

## **For older adults with hematologic malignancies, a comprehensive geriatric assessment matters**

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Title

For older adults with hematologic malignancies, a comprehensive geriatric assessment matters

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## Text

In this issue of *Haematologica*, DuMontier *et al.* address a key question in the management of older adults with hematologic malignancies by reporting the results of a randomized controlled trial (RCT) of geriatric consultation versus standard care (1). Cancer can be considered an age-related disease because the incidence of most cancers increases with age (2). With regards to hematologic malignancies, incidence rates increased for non-Hodgkin Lymphoma (NHL), multiple myeloma, and acute myeloid leukemia (AML), and remained relatively stable for acute lymphoblastic leukemia (ALL), chronic lymphocytic leukemia (CLL), and chronic myeloid leukemia (CML) among adults ages  $\geq 75$  years. In spite of improving supportive care, survival for patients aged  $\geq 75$  years with hematological malignancies was generally poor, particularly for acute leukemia. Understanding the heterogeneity in hematological malignancies outcomes, treatment challenges and management of frailty and comorbidities among older patients may help physicians to better address the hematologic cancer burden and mortality in the aging population (3).

Hematologic malignancies are a miscellaneous group of diseases with regard to biology, prognosis and treatment options. Treatment decisions in older patients should not only be influenced by disease characteristics such as stage, histology, cytogenetics, molecular markers etc. but also patient-related factors such as fitness, frailty, and patient preference. Furthermore, fitness and frailty are not static, but dynamic factors that may improve or deteriorate over time in the course of a disease and its treatment. Geriatric assessment (GA) is considered an important task during the diagnostic work-up and prior to deciding treatment in older adults with hematological malignancies (4,5). GA includes a careful assessment of various geriatric domains including instrumental and basal activities of daily living (IADL, ADL), mobility, nutrition, cognitive function, and mental status. Many instruments including screening tools (e.g. G8) and hematology-specific approaches (e.g. the brief Geriatric Assessment in Hematology tool, the GAH scale) have been suggested to perform GA in patients with hematological malignancies (6). A commonly accepted concept is to categorize older

patients with hematological malignancies into 'fit' for standard treatment, 'unfit' for attenuated treatment, and 'frail'/terminally ill, not suitable for specific hematological therapies but best supportive care.

The study of DuMontier et al. presents the first RCT of geriatric consultation in older adults with hematologic malignancies. While the study did not meet its primary endpoint of improvement in survival, consultation did increase the proportion of patients who participated in a goals-of-care discussion. The study is important to the field of hematology as it is the first RCT of its kind in hematology, in contrast with 4 separate RCTs enrolling older patients with solid tumors presented at the American Society of Clinical Oncology (ASCO) annual meeting in 2020. The primary outcome was 1-year overall survival and secondary endpoints included unplanned care utilization within 6 months of follow-up and documented end of life (EOL) goals-of-care discussions. Patients who were assigned to the intervention group received simultaneously geriatric consultation with a geriatrician in addition to their standard oncologic care. Patients were assessed following the ASCO's Guideline for Geriatric Oncology for function and falls, comorbidity and polypharmacy, cognition, depression/mood, and nutrition (4). Recommended interventions included counseling, recommendations for non-pharmacologic interventions, pharmacologic interventions, and referrals to other specialties or allied health.

One hundred sixty patients were randomized to either geriatric consultation plus standard care (n = 60) or standard care alone (n = 100), with a median age of 80.4 years (SD = 4.2). Of those randomized to geriatric consultation, 48 (80%) completed at least one visit with a geriatrician. Consultation did not improve survival at one year compared to standard care (difference: 2.9%, 95% CI = -9.5% to 15.2%, p = 0.65), and did not significantly reduce the incidence of ED visits, hospitalizations, or days in hospital. Consultation did improve the odds of having EOL goals-of-care discussions (odds ratio = 3.12, 95% CI = 1.03 to 9.41) and was valued by surveyed hematologic oncology clinicians, with 62.9%-88.2% rating consultation as useful in the management of several geriatric domains.

Patient-reported outcomes (PROs) and quality of life (QoL), as well as preserved function (mobility, cognition) and autonomy (ADL, IADL), appear important and likely

are not sufficiently surrogated by established study endpoints such as response rates, toxicity and survival outcomes. Assessment of PRO and QoL studies are both linked to GA and therefore warranted in older patient with hematological cancer. PROs can help to narrow the gap between patients' and healthcare professionals' view of patient health and treatment success (7). Moreover, several novel drugs have been developed as oral agents, introducing an additional challenge in patient management, such as ensuring an optimal adherence to therapy in order to maximize treatment efficacy. In addition to the work presented by DuMontier *et al.*, a recently published review provides updates on the new therapies for common hematologic malignancies with an emphasis on older adults-specific evidence and the evolving role of a GA in informing therapy selection and management (8).

## References

1. DuMontier C, Uno H, Hsieh T, et al. Randomized controlled trial of geriatric consultation versus standard care in older adults with hematologic malignancies. *Haematologica*. 2021;xxx
2. White MC, Holman DM, Boehm JE, et al. Age and cancer risk: a potentially modifiable relationship. *Am J Prev Med*. 2014;46(3 Suppl 1):S7-S15.
3. Krok-Schoen JL, Fisher JL, Stephens JA, et al. Incidence and survival of hematological cancers among adults ages  $\geq 75$  years. *Cancer Med*. 2018;7(7):3425-3433.
4. Mohile SG, Dale W, Somerfield MR, et al. Practical Assessment and Management of Vulnerabilities in Older Patients Receiving Chemotherapy: ASCO Guideline for Geriatric Oncology. *J Clin Oncol*. 2018;36(22):2326-2347.
5. Abel GA, Klepin HD. Frailty and the management of hematologic malignancies. *Blood*. 2018;131(5):515-524.
6. Scheepers ERM, Vondeling AM, Thielen N, van der Griend R, Stauder R, Hamaker ME. Geriatric assessment in older patients with a hematologic malignancy: a systematic review. *Haematologica*. 2020;105(6):1484-1493.

7. Cannella L, Efficace F, Giesinger J. How should we assess patient-reported outcomes in the onco-hematology clinic? *Curr Opin Support Palliat Care*. 2018;12(4):522-529.
8. Rosko AE, Cordoba R, Abel G, et al. Advances in Management for Older Adults With Hematologic Malignancies. *J Clin Oncol*. 2021;39(19):2102-2114.