TELOG STUDY: ONCOGERIATRIC PHONE FOLLOW-UP IN THE MANAGEMENT OF ELDERLY PATIENTS TREATED FOR SOLID CANCER OR HAEMATOLOGICAL MALIGNANCY

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CONTEXT

At the end of pre-therapeutic geriatric assessment in oncology, specific follow-up of frail patients seems necessary during oncological treatment.
There is no recommendation for this follow-up.
A phone questionnaire carried out 3 months after the initial assessment would detect geriatric decline during oncological treatment.

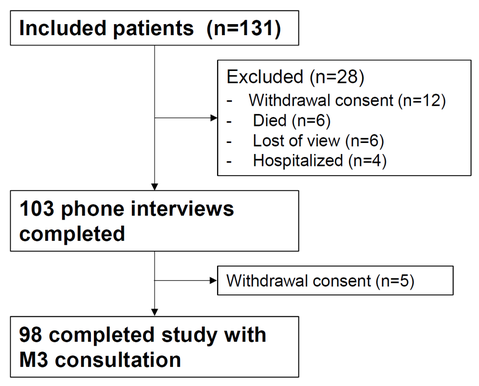
OBJECTIVE

The main objective is to validate a standardized phone questionnaire for a specific geriatric follow-up during oncological treatment.
Validation is defined in terms of feasibility of phone questionnaire and concordance of data collected, as compared to a blind medical geriatric follow-up consultation carried out within 3 days following the nurse phone call.

METHODS

This interventional, prospective, multi-centric study was funded by UCOGIR Normandie.
Eligible patients were aged 70 years and over, referred for geriatric consultation, with a solid tumor or haematological malignancy, before receiving oncological treatment. Patients with an estimated life expectancy <3 months, unable to communicate by phone or complete the written consent, with an ECOG PS= 4, or initial MMSE <18/30 were not included.
Patients were called for a structured standardized phone questionnaire 3 months after the initial oncogeriatric assessment.
We assume the phone questionnaire will be considered as (i) feasible for an item if ≥80% of patients answer the item and (ii) concordant between phone and consultation ≥ 0.7. We plan to enroll 131 patients.
This trial is registred as ID-RCB 2014-A01526-41, clinical trial NCT02583035.
Further results concerning secondary objectives are still being analyzed.

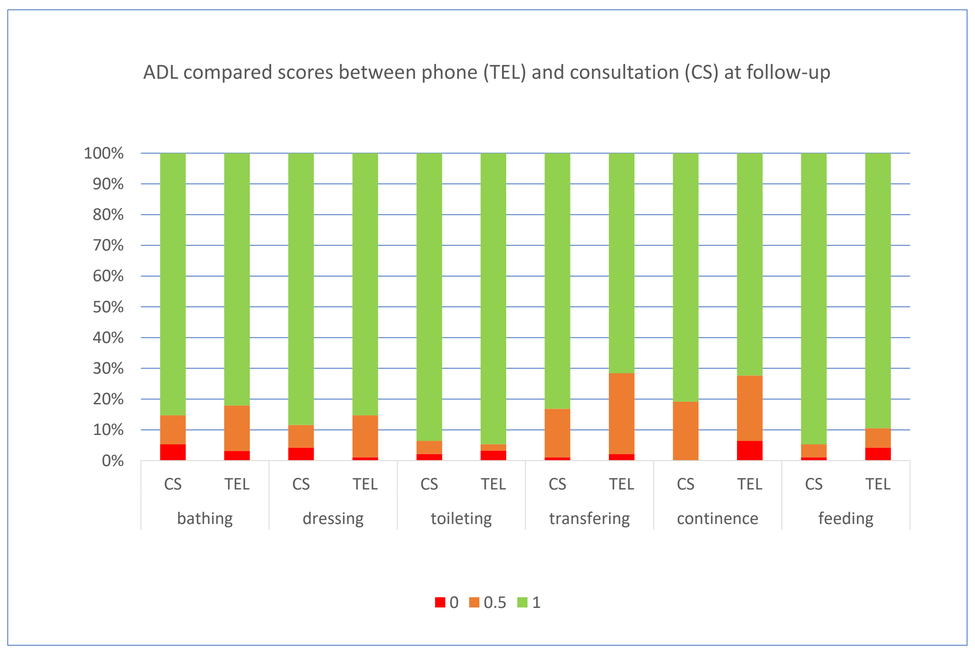
Figure 1: Flow chart TELOG



RESULTS

Table 1: Baseline patient clinical and geriatric characteristics

		n=131	(%)
Sex			
	Male	50	(38.2%)
	Female	81	(61.8%)
Age		81	[70-95]
Live alone		48	(36.6%)
Family caregiver		89	(68.5%)
Education degree			
	0	24	(19.7%)
	1	59	(48.4%)
	2	21	(17.2%)
	3	18	(14.8%)
Cancer type			
	Solid tumor	129	(98.5%)
	Metastatic	53	(40.5%)
	Haematological malignancies	2	(1.5%)
Performance Status/4			
	0	10	(7.7%)
	1	69	(53.1%)
	2	37	(28.5%)
	3	14	(10.8%)
ADL/6			
	score=6	80	(61.1%)
	score<6	51	(38.9%)
Mini IADL/4			
	score=0	75	(57.3%)
	score>0	56	(42.7%)
Fall in previous year			
	Yes	39	(29.8%)
	No	92	(70.2%)
Pain (numeric or verbal scale)			
	Yes	77	(58.8%)
	No	54	(41.2%)
Geriatric Depression Scale			
	Score<=5/15	98	(83.1%)
	Score>5/15	20	(16.9%)
Cognitive status (MMSE/30)		28	[18-30]
Comorbidity CIRS-G			
	total	9	[0-28]
	patient with at least one CIRS-G≥3	56	(42.7%)
Polypharmacy			
	number of medications	6	[0-18]
Nutritionnal status			
	IMC	26,8	[16.6-39]
	MNA >11/14		
	Oui	53	(41.1%)
	Non	76	(58.9%)
	No malnutrition	28	(21,4%)
	At risk	58	(44,3%)
	Low malnutrition	14	(10,7%)
	Moderate malnutrition	26	(19,8%)
	Severe malnutrition	5	(3,8%)
SIOG group			
	Fit	27	(20.8%)
	Vulnerable	55	(42.3%)
	Frail	48	(36.9%)



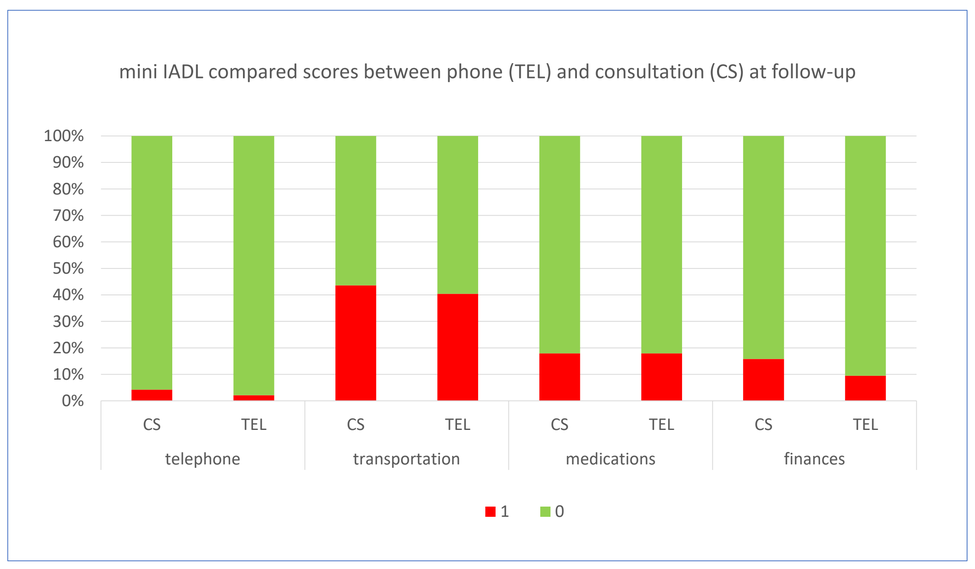


Table 2: Phone follow-up characteristics

		n	(%)
Phone interview realized		n=103	(78.6%)
Number of attempt		n=64	(%)
	1	52	(81.2%)
	2	10	(15.6%)
	3	2	(3.1%)
Caregiver present		n=85	
	Yes	26	(30.6%)
	No	59	(69.4%)
Duration of the call (minutes)			
		13,48	(5.42)
		12	[6-37]

Table 3: Concordance data between phone and consultation follow-up

ADL		Coeff Kappa	80% IC
	bathing	0,72	[0.55-0.90]
	dressing	0,72	[0.57-0.86]
	toileting	0,51	[0.25-0.78]
	transfering	0,57	[0.47-0.67]
	continence	0,32	[0.18-0.45]
	feedinng	0,5	[0.27-0.74]
IADL			
	Telephone	0,31	[0-0.64]
	Transportation	0,5	[0.38-0.61]
	Medications	0,86	[0.77-0.95]
	Finances	0,43	[0.26-0.6]
Nutritional status		n	(%)
Difference >10% between the declared and the real weight			
	Yes	2	(2.2%)
	No	89	(97.8%)
		Coeff Kappa	80% IC
Weight loss>3kg		0,47	[0.34-0.6]
		Coeff Kappa	80% IC
Fall since 3 months		0,4	[0.26-0.54]
Balance trouble		0,25	[0.11-0.39]
Depression		0,14	[0-0.28]
Memory loss		0,18	[0.05-0.32]
Temporal orientation		0,31	[0.17-0.45]
Polymedication		n	(%)
same number of medications (±1)			
	Yes	52	(57.1%)
	No	39	(42.9%)
Pain		Coeff Kappa	80% IC
<4/10 vs ≥4/10		0,24	[0-0.54]
numerous scale /10		0,26	[0.03-0.48]
verbal scale/4		0,4	[0.08-0.72]

CONCLUSION

Feasibility is nearly reached with 78% phone interviews realized. Patients appreciated them, and only 5 did not want to come back for the follow-up consultation (necessary for the concordance analysis). Unfortunately, concordance is found only for Medication-item of IADL.
Many interventional studies are evaluating the benefit of case management involving a phone follow-up part. However, our results suggest we have to question the relevance and reliability of data collected by phone in French elderly population.
It is important to define the profile of elderly patients treated for cancer who can benefit from phone follow-up, further analysis are ongoing (impact of social, caregiver presence, cognitive, psychological or performance status).
In our study, the relationship of trust was not established before the phone call between nurse and patients, that could impair the quality of patients' answers. Nevertheless, we have avoided nurse interpretation bias risk, evaluating an unknown patient.
We should have evaluated patients' satisfaction concerning the questionnaire (understanding, ease and time to answer…).
Further studies need to be done to validate a nurse phone follow-up questionnaire. If some is proven to be feasible and consistent, it would facilitate geriatric follow-up, and could sometimes avoid or space out consultations. On the contrary, a follow-up based on a self-reported written or online questionnaire (with accurate filling instructions), or remote monitoring could be also hypotheses to explore.

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