G8 in Breast Cancer Survivorship:
a protocol for risk stratified survivorship care for older adults

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UTHealth Houston
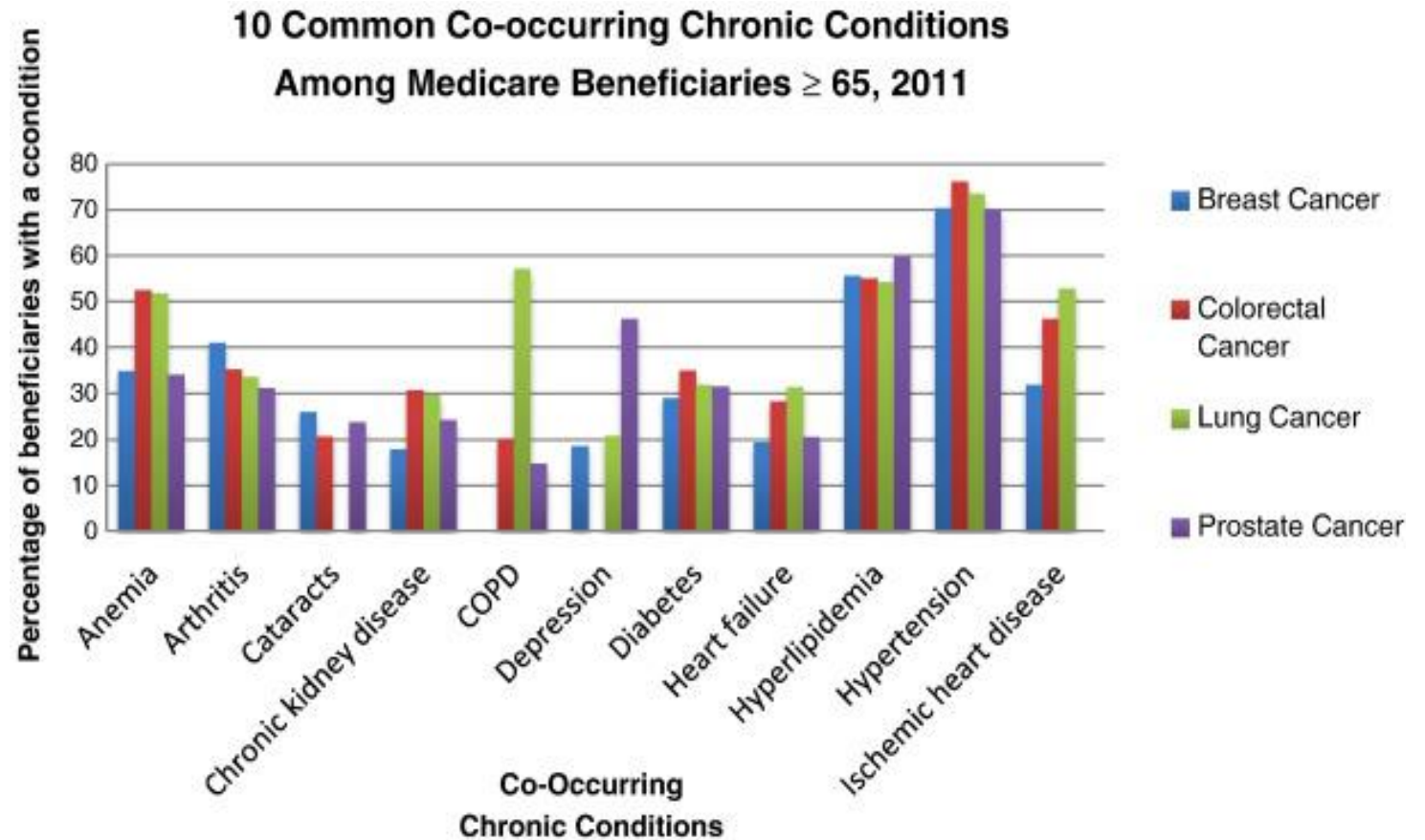McGovern Medical School

Background

67% of cancer survivors are 65+
- 73% by 2040

Breast Cancer Patients
- Hypertension
- Hyperlipidemia
- Arthritis
- Ischemic Heart Disease
- Diabetes

Co-Morbidites are associated with
- non-receipt of cancer treatment
- decreased compliance/completion of therapy
- increased risk of major toxicity
-increased risk of hospitalization
(due to toxicity)

10 Common Co-occurring Chronic Conditions Among Medicare Beneficiaries ≥ 65, 2011

Percentage of beneficiaries with a ccondition

Co-Occurring Chronic Conditions

Legend:
- Breast Cancer
- Colorectal Cancer
- Lung Cancer
- Prostate Cancer

Conditions: Anemia, Arthritis, Cataracts, Chronic kidney disease, COPD, Depression, Diabetes, Heart failure, Hyperlipidemia, Hypertension, Ischemic heart disease

Breast Cancer Survivorship Care in Older Adults

Currently, the impact of survivorship care plans on outcomes that matter the most to older patients is unknown
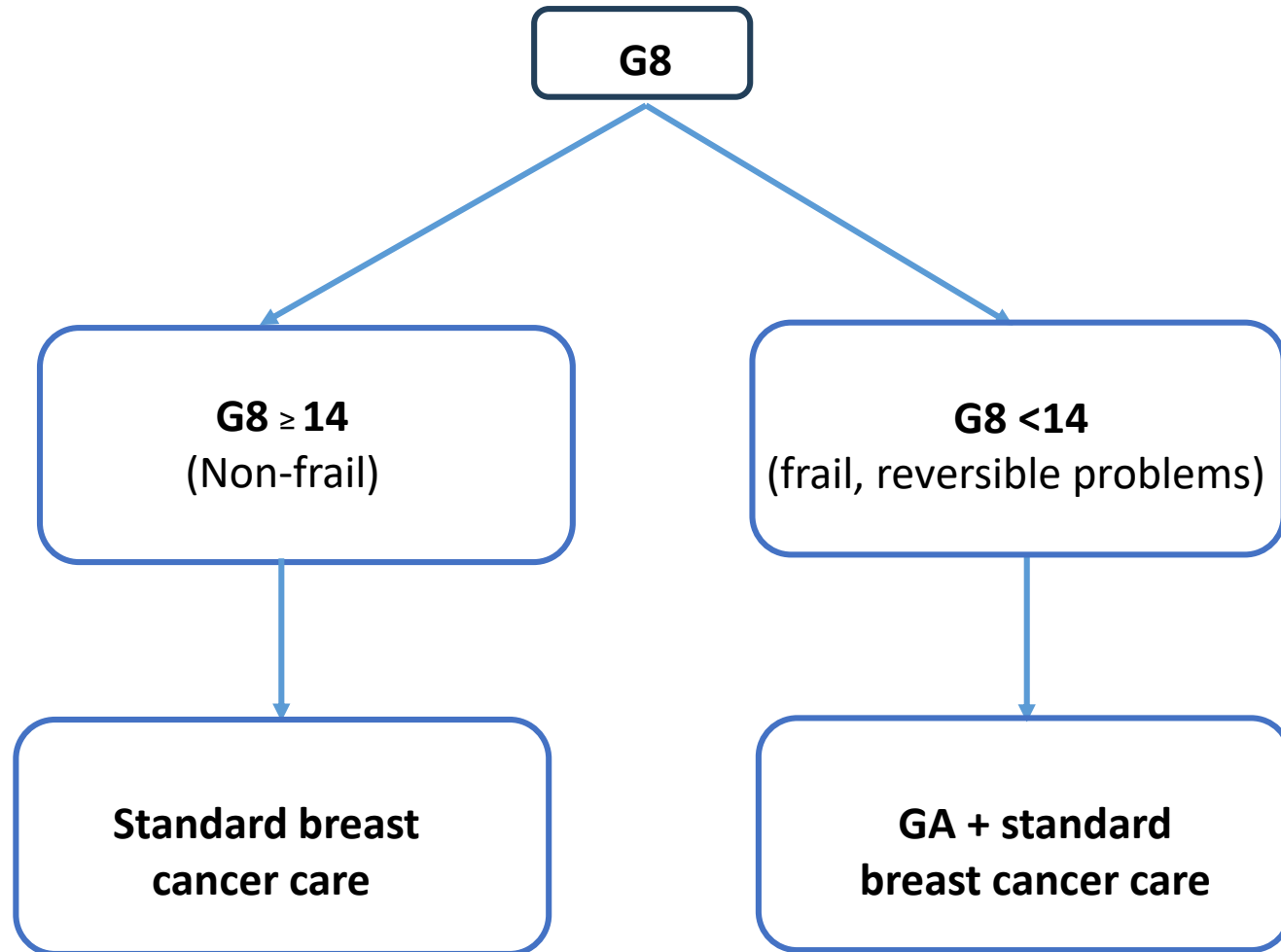
A comprehensive approach

| A comprehensive geriatric assessment (GA) to identify needs | An inter-professional team to develop an individualized plan | Track patient's progress and identify changes in needs |

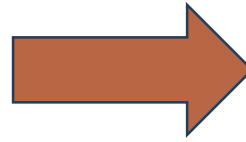# Geriatric Screening with G8 during breast cancer survivorship care


```
              G8
             /    \
            /      \
     G8 ≥ 14      G8 <14
   (Non-frail)    (frail, reversible problems)
        |              |
   Standard breast   GA + standard
   cancer care       breast cancer care
```

G8

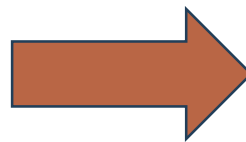| Items	Possible answers
Food intake in the last 3 months	**0**: severe reduction in food intake **1**: moderate reduction in food intake **2**: normal food intake
Weight loss during the last 3 months	**0**: weight loss >3kg **1**: does not know **2**: weight loss between 1 and 3 kg **3**: no weight loss
Mobility	**0**: bed/chair bound **1**: able to get out of bed/chair but does not go out **2**: goes out
Neuropsychological problems	**0**: severe dementia or depression **1**: mild dementia or depression **2**: no psychological problems
Body Mass Index (BMI)	**0**: BMI <19 **1**: BMI 19 to <21 **2**: BMI 21 to <23 **3**: BMI 23 or greater
Takes more than 3 medications per day	**0**: yes **1**: no
Self-rated health status (compared to other people of the same age)	**0**: not as good **0.5**: does not know **1**: as good **2**: better
Age	**0**: >85 **1**: 80-85 **2**: <80
Total score (0-17) **[Cut-off ≤ 14 indicating impairment]**	

Objectives		**Hypotheses**
1) Assess G8 performance in risk stratifying older frail adults with breast cancer needing a comprehensive GA	→	G8 can be used as a valid screening tool
2) Assess impact of G8 risk stratification on symptom burden and quality of life	→	At risk patients with concurrent oncologic-geriatric care will have improved symptom burden and quality of life in first year of survivorship care

Methods

- Observational, pre and post intervention pilot prospective study

- Patient recruitment:
  - January 2024 – January 2026

- Sites
  - Memorial Hermann Cancer Center Clinic, Houston, Tx, US
 - UT physicians Bayshore Multispecialty Clinic, Houston, Tx, US

Eligibility criteria:

- History of Breast Cancer

- Age 65+

- Post active treatment*, on active surveillance

- +/- endocrine therapy

* within 3 months post first or second-line treatment chemotherapy, radiation and/or surgery, or multimodal treatment

*Eligible patients will need to provide informed consent

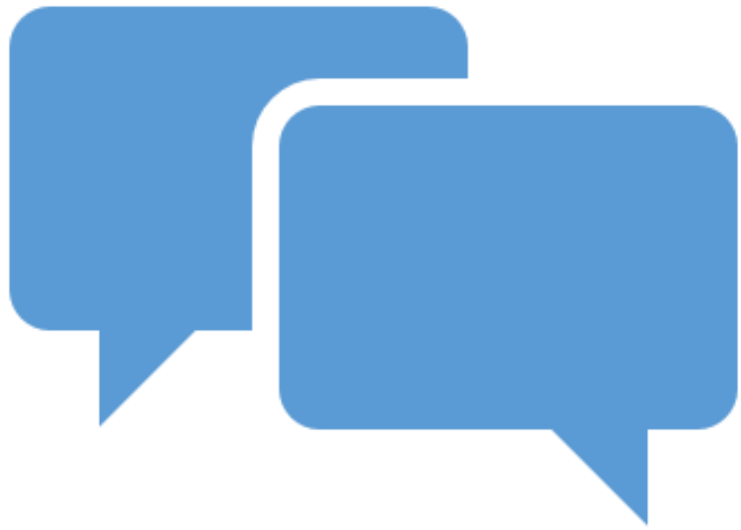# Intervention & Outcomes
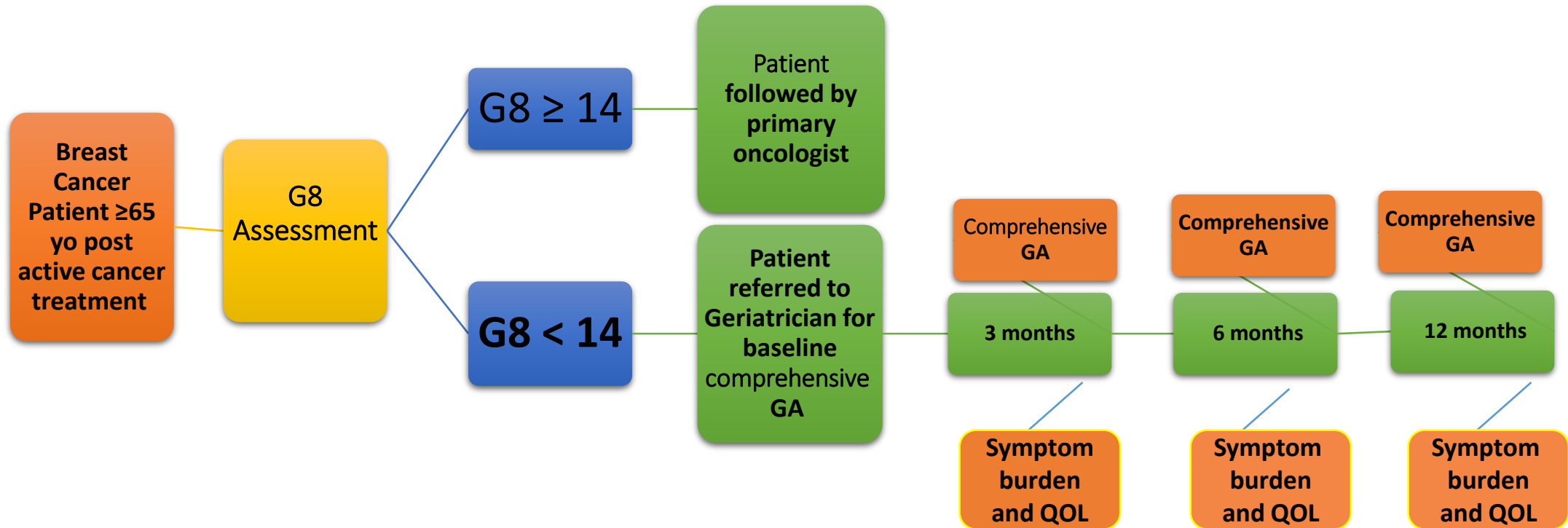
Outcomes

Primary Outcomes:

1) Change in symptom burden (MDASI-Br) from baseline at 3, 6, and 12 months

2) Change in QoL (EQ-5D-5L) from baseline at 3, 6, and 12 months

Secondary Outcomes:

1) Adherence to breast cancer survivorship care guidelines (visits to a cancer-related physician or a primary care physician 3 to 6 months after initial visit, mammogram in the first year after treatment ends) when compared to historical, retrospective cohort

Future Directions

1. Early identification of geriatric syndromes and early initiation of GA driven interventions during breast cancer survivorship care

2. Manage comorbidities and competing causes of mortality, mitigate effects of polypharmacy

3. Serve as framework for future breast cancer survival care clinic

4. Generate preliminary results on the impact of this approach on patient-centered outcomes (symptom burden, quality of life) during breast cancer survivorship care

Discussion