

The research reported on this poster was supported by Thomas Jefferson University. The investigators retained full independence in the conduct of this research.

## 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
Age	65-69	8(80)	2(20)	0.763
	70-74	18(72)	7(28)	
	75+	14(82.4)	3(17.6)	
Gender	Male	15(75)	5(25)	1.000
	Female	25(78.1)	7(21.9)	
Race	White	27(79.4)	7(20.6)	0.731
	Non-White	13(72.2)	5(27.8)	
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
	II-III	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)	0.524
	GU	7(100)	0(0)	
	Breast	7(70)	3(30)	
	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

Subgroup	AP Recommended No. (%)	N-AP Recommended No. (%)	Total No.
Stage 0-I, IV ECOG Active	10 (90.9)	1 (9.1)	11
Stage 0-I, IV ECOG Limited	17(94.4)	1 (5.6)	18
Stage II-III ECOG Active	8 (80.0)	2 (20.0)	10
Stage II-III ECOG Limited	5 (38.5)	8 (61.5)	13

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

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-I, 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