

TELOG study: Geriatric phone follow-up in management of elderly patients treated for cancer or haematological malignancy

Auteurs

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Introduction :

After pre-therapeutic geriatric assessment in oncology ,specific follow-up of frail patients often seems necessary during oncological treatment. There is no recommendation for this follow-up. The TeLOG study evaluates a phone questionnaire carried out 3 months after the initial assessment, by nurse. It enables to detect geriatric decline during oncological treatment.

Objectives:

The main objective is the phone questionnaire validation, in terms of the feasibility and concordance of data collected, compared to a geriatric follow-up medical (blind) consultation, carried out within 3 days following the phone call.

METHODS

This interventional, prospective, multi-center interregional study was funded by UCOGIR Normandie. The inclusions last from february 2015 to 2018.

Eligible patients were aged 70 years and over, referred for geriatric consultation, with cancer or haematological malignancy, before receiving oncological treatment. Patients with an estimated life expectancy <3 months, unable to communicate by phone or to complete the written consent, with an ECOG PS= 4, or initial MMSE <18/30, were not included.

Feasibility was considered if items were answered by phone for at least 80% of patients and, for concordance, if Cohen's Kappa coefficient was at least 0.7, between phone and consultation's answers datas.

Secondary criteria are the duration of the phone call, number of calls needed to contact the patient, as well as the influence of age, gender, socio-cultural level, level of SIOG frailty and caregiver presence , on the feasibility.

The study obtained the regulatory authorizations (CPP and ANSM of November 2014), and is registered under the IDR number 2014-AO-1526-41.

RESULTS:

131 patients were included with an average age of 83 years [71-93], 62,6% of women (n=82).

Phone questionnaires were completed for 79.4% patients (n = 104) with an average duration of 14 minutes per call. Most of the time, the main caregiver was not present during the interview.

27 patients were excluded : 12 unreachable by phone (concordance could not be evaluated), 5 died, 10 withdrawal consent

The statistical analyzes are in progress and the complete data will be presented to the congress.

DISCUSSION: Phone interviews were appreciated by patients, but some of them did not want to come back for the follow-up consultation (necessary for the concordance analysis). The current PREPARE study evaluates the benefit of case management partially based on phone follow-up. The relevance and reliability of the data collected by telephone can be conditioned by the social, cognitive, thymic and sensory status of patients.

CONCLUSION: It is important to define the profile of elderly patients treated for cancer who can benefit from phone follow-up. If a phone follow-up questionnaire reveals being feasible and consistent, it would facilitate geriatric follow-up, and could sometimes avoid consultation.