

Treatment Plan Adherence to Guidelines in Senior Adult Oncology Patients

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Materials & Methods:

- Review of 287 records
- Patients ≥ 65 years old with new diagnosis of cancer
- Seen by 6, dual-boarded hematologists/ oncologists practicing in an urban academic cancer center
- Treatment plans compared to national guidelines to determine plan adherence status
- Patients were recommended:
 - Adherent plan (AP) or
 Non-adherent plan (N-AP)

Table 1. Demographic	characteristics of patients stratified
by AP and	N-AP recommendations

Variable		AP Recommended No. (%)	N-AP Recommended No. (%)	p-value
	65-69	8(80)	2(20)	
Age	70-74	18(72)	7(28)	0.763
	75+	14(82.4)	3(17.6)	
Gender	Male	15(75)	5(25)	4 000
	Female	25(78.1)	7(21.9)	1.000
Race	White	27(79.4)	7(20.6)	0.724
	Non-White	13(72.2)	5(27.8)	0.731
ECOG PS	Active (0-1)	18(85.7)	3(14.3)	0.318
	Limited (2-3)	22(71.0)	9(29.0)	
Stage	0-I, IV	27(93.1)	2(6.9)	0.003
	11-111	13(56.5)	10(43.5)	
Curable	Yes	24(70.6)	10(29.4)	0.179
	No	16(88.9)	2(11.1)	
Tumor Type	GI	12(80)	3(20)	
	GU	7(100)	0(0)	
	Breast	7(70)	3(30)	0.524
	Hematologic	5(83.3)	1(16.7)	
	Lung, Head/Neck	4(57.1)	3(42.9)	
	Other	5(71.4)	2(28.6)	

Abbreviation: AP, adherent plan; N-AP, non-adherent plan; ECOG, Eastern Cooperative Oncology Group; PS, performance status

Table 2. Treatment Recommendations by Stage and ECOG Performance Status

AP Recommended No. (%)	N-AP Recommended No. (%)	Total No.
10 (90 9)	1 (0 1)	11
10 (90.9)	1 (7.1)	
17(01 1)	1 (5 6)	18
17(94.4)	1 (3.6)	
8 (80 O)	2 (20 0)	10
0 (00.0)	2 (20.0)	
5 (29 5)	0 (61 E)	13
<u> </u>	o (01.3)	
		No. (%) No. (%) 10 (90.9) 1 (9.1) 17(94.4) 1 (5.6) 8 (80.0) 2 (20.0)

Abbreviations: AP, adherent plan; N-AP, non-adherent plan; ECOG, Eastern Cooperative Oncology Group

Table 3 Likelihood of Receiving	an N-AP by Stage and Performance Status
Table 3. Likelihood of Receiving	all it Al by stage and refroinfance status

Subgroup of interest	Subgroup of reference	OR	95% CI	p-value
Stage II-III ECOG Limited	Stage 0-I, IV ECOG Active	15.9	(1.5, 166.7)	0.020
Stage II-III ECOG Limited	Stage II-III ECOG Active	6.4	(0.9, 43.5)	0.057
Stage II-III ECOG Limited	Stage 0-1, IV ECOG Limited	27.0	(2.7, 250.0)	0.005

Abbreviation: N-AP, non-adherent plan; ECOG, Eastern Cooperative Oncology Group

Results:

- Stage was the only statistically significant clinical predictor of N-Aps (p=0.003).
- 43.5% of stage II-III patients were found to have N-APs.
- Among patients with active performance status of any stage, 14.3% had N-APs, while 29% of patients with limited ECOG PS had N-APs (not statistically significant)
- N-APs were less common among patients with active PS at any stage, and those with limited PS and stage 0, I or IV (Table 2)
- N-APs were more likely to be recommended to patients with advanced, but potentially curable disease (i.e., stage II-III) and a limited PS, (61.5%).

Conclusions & Future Steps:

- The combined effect of stage and performance status influenced the likelihood of plan adherence to guidelines
- Patients with limited performance status and stage II or III cancer were most likely to receive an N-AP recommendation
- Research is needed to determine the rationale for and the effects of N-AP recommendations for SAO patients
- An additional 150 patient records are currently under review to increase the sample size
- Charlson comorbidity scores will be calculated on each patient
- Prospective study complete and data being analyzed