## 7<sup>th</sup> Symposium on Primary Breast Cancer in Older Women

# Involving Patients and Caregivers

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- Blue Cross/Blue Shield Affordability Cures Initiative
- UTHealth Institutional Scholars Award
- National Center for the Advancement of Translational Sciences
- National Institute of Aging

## Overview

The critical role of caregivers

Geriatric assessment as a tool to involve patients and caregivers in treatment decisions

The importance of involving patients and caregivers in research

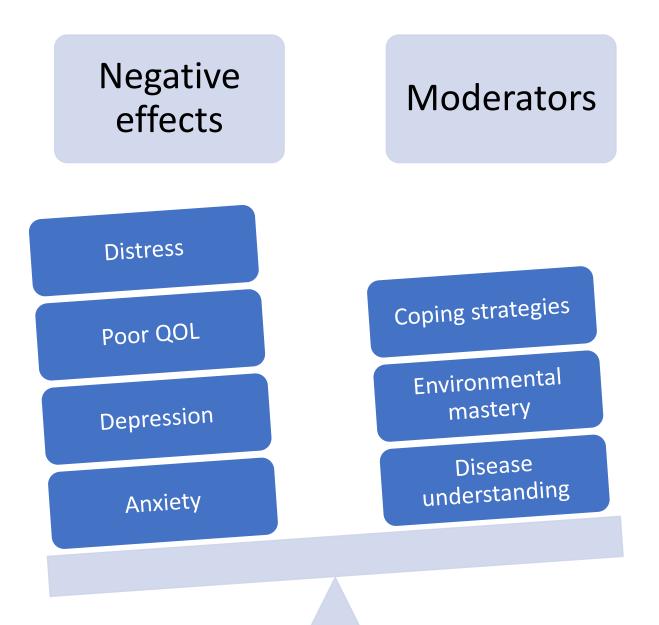
Our approach: 4Ms and Patient Priorities Care

# The crucial role of caregivers



- Caregivers perform a wide array of critical functions across a broad spectrum of skills
- A focus on the clinician-patient relationship forgets the important role that caregivers play in the physical and mental health of a patient with cancer

The balancing act of being a caregiver



Loh KP et al. The Oncologist 2021;26:310–317

# Breast cancer caregiving

### Caregivers

- Most likely male partners
- Have severe burden
- Unmet needs
- Need multiple types of support

### Dyad

- Communication avoidance
- Patient outcome and prognosis affects caregiver depression, anxiety, QOL

### Patients

- Body changes
- High levels of comorbidity if older
- Functional impairments
- Competing risks for death

Tao L et al. Supportive Care in Cancer; 2022:7789-7799.

Tan JYA et al. J Telemedicine and Telecare, 2023:1-14.

# Mental health interventions for patients with breast cancer and their caregivers

#### Patient

#### a) Dyadic adjustment

	Inte	rventio	n	C	ontrol			Std. Mean Difference		Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	Year	IV, Random, 95% CI
Price-Blackshear et al 2020	95.5	15.96	36	102.22	16.07	41	33.5%	-0.42 [-0.87, 0.04]	2020	
Çömez and Karayurt 2020	125.82	9.23	41	114.95	10.02	42	33.4%	1.12 [0.65, 1.58]	2020	
Fergus et al 2022	52.7	10.8	31	49.9	11.5	36	33.1%	0.25 [-0.23, 0.73]	2022	
Total (95% CI)			108			119	100.0%	0.32 [-0.57, 1.20]		
Heterogeneity: Tau <sup>2</sup> = 0.55; C	hi <sup>2</sup> = 21.5	4, df = 2	(P < 0.	0001); P	= 91%				3 <del>.</del>	-1 -0.5 0 0.5
Test for overall effect: Z = 0.70	) (P = 0.48	)								-1 -0.5 0 0.5

#### c) Depression

	Inte	erventio	n	C	ontrol			Std. Mean Difference		Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	Year	IV, Random, 95% CI
Badger et al 2005	3.36	1.71	24	2.74	1.81	24	12.5%	0.35 [-0.22, 0.92]	2005	+•
Badger et al 2007	14.08	1.52	38	9.35	1.57	33	11.9%	3.03 [2.34, 3.72]	2007	
Badger et al 2013a	10.56	10.03	34	6.75	7.98	36	13.0%	0.42 [-0.06, 0.89]	2013	
Badger et al 2013b	11.84	10.87	31	10.6	10.5	9	11.6%	0.11 [-0.63, 0.86]	2013	
Reese et al 2019	3.63	3.98	19	5.11	5.01	9	11.3%	-0.33 [-1.13, 0.47]	2019	· · · · · · · · · · · · · · · · · · ·
Badger et al 2020	49.36	6.9	103	51.27	7.04	104	13.7%	-0.27 [-0.55, 0.00]	2020	-
Price-Blackshear et al 2020	59.37	6.12	36	59.38	6.15	41	13.1%	-0.00 [-0.45, 0.45]	2020	-+
Fergus et al 2022	3.5	2.7	31	4	3.3	36	12.9%	-0.16 [-0.64, 0.32]	2022	
Total (95% CI)			316			292	100.0%	0.37 [-0.23, 0.98]		•
Heterogeneity: Tau <sup>2</sup> = 0.68; C	hi <sup>2</sup> = 80.0	30, df = 1	7 (P < 0	0.00001	);   <sup>2</sup> = 9	91%			107	
Test for overall effect Z = 1.21	(P = 0.2	2)								-2 -1 U 1 2 Favours [Intervention] Favours [Control]

#### e) Anxiety

	Inte	rventio	n	C	ontrol		1	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Badger et al 2007	3.21	0.27	38	2.85	0.28	33	16.5%	1.30 [0.78, 1.81]	
Badger et al 2013a	31.53	9.18	34	30.72	8.37	36	17.2%	0.09 [-0.38, 0.56]	
Badger et al 2020	52.37	7.61	103	51.69	7.75	104	19.7%	0.09 [-0.18, 0.36]	
Fergus et al 2022	7.5	3.7	31	8	3.3	36	17.0%	-0.14 [-0.62, 0.34]	
Price-Blackshear et al 2020	53.39	8.88	36	54.64	8.9	41	17.5%	-0.14 [-0.59, 0.31]	
Reese et al 2019	3.11	3.64	19	6.56	4.95	9	12.2%	-0.82 [-1.65, 0.01]	
Total (95% CI)			261			259	100.0%	0.10 [-0.34, 0.54]	
Heterogeneity: Tau <sup>2</sup> = 0.24; C	hi <sup>2</sup> = 27.4	46, df=	5 (P <	0.0001	); P= 8	32%			
Test for overall effect: Z = 0.44	(P = 0.6	6)	80						-1 -0.5 0 0.5 1 Favours [Intervention] Favours [Control]

#### b) Dvadic adjustment

	Inte	rventio	n	Co	ontrol			Std. Mean Difference		Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	Year	IV, Random, 95% CI
Çömez and Karayurt 2020	127.09	13.36	41	117.54	8.6	42	33.8%	0.84 [0.39, 1.29]	2020	
Price-Blackshear et al 2020	101.71	16.32	36	101.62	16.9	41	33.9%	0.01 [-0.44, 0.45]	2020	
Fergus et al 2022	51	8.9	30	49.2	9.9	35	32.3%	0.19 [-0.30, 0.68]	2022	
Total (95% CI)			107			118	100.0%	0.35 [-0.16, 0.86]		
Heterogeneity: Tau <sup>2</sup> = 0.15; C	hi <sup>2</sup> = 7.33,	df = 2 (	P = 0.0	3); P= 73	1%				_	-1 -0.5 0 0.5 1
Test for overall effect: Z = 1.34	4 (P = 0.18	1)								-1 -0.5 0 0.5 1 Favours [Control] Favours [Intervention]

Caregiver

#### d) Depression

	Inte	rventio	n	C	ontrol			Std. Mean Difference		Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	Year	IV, Random, 95% CI
Segrin et al 2005	12.91	10.54	23	10.28	12.36	18	10.4%	0.23 [-0.39, 0.85]	2005	
Badger et al 2007	5.31	0.99	38	4.4	1.07	30	13.7%	0.88 [0.37, 1.38]	2007	
Badger et al 2013b	9.19	11.75	31	8.6	11.4	9	8.0%	0.05 [-0.69, 0.79]	2013	
Badger et al 2013a	11.46	12.53	34	6.74	9.23	36	14.6%	0.43 [-0.05, 0.90]	2013	
Badger et al 2020	48.82	6.99	97	47.82	7.17	102	23.6%	0.14 [-0.14, 0.42]	2020	
Price-Blackshear et al 2020	57.96	6.18	36	57.02	6.28	41	15.6%	0.15 [-0.30, 0.60]	2020	
Fergus et al 2022	3.6	2.6	30	4.1	2.8	35	14.1%	-0.18 [-0.67, 0.31]	2022	
Total (95% CI)			289			271	100.0%	0.24 [0.00, 0.48]		+
Heterogeneity: Tau <sup>2</sup> = 0.04; C	hi <sup>2</sup> = 10.5	51, df=	6 (P = (	0.10); I <sup>z</sup> :	= 43%					
Test for overall effect: Z = 1.98	8 (P = 0.0	15)	S18 - 1							-1 -0.5 0 0.5 1 Favours [Intervention] Favours [Control]

#### Anxiety

f)

Ct. 4		erventio			ontrol	****		Std. Mean Difference		Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	Year	IV, Random, 95% CI
Badger et al 2007	3.07	0.27	38	2.72	0.3	30	17.6%	1.22 [0.70, 1.74]	2007	
Badger et al 2013a	34.26	11.23	34	30.63	8.48	36	19.0%	0.36 [-0.11, 0.83]	2013	
Price-Blackshear et al 2020	51.19	8.94	36	48.7	9.09	41	19.7%	0.27 [-0.18, 0.72]	2020	
Badger et al 2020	51.46	8.27	97	48.43	8.58	102	25.0%	0.36 [0.08, 0.64]	2020	
Fergus et al 2022	6.1	3.7	30	6.1	2.9	35	18.6%	0.00 [-0.49, 0.49]	2022	
Total (95% CI)			235			244	100.0%	0.43 [0.09, 0.77]		•
Heterogeneity: Tau <sup>2</sup> = 0.10; C	hi <sup>2</sup> = 12.4	44, df =	4 (P = 0	0.01); P	= 68%				_	-1 -0.5 0 0.5 1
Test for overall effect Z = 2.47	(P = 0.0)	1)								Favours [Intervention] Favours [Control]

#### g) Stress

	Inte	erventio			control			Std. Mean Difference		Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	Year	IV, Random, 95% CI
Segrin et al 2005	62.74	28.55	23	54.89	32.16	18	10.5%	0.26 [-0.36, 0.87]	2005	
Badger et al 2013a	14.49	8.1	34	11.06	7.84	36	17.9%	0.43 [-0.05, 0.90]	2013	
Badger et al 2020	12.47	6.5	97	10.99	6.77	102	51.7%	0.22 [-0.06, 0.50]	2020	
Price-Blackshear et al 2020	2.6	0.72	36	2.48	0.77	41	20.0%	0.16 [-0.29, 0.61]	2020	
Total (95% CI)			190			197	100.0%	0.25 [0.05, 0.45]		-
Heterogeneity: Tau <sup>2</sup> = 0.00; C	hi <sup>2</sup> = 0.73	2, df = 3	(P = 0.	87); 12=	0%					-0.5 -0.25 0 0.25 0.5
Test for overall effect: Z = 2.44	(P=0.0	)1)								Favours [Intervention] Favours [Control]

# What do patients want?

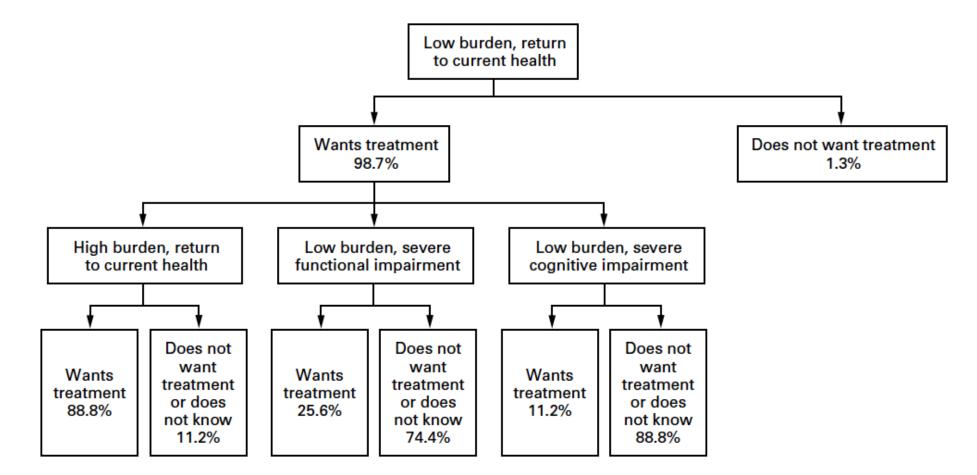


Figure 2. Treatment Preferences According to the Burden and Outcome of Treatment.

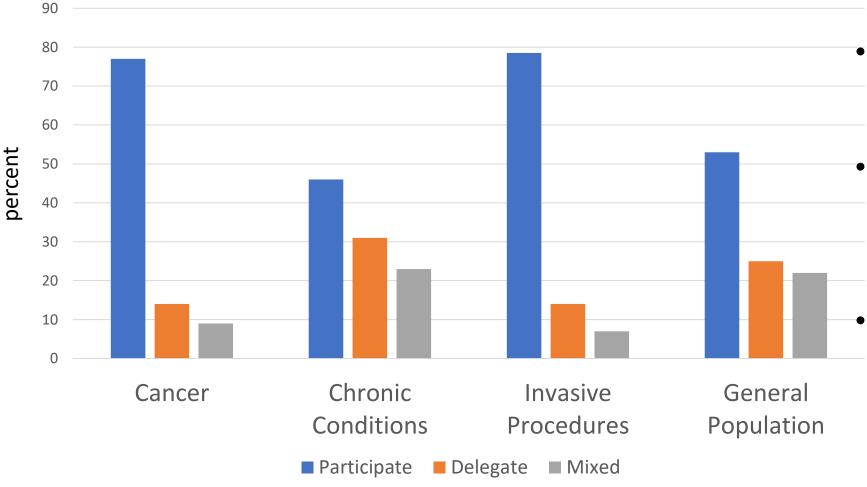
# Patient preferences

- Quality of life trade-offs
  - Terri Fried's classic study<sup>:</sup> 74% would forego low burden treatment that caused functional impairment, 89% if cognitive impairment
  - In a survey of Medicare beneficiaries, 83.9% would not want potentially life-prolonging drugs that made them feel worse all the time
- Having the conversation
  - In a cross-sectional survey of older adults, 70% believed their healthcare providers knew their priorities, but only 36% had actually had a conversation
  - Concordance between physician perception and patient preferences only about 50%

Fried *NEJM* 2002 Barnato *Med Car*e 2007

Case JAGS 2015 Caocci Leuk Res 2015 Slide courtesy of Tanya Wildes

## How patients want to make decisions

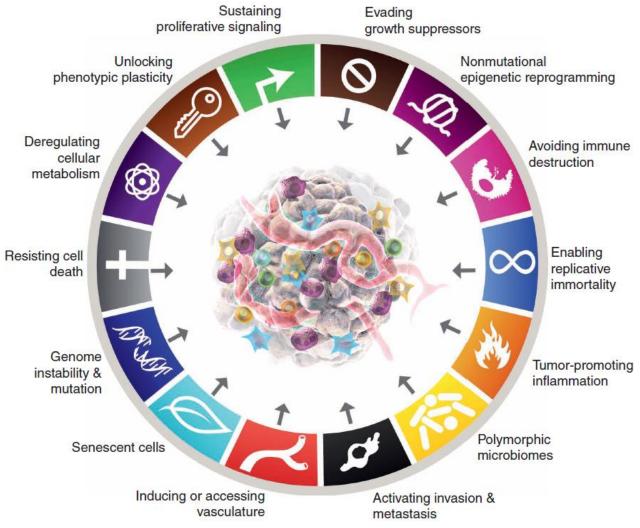


- Recognize when older adult faces a "preference sensitive" decision
- Ensure that older adults are adequately informed about benefits and harms
- Elicit patient/caregiver preferences after they are sufficiently informed

Chewning. Patient Educ Couns. 2012 January ; 86(1): 9–18.

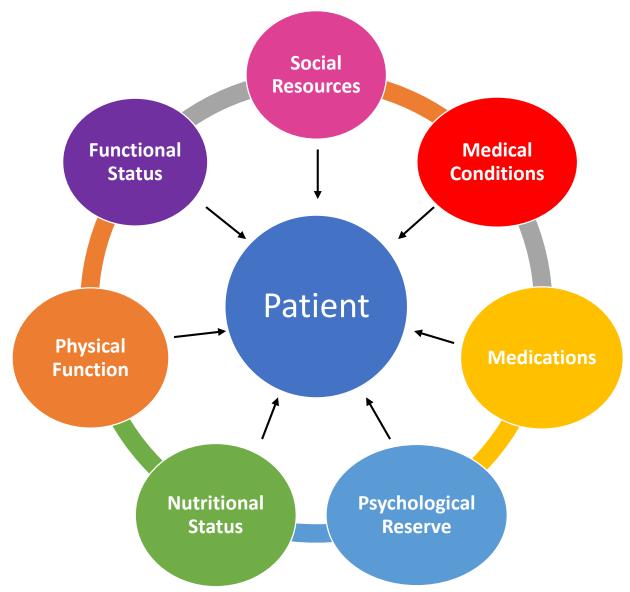
AGS Task Force on Multimorbidity, J Amer Geriatr Soc 2012

# The Oncologist's Focus



Hanahan D. Cancer Biology, 2022.

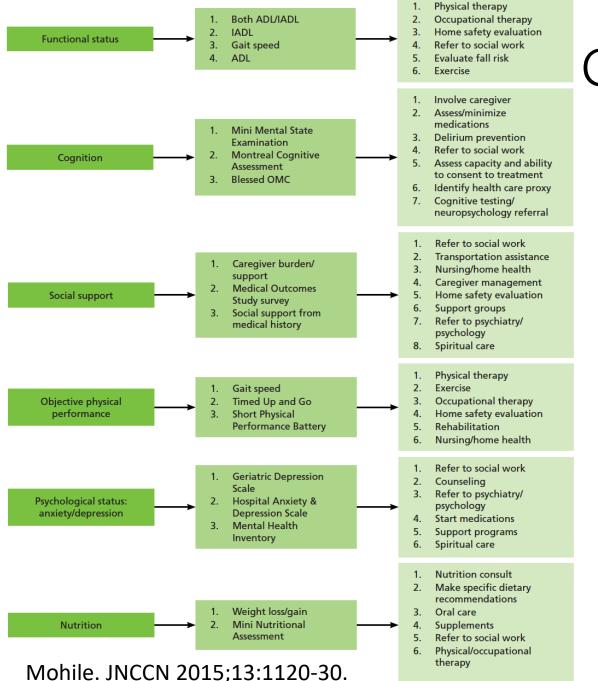
# The Geriatrician's Focus



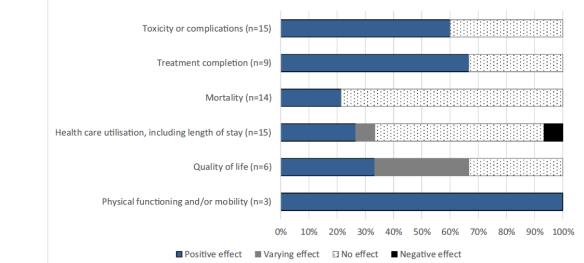
# GA components

- Functional status
- Physical performance
- Comorbidity
- Medication use
- Psychological assessment
- Cognition
- Nutrition
- Social support





# GA-driven interventions



- GA leads to:
- More goals of care discussions and improved communication
- Improved likelihood of treatment completion
- Lower toxicity/complication rates

Hamaker M, Lund C, et al. J Geriatr Oncol. 2022; 13(6):761-777.

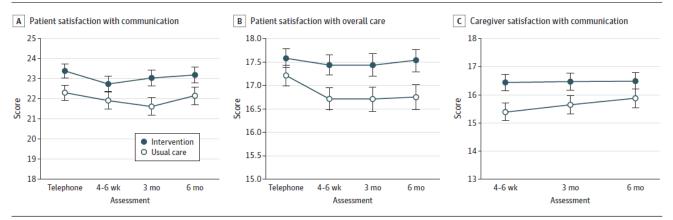
# The Value of GA

- Prognostic value
- Focus on unmet needs, quality of life
- Priorities aligned care
- Early referral to palliative care

Toxic Effects	GAIN (n=402)	Standard of Care (n=203)	P value
Grade 3+ toxicity	50.5%	60.6%	0.02
Change in advance directives	28.4%	13.3%	<0.001

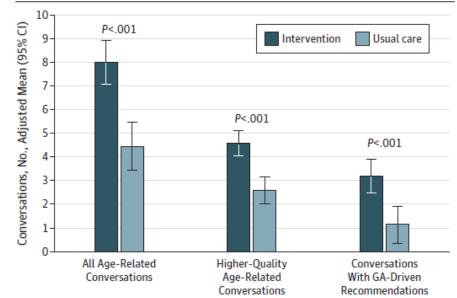
# The Value of GA

#### Figure 2. Patient and Caregiver Satisfaction



Improving patient and caregiver satisfaction

Figure 3. Conversations About Aging-Related Conditions



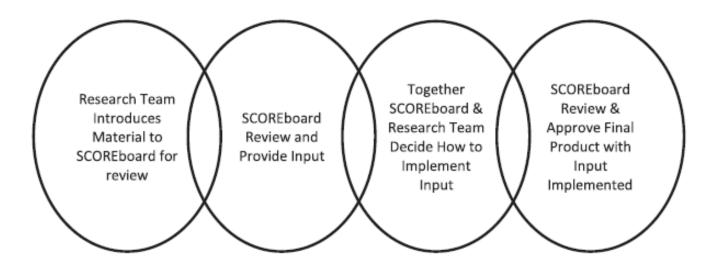
A, Patient satisfaction with communication about aging-related concerns. B, Patient satisfaction with overall care. C, Caregiver satisfaction with communication about the patient's age-related conditions. Scores were derived using modified versions of the Health Care Climate Questionnaire. The telephone assessment was 7 to 14 days after the audio-recorded clinic visit.

and communication.

Mohile SG, et al. JAMA Oncol. 2020;6:196-204.

The success of COACH engaging patients and caregivers

- Active stakeholder group (Stakeholders for Care in Oncology and Research for our Elders board, "SCOREboard")
- Engaged PI
- Empowered co-chair
- Staff dedicated to partner engagement
- Funding for in-person meetings and compensatio
- Clear roles
- Additional engagement opportunities



Gilmore NJ, et al. Cancer; 2019: 4124-33

# Making cancer care "age-friendly"



An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

### What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

#### Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

### Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

### Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Institute for Healthcare Improvement. Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults

# 4Ms in cancer care

- High engagement of nurses
- Importance of quality improvement methodology
- "What matters most" facilitated advance care planning and knowledge about goals of care and prognosis
- Routine use of a GA proposed to achieve 4MS care

### **IDENTIFY HEALTH PRIORITIES**

• Values (What Matters most to the patient)

patient

priorities

- Actionable, specific, realistic health outcome goals
- Health care preferences (which care the patient finds helpful and which burdensome) and any tradeoffs
- "One Thing" the health problem (burdensome symptom, health care task, or medication) the patient most wants to address to help them achieve their health goal.

#### **ALIGN CARE WITH HEALTH PRIORITIES**

#### Consider if current and potential care is:

- Consistent with health outcome goals including patient's "One Thing"?
- Consistent with care preferences?

#### Use the patient's priorities:

- As the focus for communication with the patient
- As the goal for serial trials to start, stop or continue interventions
- To prioritize care decisions, especially where differing perspectives exist



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#### Review and Print your Summary

NAVIGATION MENU

Introduction

Talk With Your

#### Identifying My Health Priorities

#### Welcome to My Health Priorities!

Through this process we will help you identify what matters most to you- your **Health Priorities**.

#### Why are Your Health Priorities Important?

What matters most in life and health is different for everyone. Managing your health may be particularly difficult if you have multiple chronic conditions.

The more you and your health care team know about what matters most to you, the better you can work together to line up your health care decisions with your Health Priorities.

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### Current PPC projects

- US Deprescribing Network Pilot
  - Facilitate deprescribing in older adults with dementia and their caregivers

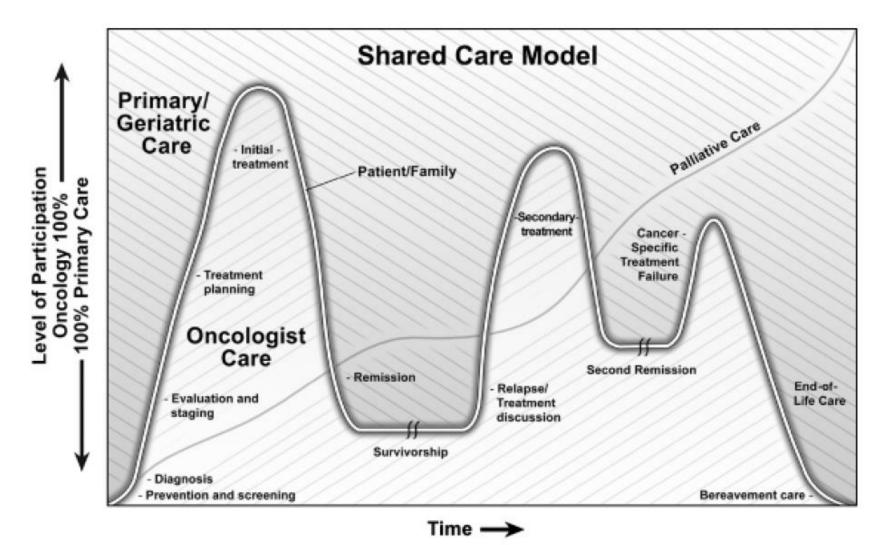
### • GEMSTAR NIA R03

- Improve survivorship care plans and treatment burden in breast cancer care
- VA Merit Award
  - RCT Intervention study



next

Don't forget the GP!



Cohen HJ. J Am Geriatr Soc. 2009;57:S300-S302. .

# Thank you

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