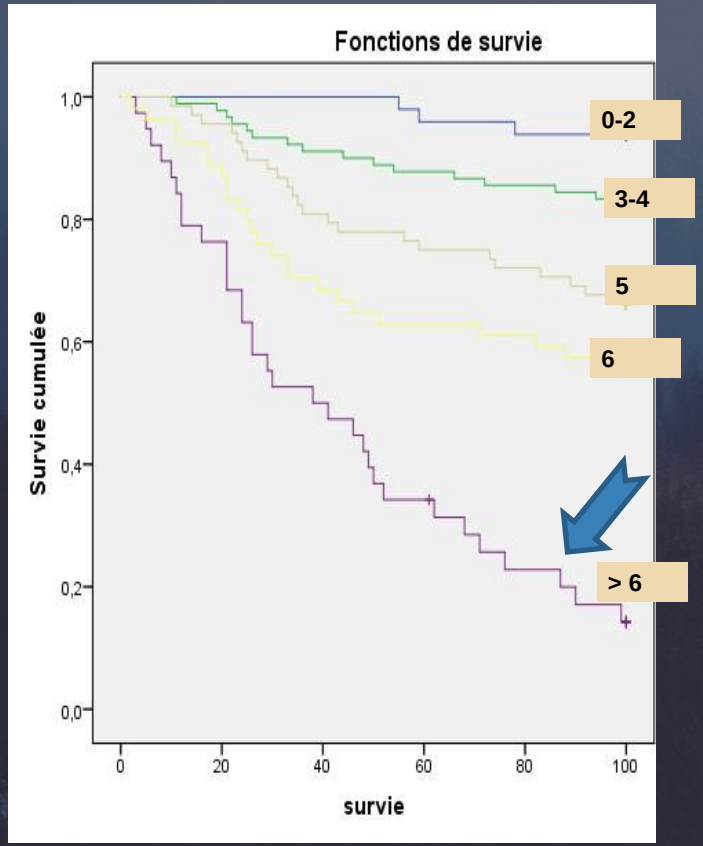
“



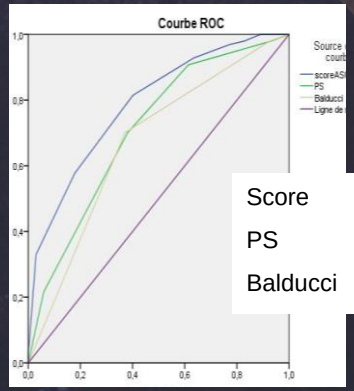
- **Number of metastatic localizations.**
- **2 groups of cancers**

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

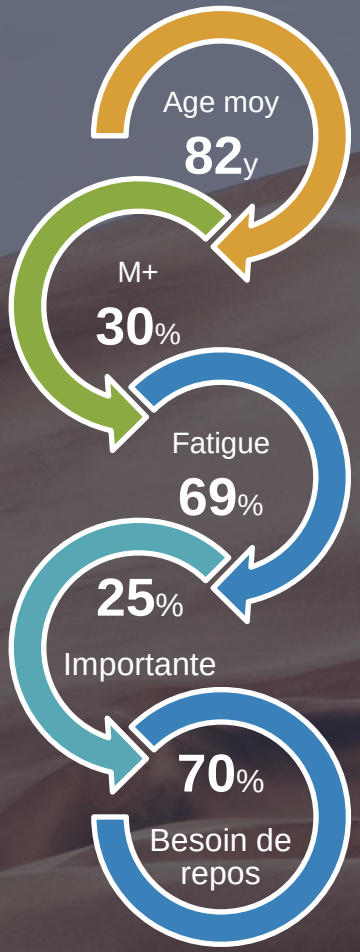
Rabia Boulahssass,Sebastien Gonfrier, Marine Sanchez, Cyrielle Rambaud, Dominique Saja, Jean Michel Turpin, Isabelle Bereder, Guillaume Sacco, Cyprien Arlaud, François Hubert Brunschwing, Edouard Clais, Fanny Leborgne, Emilie Ferrer, Joel Guigay, Eric François, Olivier Guerin.

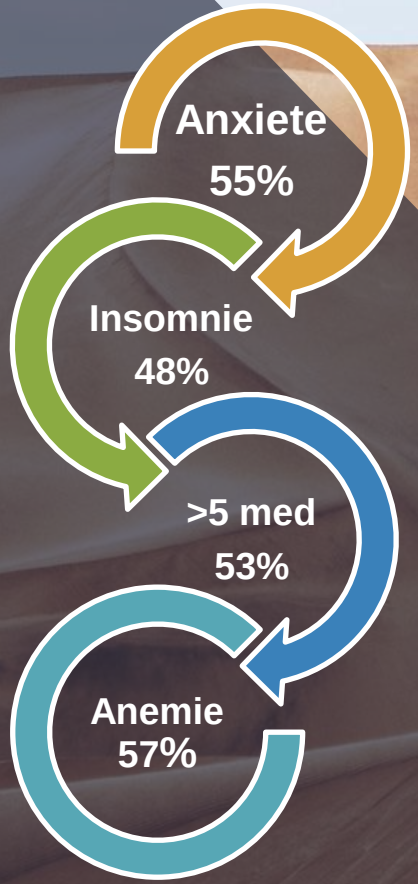
Pourquoi ? “

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

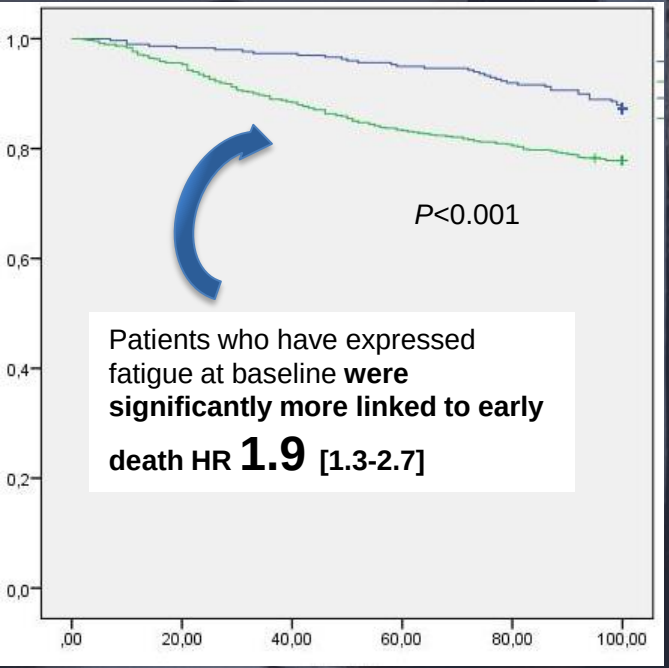

Age moy
82y
M+
30%
Fatigue
69%
25%
Importante
70%
Besoin de repos


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

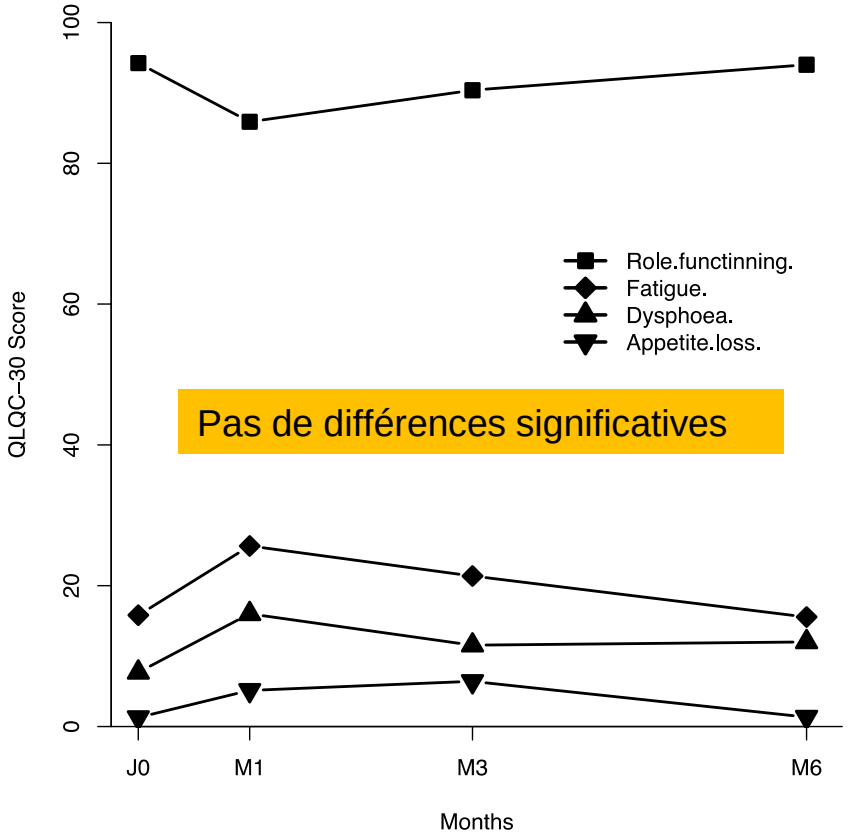
- Tumorectomie
- Tubes vecteurs en peropératoire pour curiethérapie interstitielle
- Irradiation se fait en monofractionnée J8 J10
- Après la cicatrisation du lit opératoire
- Résultats anatomopathologiques disponibles

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

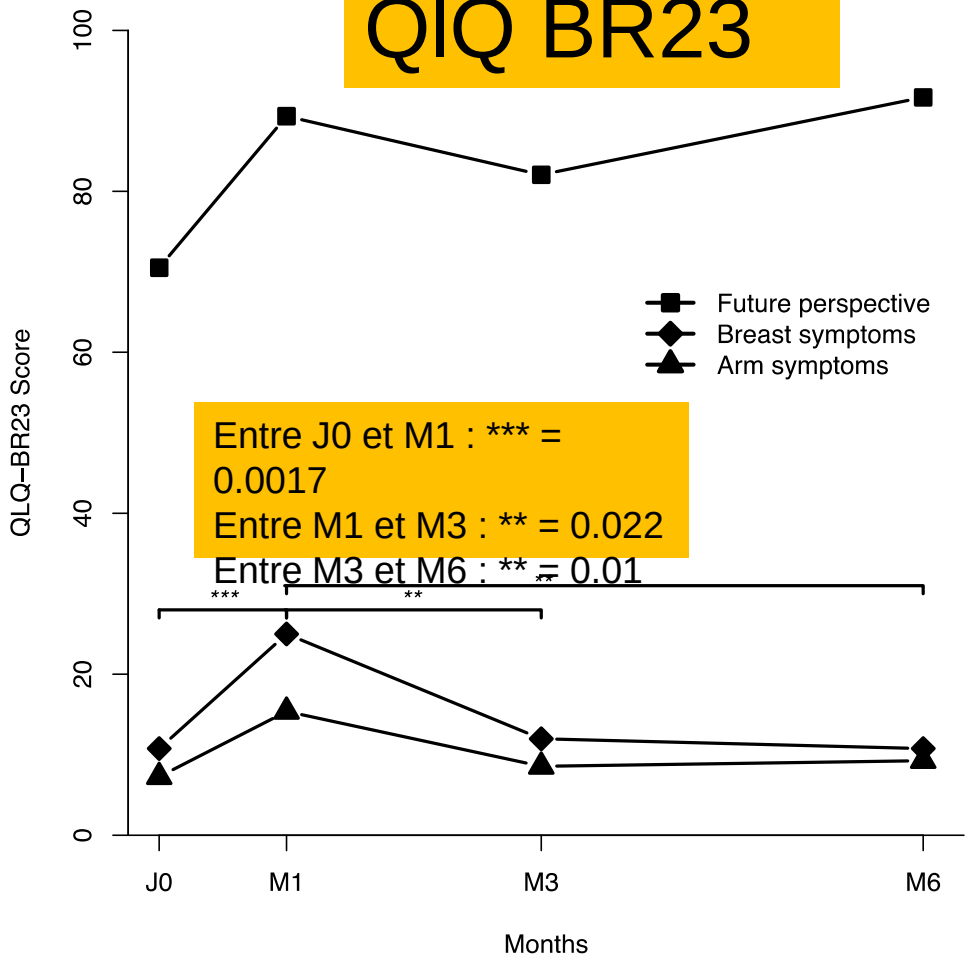
Hannoun Levi et al Brachytherapy Mars 2018

Items QlQC30



Pas de différences significatives

QlQ 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)	

Une collaboration active avec PACA OUEST !

Any questions?

You can find me at

- Boulahssass.r@chu-nice.fr

Monaco Age Oncologie

Cours Francophone d'Oncogériatrie

14-15
mars 2019
Hôtel Méridien Beach Plaza
Monaco

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