Cancer Care for Older Adults: The State of the Art & Science

William Dale, MD, PhD

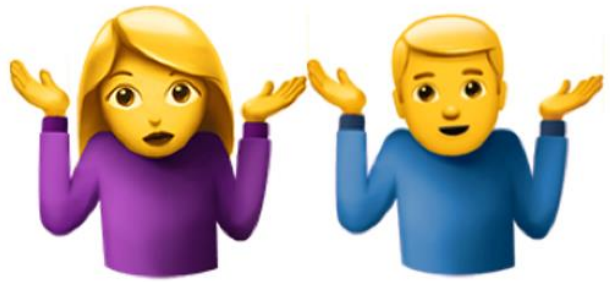
Professor and Arthur M Coppola Family Chair, Department of Supportive Care Medicine

Director, Center for Cancer and Aging

City of Hope

Disclosures

- I do not have any relevant financial relationships.



This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.

Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

STATE LAW:

The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.

EXEMPTION:

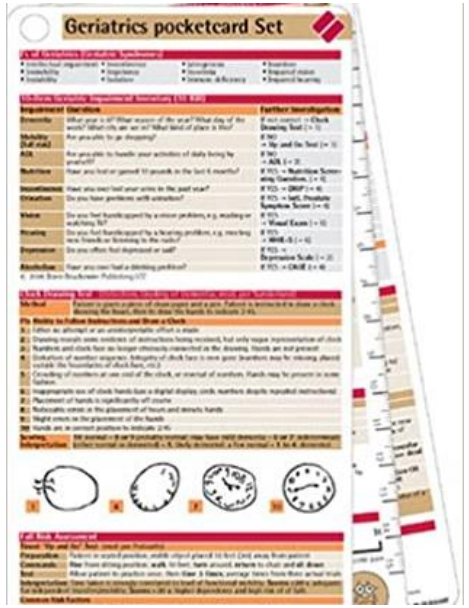
Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

The following CLC & IB components will be addressed in this presentation:

- *Ageism*
- *Intersectionality of age and race/ethnicity, language proficiency, and socioeconomic status*

Comprehensive Geriatric Assessment (CGA)

- CGA is an approach to the evaluation of the older cancer patients from geriatrics
- Includes an Evaluation:
  - Functional status
  - Mobility & Falls
  - Comorbidities
  - Cognition
  - Nutritional status
  - Mood
  - Psychological status (Mood)
  - Social support

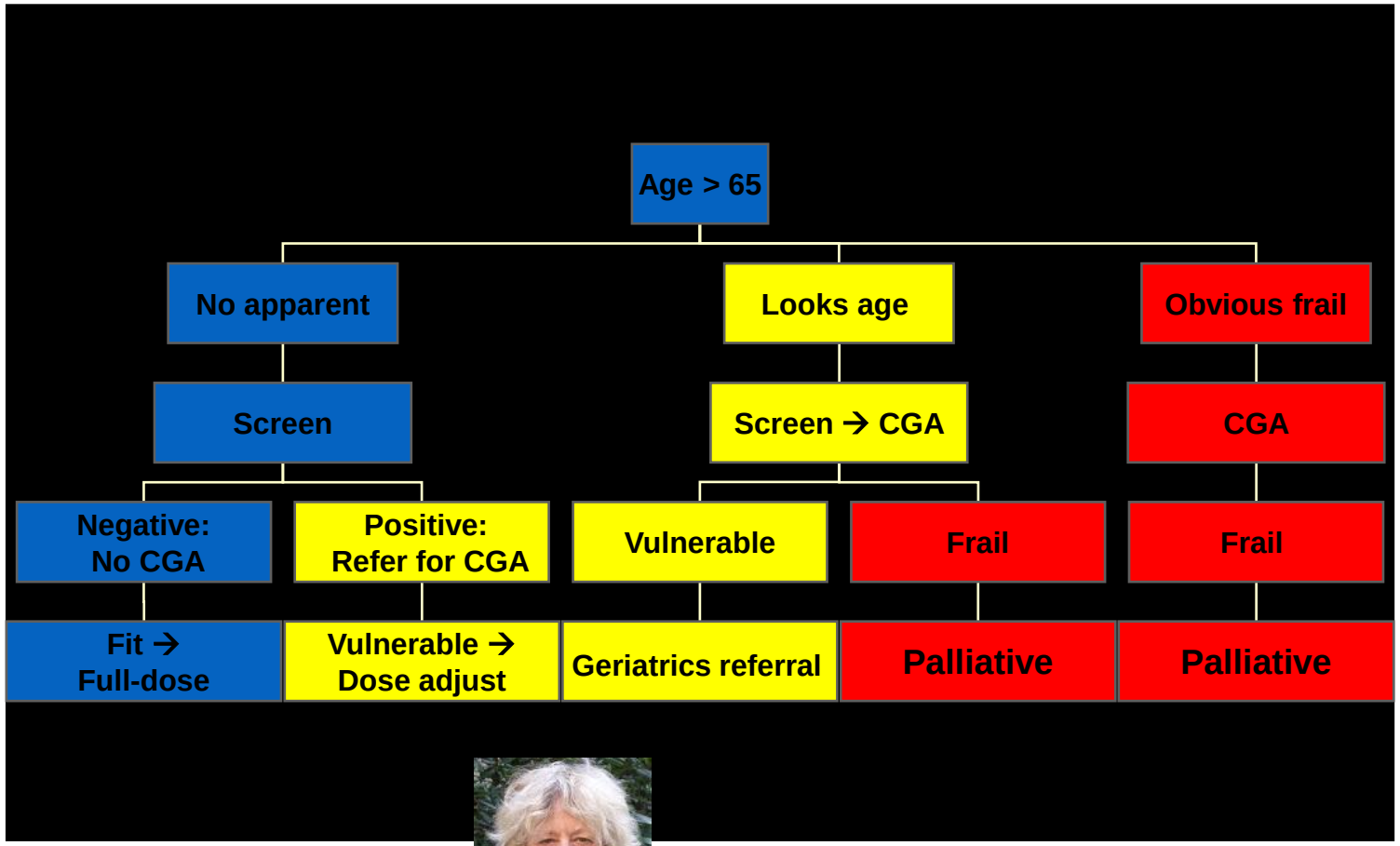


- Each domain <u>independently</u> predicts morbidity & mortality

Geriatric Assessment (GA): Tools of the Trade

1. Functional Status → ADL, IADL
2. Physical Performance → SPPB, gait speed
3. Falls → Single Question
4. Comorbidities → ROS, Carlson
5. Cognition → Mini-Cog, Blessed
6. Mood → Geriatric Depression Scale
7. Nutritional Status → Weight Loss, MNA
8. Social Support → MOS Social Support

Schema for GA-Guided Care for Patients over 65



EVIDENCE:

AN OVERVIEW OF CLINICAL GERIATRIC ONCOLOGY

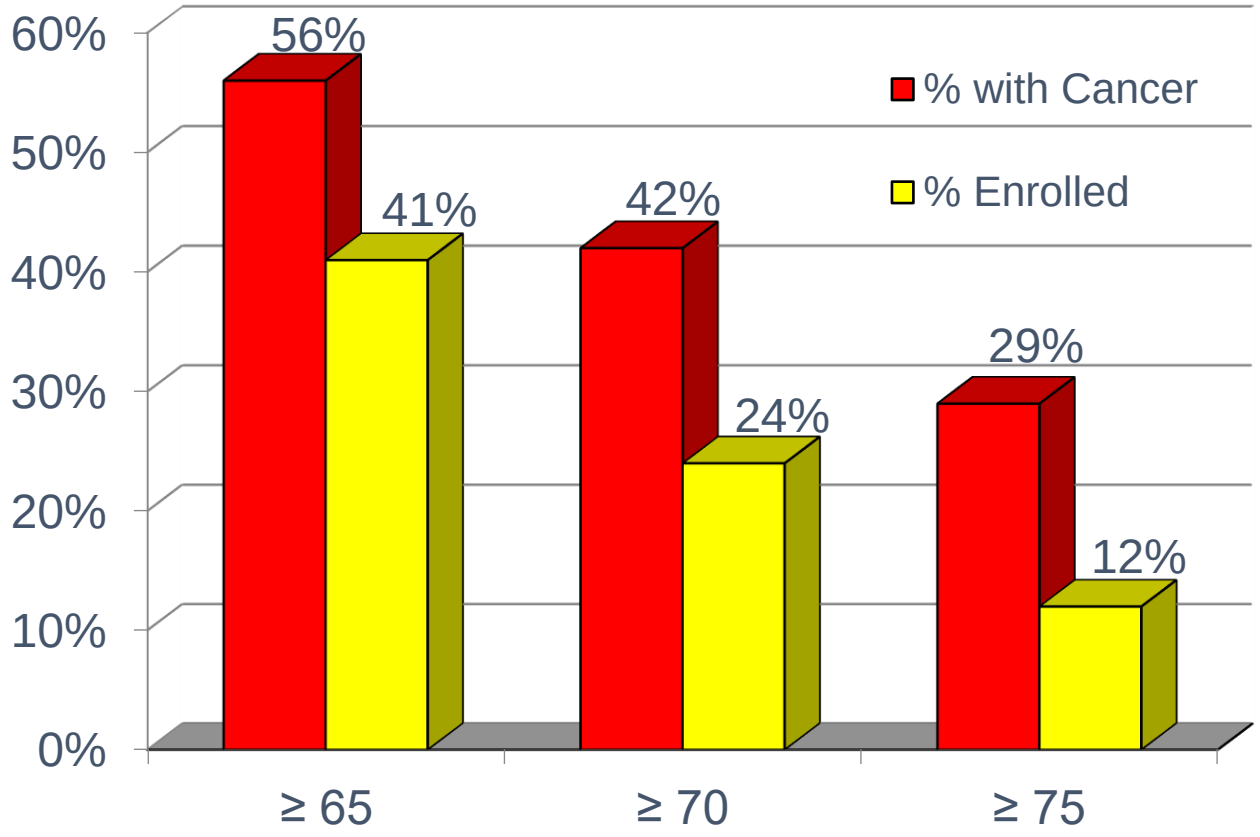
Under-representation of Older Adults on FDA Registration Trials

- 10-yr perspective

  - 2005-2015

- 105 FDA registration trials

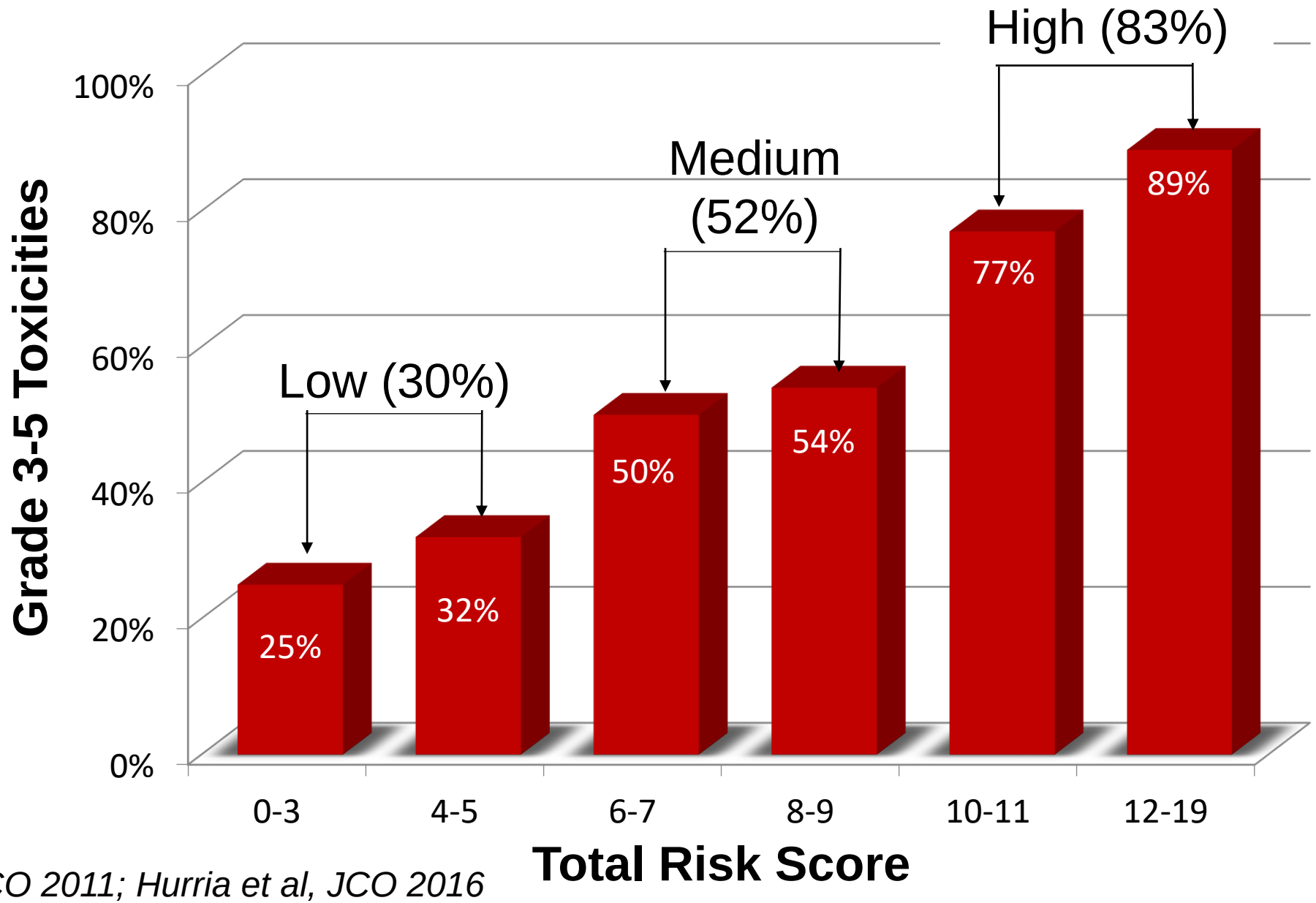
- 224,766 patients



Disparity is Greatest for Patients Age ≥ 75

Singh et al, ASCO Annual Meeting, 2017

Risk of Severe Toxicity



Hurria et al, JCO 2011; Hurria et al, JCO 2016

U13 Grant (AG048721)
Collaboration Between CARG, NCI, & NIA

Biological, Clinical, and Psychosocial Correlates at the Interface of Cancer and Aging Research

William Dale, S… n B. Muss,
Kenneth E. Sc… nd Aging
Research Grou…

…r Inst, 2012

Desig… Frail
Adult… …tions

Arti Hurri… …Cohen,
Hyman B.
and Supriy…

…ncol, 2014

Impr… …s With

- Gap:
  - Clinical Measures Most Relevant to Older Adults Are Rarely Incorporated Into Oncology Clinical Trials
- Recommendation:
  - Consistently Incorporate Validated Geriatric Assessment Measures Into Oncology Research

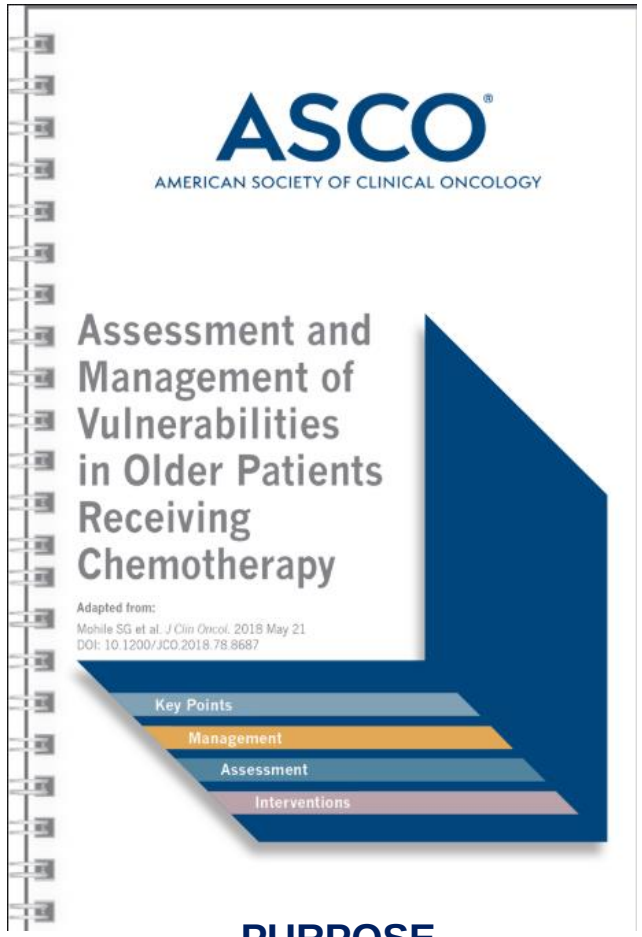
Supriya G. Mohile, MD, MS[1]; Arti Hurria, MD[2]; Harvey J. Cohen, MD[3]; Julia H. Rowland, PhD[4];
Corinne R. Leach, PhD, MPH, MS[4]; Neeraj K. Arora, MS, PhD[5]; Beverly Canin[6]; Hyman B. Muss, MD[7];
Allison Magnuson, DO[8]; Marie Flannery, PhD, RN, AOCN[9]; Lisa Lowenstein, PhD[10]; Heather G. Allore, PhD[11];
Karen M. Mustian, PhD, MPH[12]; Wendy Demark-Wahnefried, PhD, RD[13]; Martine Extermann, MD[14]; Betty Ferrell, PhD, MA[15];
Sharon K. Inouye, MD, MPH[16]; Stephanie A. Studenski, MD, MPH[17]; and William Dale, MD, PhD[18]

Dale W, Mohile S…Hurria A Cancer, 2016

Improving Care for Older Adults with Cancer: Evidence-Based Guidelines Published (2018)

IMPACT

- National panel of experts convened to develop **ASCO's first evidence-based guidelines** for treating older adults with cancer
- **Highlighted as one of the *Journal of Clinical Oncology*'s top 12 cited articles** published in 2018 (567 citations; update ongoing)
- Key recommendations – new standard of care:
  - **In patients 65+ receiving chemotherapy, Geriatric Assessment should be used** to identify vulnerabilities or geriatric impairments that are not routinely captured in oncology assessments.
- **Fewer than 25% of older patients with cancer currently receive these assessments**



PURPOSE

To provide guidance regarding the practical assessment and management of vulnerabilities in older patients undergoing chemotherapy.

U13 (NIH/NIA)

K24 (NIH/NIA)

[1]Mohile, Dale,…Hurria. ASCO Guidelines for Geriatric Oncology JCO 2018

City of Hope
Center for Cancer and Aging

CARG
Cancer & Aging Research Group

ASCO Guidelines

VOLUME 36 · NUMBER 22 · AUGUST 1, 2018

JOURNAL OF CLINICAL ONCOLOGY

ASCO SPECIAL ARTICLE

Practical Assessment and Management of Vulnerabilities in Older Patients Receiving Chemotherapy: ASCO Guideline for Geriatric Oncology

Supriya G. Mohile, William Dale, Mark R. Somerfield, Mara A. Schonberg, Cynthia M. Boyd, Peggy S. Burhenn, Beverly Canin, Harvey Jay Cohen, Holly M. Holmes, Judith O. Hopkins, Michelle C. Janelsins, Alok A. Khorana, Heidi D. Klepin, Stuart M. Lichtman, Karen M. Mustian, William P. Tew, and Arti Hurria

1. Do Geriatric Assessments (GA)
2. Include Essential GA Domains
3. Conduct (Non-cancer) Prognostication
4. Enact GA-Guided, Targeted Interventions

2022 Update Coming!

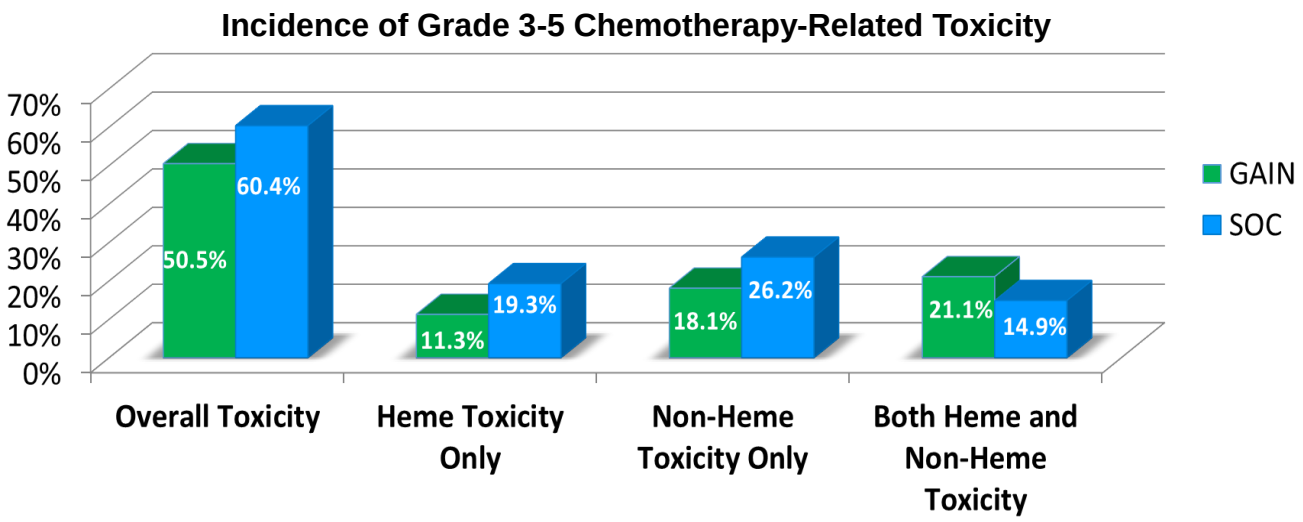
INTERVENTIONS & IMPLEMENTATION

Improving Outcomes for Older Adults with Cancer: Geriatric Assessment-Driven Intervention (GAIN): ↓ Toxicity Risk

Key findings (n=605):

Geriatric assessment-driven interventions (GAIN) compared to standard of care (SOC):

- Primary Outcome: 10% reduced grade 3+ chemo-related toxicity
- Secondary outcomes: improved advance directive completion in older adults with cancer (↑24%)
- No significant differences in ER visits, hospitalizations, chemo dose modifications or discontinuations, or overall survival.



Li D, Sun C…Dale W. JAMA Oncol 2021

Domain	Deficit	Interventions
Functional status	• Limitations in activities of daily living and/or instrumental activities of daily living • History of falls • Timed Up and Go >13 s • Lack of energy	• Exercise prescription • Evaluate fall risk • Home safety evaluation • Gait strengthening • Reiki therapy
Comorbidities	• Presence of comorbid conditions • Hearing/visual impairments	• Management with treating physician or primary care • Referrals as appropriate • Pharmacy review of medications
Psychological status	• Feeling sad or depressed • Anxiety • Feeling nervous/worried	• Social work counseling • Psychiatry referral • Psychology referral • Chaplaincy referral • Support programs
Social activity	• Interference of physical or emotional problems on social activity	• Evaluation of physical/emotional concerns • Social work referral • Occupational therapy
Social support	• Lack of social support identified • Patient lives alone	• Counseling • Social work referral • Home safety evaluation • Support programs • Community resources
Nutrition	• Weight loss ≥5% • Body mass index ≤21 or ≥30 • Problems with eating or feeding	• Diet recommendations • Supplements • Oral care • Physical/occupational therapy for food intake problems
Cognition	• Abnormal cognitive screening • Confusion • Memory loss/impairment	• Assess decision-making capacity • Involve caregivers • Review of medications • Delirium prevention • Cognitive testing
Polypharmacy	• ≥5 Prescribed medications • ≥1 Over-the-counter medication • ≥1 Herb/vitamin supplement	• Recommendations regarding drug interactions, potentially inappropriate medications, duplicative medications
Spiritual well-being	• Anxiety in relation with religious belief/experience	• Chaplaincy referral and counseling • Encourage normal spiritual habits
Clinical symptoms	• Pain • Skin breakdown • Nausea • Incontinence • Adverse effects of treatment	• Supportive care/pain management referral • Manage symptoms with primary care team • Educational interventions

Funding: UniHealth Foundation; K24 AG055693

Improving Outcomes for Older Adults with Cancer: Geriatric Assessment-Driven Intervention (GAP) ↓ Toxicity Risk

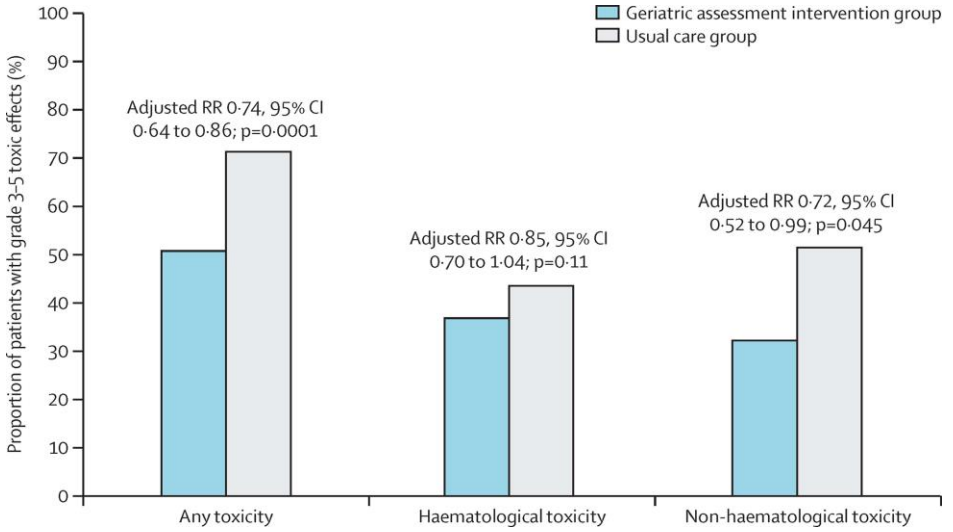
Evaluation of geriatric assessment and management on the toxic effects of cancer treatment (GAP70+): a cluster-randomised study

Supriya G Mohile, Mostafa R Mohamed, Huiwen Xu, Eva Culakova, Kah Poh Loh, Allison Magnuson, Marie A Flannery, Spencer Obrecht, Nikesha Gilmore, Erika Ramsdale, Richard F Dunne, Tanya Wildes, Sandy Plumb, Amita Patil, Megan Wells, Lisa Lowenstein, Michelle Janelsins, Karen Mustian, Judith O Hopkins, Jeffrey Berenberg, Navin Anthony, William Dale

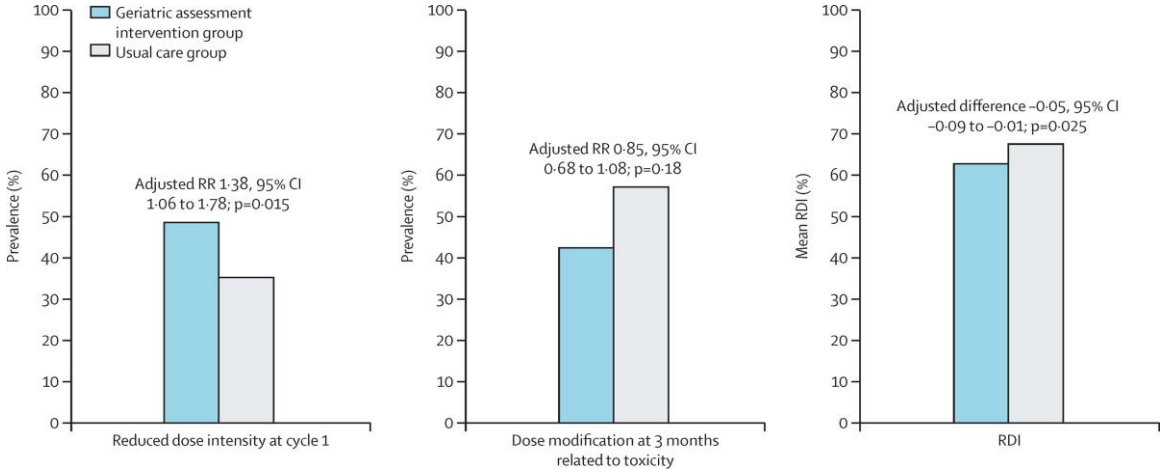
Key findings (n=534):

- A geriatric assessment intervention for older patients with advanced cancer vs. SOC resulted in:
  - Primary outcome: reduced grade 3+ chemo-related toxicity (↓20%, p=0.0001)
  - Fewer falls (12% vs 21%, p=0.0034)
  - More medication discontinuation (p=0.015)
- Reduced dose intensity in the intervention arm did not compromise survival (similar between both arms)
- Conclusion: Geriatric assessment with management should be integrated into clinical care for older patients with cancer.

Prevalence of any grade 3–5 CTCAE toxic effects over 3 months



Treatment Intensity by Study Group



Mohile S…Dale W. Lancet 2021

GAIN vs. GAP70+: Differences in Patient Populations and GA Intervention Models, Similar Positive Outcomes

GAIN Study:

- **Setting/Design:** Single Center RCT
- **Patient Characteristics:**
  - Age: 65+ (mean age: 72.2 years)
  - Tumor Type: Solid Tumors
  - Stage: All Stages
  - Fitness: All levels
- **GA-Based Intervention:**
  - Intervention arm: Intervention and referrals, based on predetermined thresholds. Geriatric nurse practitioner guided referrals to a multi-disciplinary
  - Control arm: CGA is sent to the oncologist
- **Outcomes:**
  - Primary: Toxicity - 50% toxicity in intervention arm vs. 60% toxicity in control arm
  - Secondary Outcomes: Higher AD completion, no dose modifications, and no early discontinuation of tx
  - Survival: No differences at 12 months

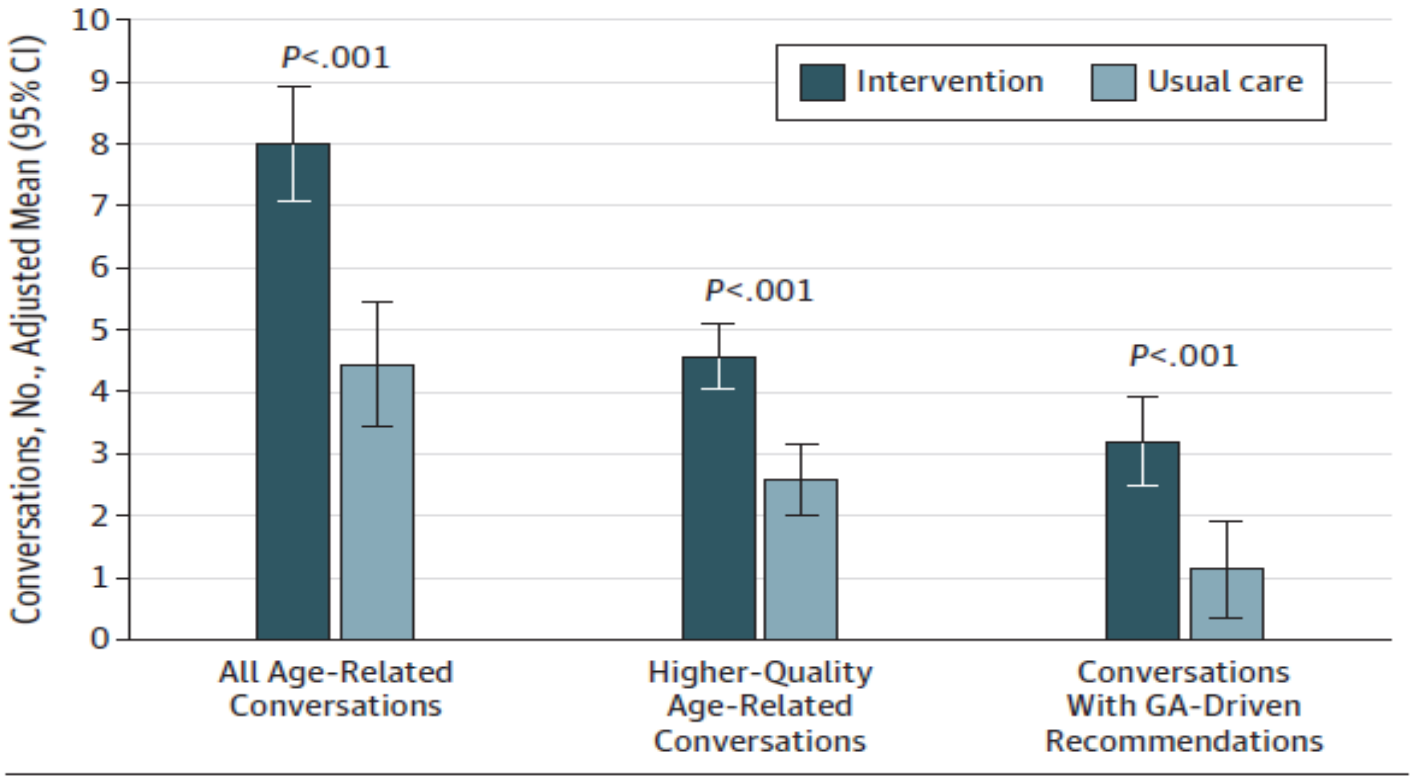
GAP70+ Study:

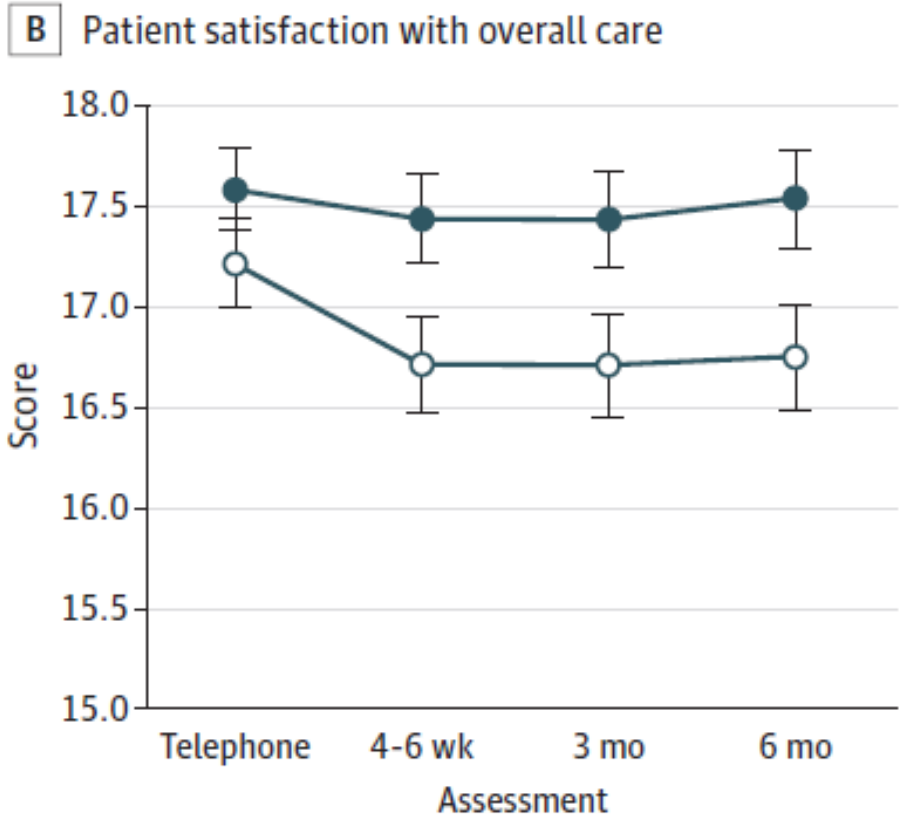
- **Setting/Design:** Multi-center, Cluster-randomized trial
- **Patient Characteristics:**
  - Age: 70+ (mean age: 77.2 years)
  - Tumor Type: Solid Tumors + Lymphoma
  - Stage: Advanced Cancer
  - Fitness: Presence of at least 1 impaired GA domain
- **GA-Based Intervention:**
  - Intervention arm: Geriatric assessment summary and management recommendations (including dose reduction) sent to the oncologist
  - Control arm: Oncologists received alerts for impaired depression or cognitive score
- **Outcomes:**
  - Primary: Toxicity - 50% toxicity in intervention arm vs. 70% toxicity in control arm
  - Secondary Outcomes: Treatment intensity lower, falls lower, polypharmacy lower
  - Survival: No differences at 6 months

Li D…Dale W. JAMA Oncol 2021; Mohile S…Dale W. Lancet 2021

How Does GA Improve Outcomes?

Figure 3. Conversations About Aging-Related Conditions





COACH Study

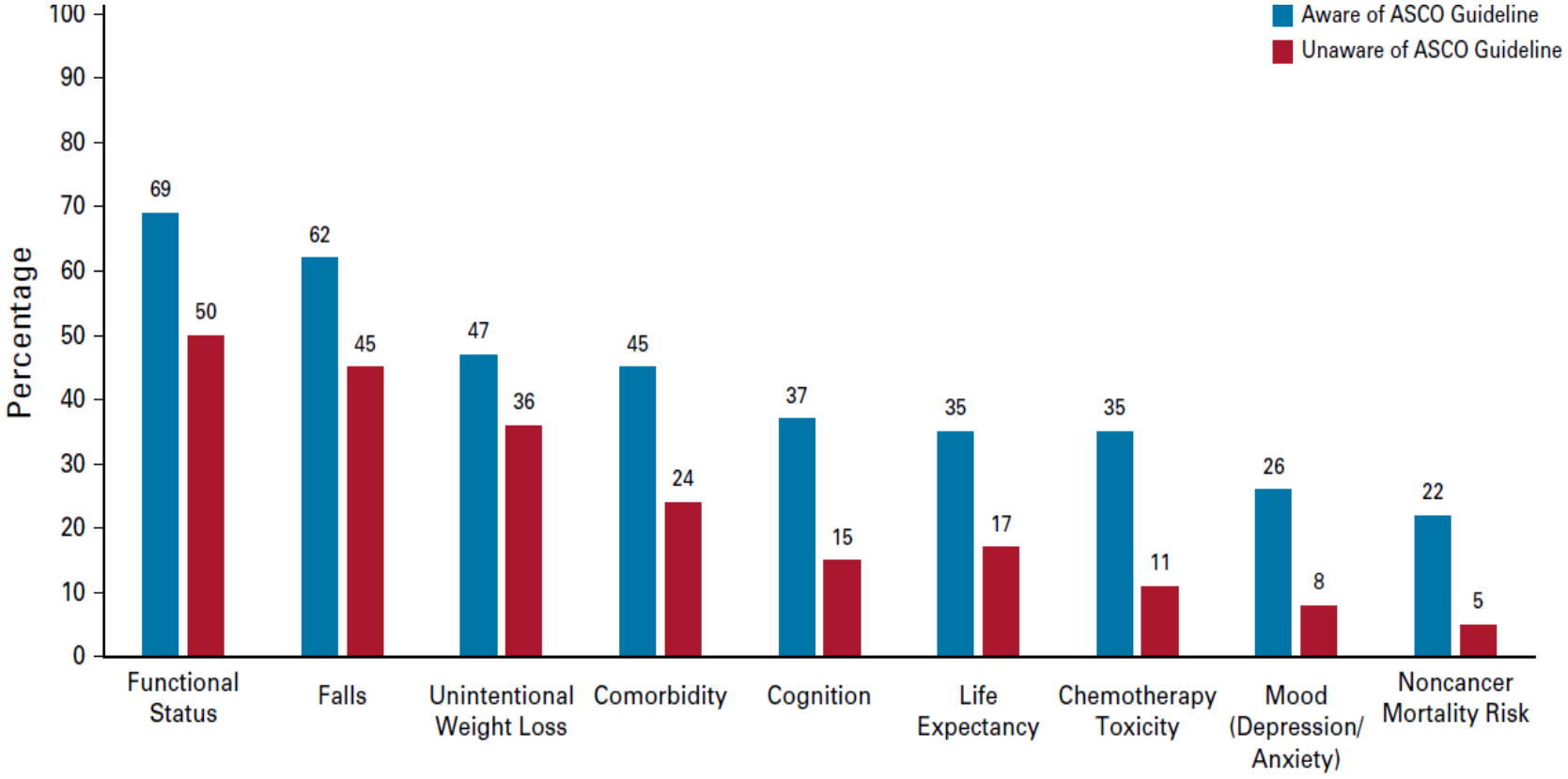
Mohile S…Dale W, JAMA Onc, 2019

Improving Care for Older Adults with Cancer: Implementation of Geriatric Assessment into Clinical Practice

Key findings:

1. Among providers caring for older adults, 52% were aware of the ASCO Geriatric Oncology Guidelines.

2. Guideline awareness was associated with 2-4x increased use of geriatric assessment.



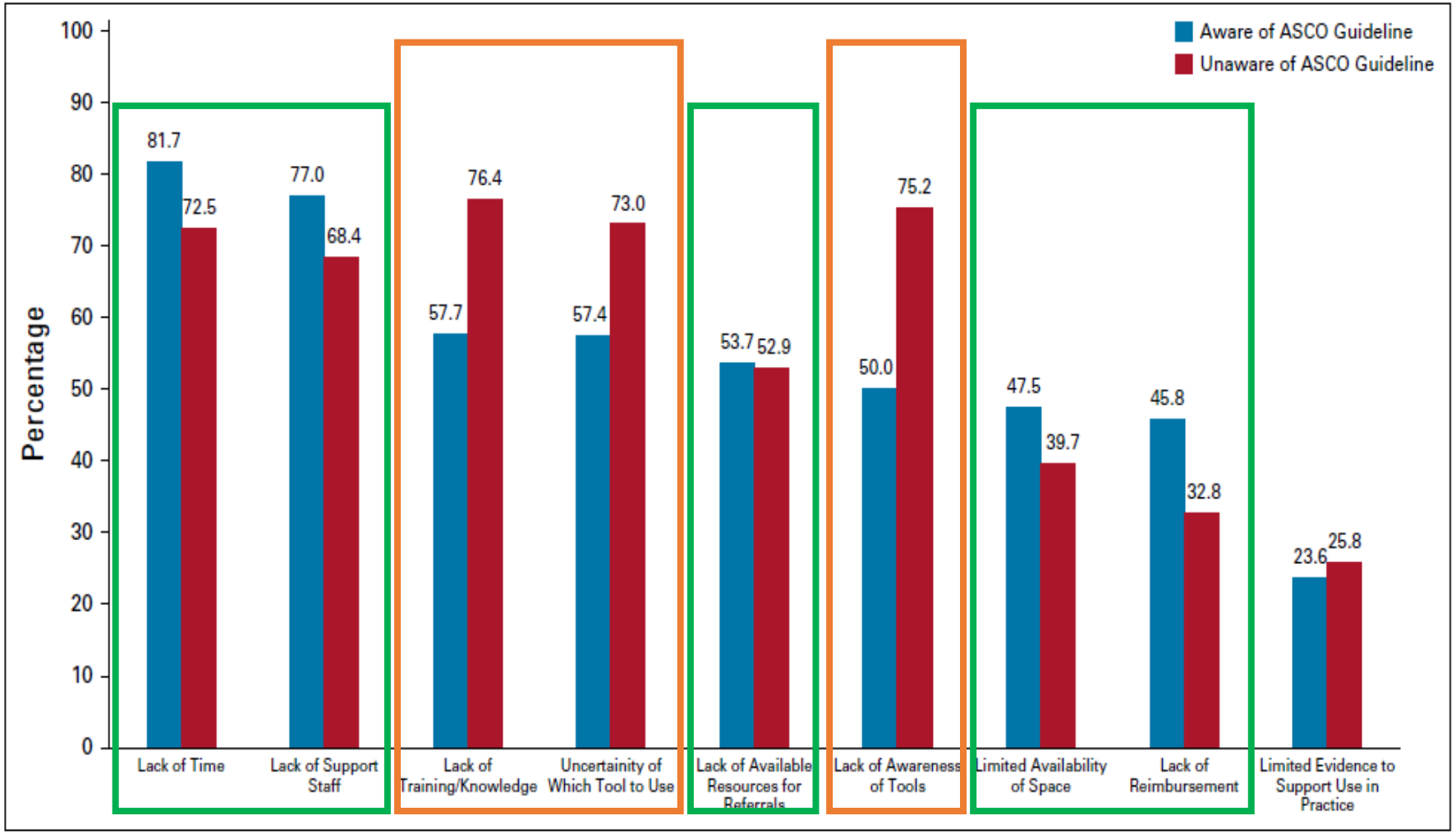
ASCO - Addressing Cancer Health Disparities among Older Adults Task Force

Dale et al. JCO Oncol Pract. 2020

Implementation Barriers

Key findings:

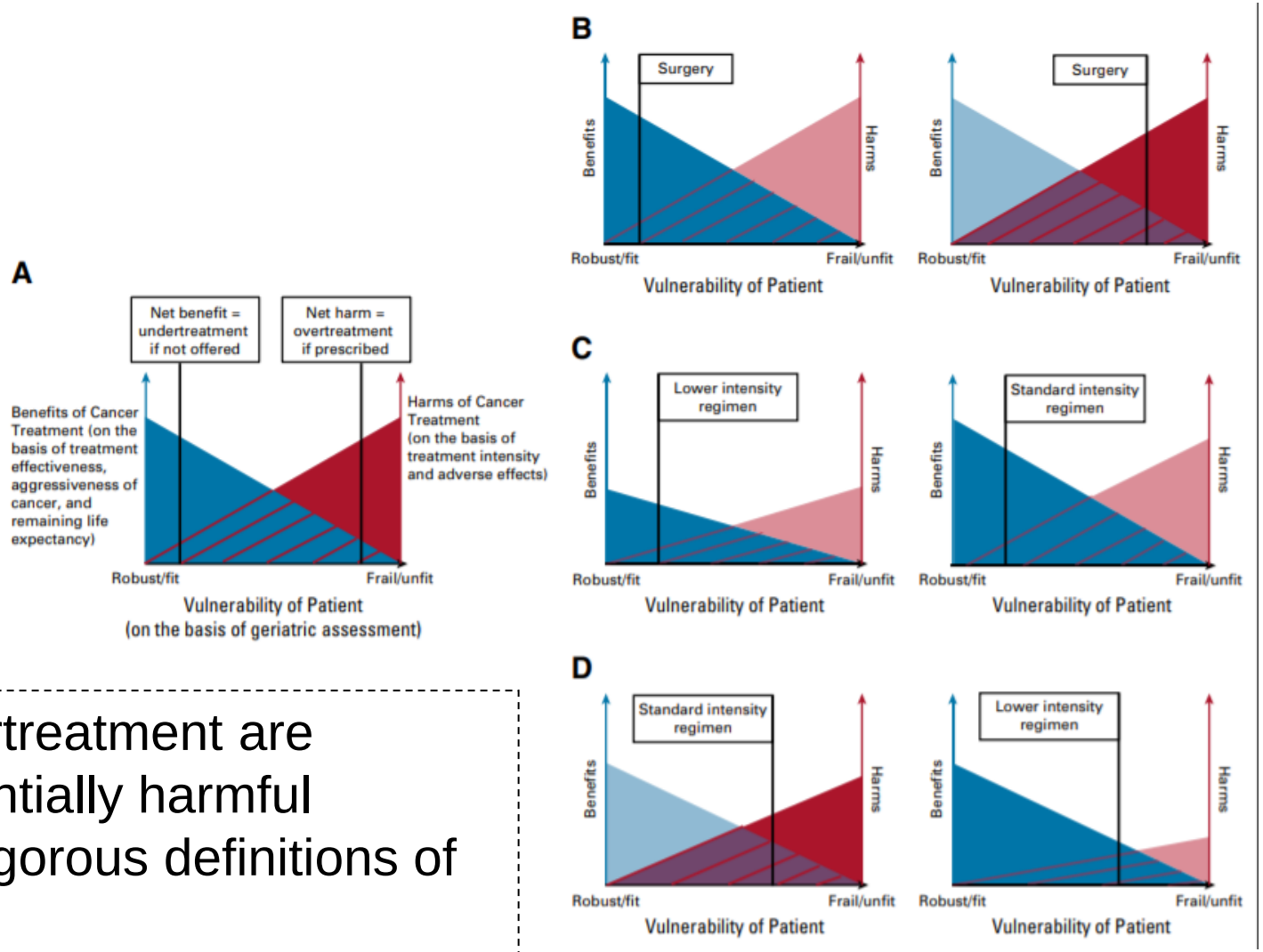
1. **Barriers of Knowledge**
2. **Barriers of Resources**



Dale et al., JCO Oncol Pract., 2020

Decision Making for Older Adults with Cancer: Defining Undertreatment and Overtreatment

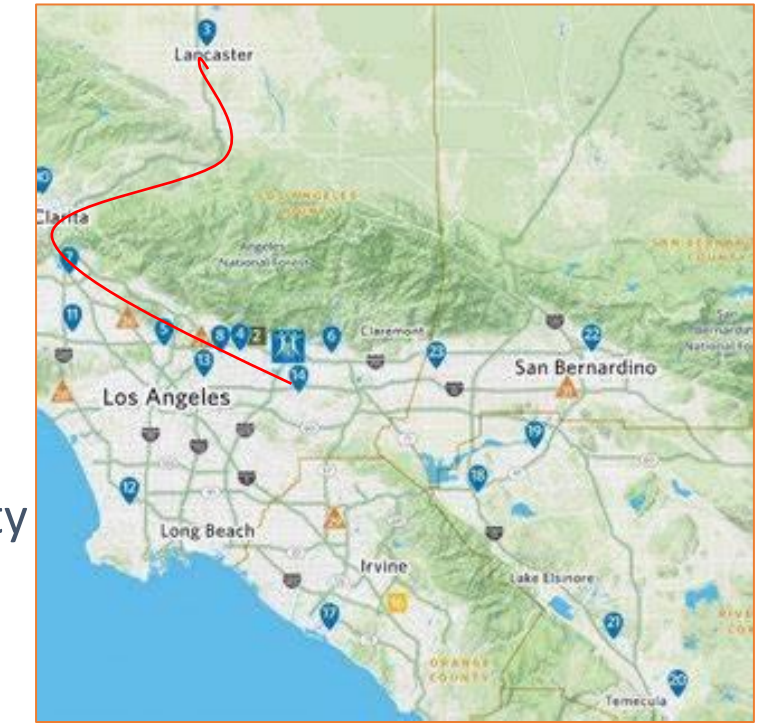
- No consensus definition of under- or overtreatment for older adults exists.
- Conducted a comprehensive literature review to clarify terms and define a standard
- Balance of patient vulnerability, life expectancy, and benefits/harms from treatment.
- Must include patient preferences to define outcomes.



Key Insight: Undertreatment and overtreatment are imprecisely defined which carries potentially harmful implications. We propose new, more rigorous definitions of under- and overtreatment.

DuMontier C, Loh KP, Bain PA, Silliman R, Hshieh T, Abel GA, Djulbegovic B, Driver J, Dale W. J Clin Oncol. 2020

Care Delivery in Northern Los Angeles County: Antelope Valley



10 million residents in LA County
AV Community Hospital 450 bed facility
Level II Trauma
#2 in Most ER Visits in the Count 2019
#1 in Most ER visits 2017-2018

Translating GAIN-(S)upportive Care to the Community with Telehealth

City of Hope
Center for Cancer and Aging

Community Site

Patient Assessment
- Geriatric Assessment
- Health Literacy Screen
- Health Outcomes Questionnaire
- Now vs. Later Tool
- Attitude Scale

Healthcare Provider Assessment
- Timed Up and Go
- Blessed Orientation Memory Concentration
- SPICES tool

COH and CARG-GA

Main Campus

Geriatric assessment reviewed by multidisciplinary team and interventions recommended

Sample recommendations

Functional decline	Physical & occupational therapy
Weight loss	Nutritional Consult
Polypharmacy	Pharmacist review
Psychosocial concerns	Social work / Nurse practitioner

Interventions

The nurse practitioner discusses the recommendations and provides information

Additional multidisciplinary interventions (physical therapy, occupational therapy, nutrition) are provided as needed)

Follow-up care provided via telehealth, telephonically, or through locally available clinical services

Hurria A, Akiba C, Kim J, et al. Reliability, Validity, and Feasibility of a Computer-Based Geriatric Assessment for Older Adults With Cancer. *J Oncol Pract.* 2016;12(12):e1025-e1034.

Implementing Geriatric Assessment Screening and Multidisciplinary Care through Telehealth


- Progress To Date
  - Launched at AV site in April 2020
  - Feasibility:
    - 220+ older patients with cancer
      - completed a GA
      - received GA-guided Intervention (GAIN) supportive care via telehealth

QI Project, Eligibility Criteria:
Patients age 65+ establishing oncology

Completed GA/Supportive Care Screening	% (n=230)
• Completed via email	47%
• Completed via phone	23%
• Completed in clinic	30%

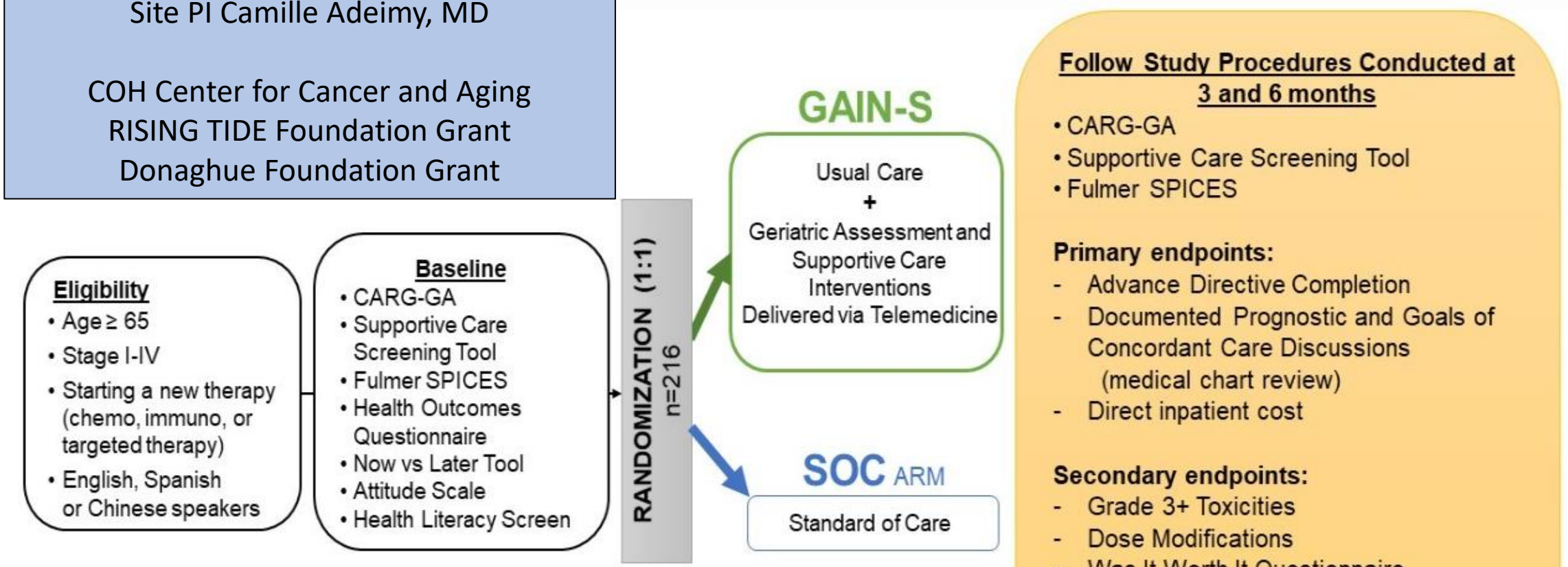
High Patient Satisfaction	
• Patient felt it was easy to join telehealth visits	93%
• Telehealth made it easier to access their healthcare	94%
• Patient felt that healthcare provider went over their health and emotional concerns	96%
• Were satisfied with their visit using telehealth	95%

Funding: UniHealth Foundation

Expanding **GAIN-S**upportive Care to the Community with Telehealth

Lead PI William Dale, MD, PhD
Site PI Tanyanika Phillips, MD, MPH
Site PI Camille Adeimy, MD

COH Center for Cancer and Aging
RISING TIDE Foundation Grant
Donaghue Foundation Grant



*Prior to study initiation, each site will be quantitatively evaluated utilizing the evidence-based *Association of Community Cancer Centers (ACCC) Geriatric Oncology Gap Assessment tool*; each site would be reassessed at the end of the study for evaluation of process improvement.

Research Directions: Rising Tide Foundation

- Current Funding Initiatives: Rising Tide Foundation for Clinical Cancer Research → CARG and City of Hope to serve as data coordinating center and the lead site

Programs	Research Focus	Program Leader/PI	Collaborators/Site PI
All Cancers	Creating or optimizing GA-based decision-making and communication strategies: (GAIN-S) Trial	William Dale (COH)	Tanyanika Phillips (COH)
Breast	Establishing optimal dosing of agents in vulnerable (pre-frail) patients using GA: DOROTHY Trial	Mina Sedrak (COH)	Rachel Freedman (Dana Farber)
Prostate	Optimizing treatment initiation (avoiding undertreatment and overtreatment): SHINE Trial	Alicia Morgans (Dana Farber)	Anthony D'Amico (Dana Farber)
Heme	Using GA-guided interventions to optimize treatment tolerance during intensive therapies: GOCART Trial	Andrew Artz (COH)	Ashley Rosko (OSU) Heidi Klepin* (WFU)
Lung	Determining the predictive role of GA-guided interventions: GAM-CRT Trial	Supriya Mohile (Univ. of Rochester)	Carolyn Presley* (OSU) Arya Amini (COH)

INFRASTRUCTURE

CARG
CANCER & AGING RESEARCH GROUP
Infrastructure Grant
Funded by NIH/NIA
Grant No. 1R21AG059206

CARG
Cancer & Aging Research Group

OASIS
PROGRAM

Cancer and Aging Research Group – CARG

- **Founded:** City of Hope by Arti Hurria, MD
  2006
  10 members
- **Co-Leads:**
  William Dale, MD, PhD
  Supriya Mohile, MD, MS
  Heidi Klepin, MD, MS
- **Mission**:
  - To join geriatric oncology researchers across the nation in a collaborative effort of designing and implementing clinical trials to improve the care of older adults with cancer.
- **Bi-monthly CARG Zoom Meetings – Tuesdays 11am PT/2pm ET**
  - Where members can present current projects and grant proposals for feedback. and grant proposals for feedback.
  - Average of 70 members per virtual meetings
  - Senior and Junior Co-Led Discussionsor

CARG TODAY

- Largest organization of its type in North America: 540 international members from over 75 institutions representing 20 countries
- Organizational partners: NIA/NCI, FDA, ACCC, ASCO, AGS, GSA, SIOG, Clin-STAR
- Disseminating CARG tools and research on mycarg.org
- Social Media Platform: CARG Twitter – **2,025** Followers

CARG INFRASTRUCTURE GRANT (CARinG)

R21AG059206/R33AG059206

MPI: W. Dale [COH], S. Mohile [University of Rochester], H. Klepin [Wake Forest University]

Overall Goal: Develop a sustainable national research infrastructure to create and support significant and innovative projects addressing key interdisciplinary research questions at the aging and cancer interface.

- **Increase high-impact <u>research</u>** to reliably identify older patients at highest risk for adverse outcomes from cancer and its treatments;
- **Develop effective <u>interventions</u>** to improve outcomes for vulnerable older adults and their caregivers;
- **<u>Mentor</u> the next generation** of aging and cancer researchers;
- **<u>Disseminate</u> the findings** widely to inform clinical practice

Patient Advocate Board: SCOREboard

- **Co-Chairs**: Beverly Canin and Chuck O'Shea
- **Mission**: to improve aging and cancer research and care delivery by infusing the knowledge and experience of older patients with cancer and their caregivers in all stages of the research process.
- Current membership 10 – 5 original members; 5 new confirmed
  3 CA; 1 NC; 2 NY; 1 CT; 2 AA; 6 cancer types
- Practices
  - 1.5 hour monthly webinar meetings including the liaison PI and members of the project team
  - One or two SCOREboard members work with each Core

CARG
CANCER & AGING RESEARCH GROUP
Infrastructure Grant
Funded by NIH/NIA
Grant No. 1R21AG059206

R33 CARG INFRASTRUCTURE GRANT (CARING) KEY ACCOMPLISHMENTS

Table 1: R21/R33 CARinG Key Accomplishments

INFRASTRUCTURE

Development of 6 Cores	# of Inquiries	New Resources Created
• Measures Core	11	Detailed table of measures available based on geriatric assessment domains
• Supportive Care Core	13	
• Analytics Core	20	List and resources of public datasets for geriatric oncology research
• Clinical Implementation Core	19	
• Health Services Core	13	
• Communication Core	2	- CARG DEI Statement - CARG Research Report - TweetChat Toolkit for cancer and aging research dissemination

Other Aspects of the Research Infrastructure

• SCOREboard	23 inquiries received and addressed; Developed and implemented patient advocate recruitment process for board; 10 members currently
• Junior Investigator Board	Hosted Career Development Workshop for early career investigators (45 participants, positive reviews, rating 4.8/5.0)
• CARG Advocacy Committee	Developed and implemented 2 surveys on the impact of COVID-19 on older adults with cancer (BrintzenhofeSzoc et al. JGO 2021; Krok-Schoen et al. JGO 2021)
• CARG Buddy Task Force	54 mentee-mentor matches representing 43 institutions and 4 countries

Overall Infrastructure Highlights

- Since 2017, CARG has grown from 150 to over 500 members representing over 75 institutions and 20 countries
- Go-to website for cancer and aging scholars (mycarg.org)
- Biweekly CARG Virtual Meeting with avg. 60-80 participants
- Awarded 7 out of 9 pilot awards to CARG members to date (review in progress [11 submitted grants] for final 2 pilot grants)
- 156 inquiries received and addressed to date from investigators utilizing the Cores, SCOREboard, CARG Biweekly Meetings, and/or the Leadership team (MPIs)
- CARG's Statement on Diversity, Equity, Inclusion, and Justice developed and disseminated by the Communications Core, in collaboration with the CARG Advocacy Committee, Junior Investigator Board, CARG Leadership, and AGS
- CARG Research Report – quarterly newsletter disseminated via email and on the CARG website to highlight the latest in cancer and aging research and CARG member accomplishments
- Collaborations with the:
  - NCI (CARG member leadership and participation in NCI led cancer and aging workshops)
  - FDA (guidance on inclusion of older adults on cancer clinical trials)
  - ASCO (updating geriatric oncology guidelines)
  - AGS (CARG DEI Statement)

GRANTS: $24.4 million in grant funding received by CARG members utilizing CARinG

- 51 grants submitted; 27 grants funded to date

- 26 Career Development Awards Submitted
- 16 funded ($11.7 million)
  - 6 R03 GEMSSTARs
  - 7 K awards (3 K76 Beesons, 2 K08s, 1 K01, 1 K99/R00)
  - Other Grants: ASCO CDA, ACS CDA, VA IK2 grant
- 2 NIA grants pending NOAs (fundable scores for a K76 and R03)

- 25 Research Grants Submitted
- 11 funded ($12.7 million)
  - 2 R01s, 1 R21, 1 U01, and foundation, pharma, and institutional grants
  - $4.25 million to support a CARG National Consortia of Geriatric Oncology Trials (5 GA-guided RCTs) funded through the Rising Tide Foundation ($2.25 million), institutional support (6 institutions participating), and generous donors

PUBLICATIONS*

95 total publications (48 publications co-authored by at least one MPI)

Highlights

- The American Society and Clinical Oncology (ASCO) Guidelines in geriatric oncology (Mohile et al. JCO 2018)
- Systematic review highlighting barriers and interventions for older adult participation in cancer clinical trials (Sedrak et al. CA Cancer J Clin 2021)
- CARG Leadership led a *Journal of Clinical Oncology* Special Issue, "Caring for Older Adults with Cancer" (16 articles co-authored by CARG members)
- Two large, practice-changing randomized controlled trials showing the benefits of a validated geriatric assessment (GA)-based intervention to decrease chemotherapy toxicity (Mohile et al. Lance 2021; Li et al. JAMA Onc 2021)
- Development and validation of the CARG Breast Cancer (CARG-BC) Toxicity Tool (Magnuson et al. JCO 2021)
- Secondary analyses of large geriatric assessment CARG datasets (e.g. Presley et al. Front Oncol. 2022; Klepin et al. JCO Oncol Pract 2021; Dotan et al. Cancer 2020)
- Validation of the CARG Toxicity Tool in Other Countries/Languages (Suto et al. Cancers (Basel) 2022); Bergerot et al. JG0 2020)

*Publications: See Progress Report Publication List

- Grown from 150 to 500+ members in the last 5 years, representing 75 institutions and 20+ countries
- $24.4 million in grant funding received by CARG members utilizing this new infrastructure
- 95 publications attributed to the grant (high impact journals include Lancet, JAMA Onc, JCO, Cancer)
- 156 inquiries received and addressed utilizing the infrastructure

CARG
CANCER & AGING RESEARCH GROUP
Infrastructure Grant
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(NIA R33AG059206)

Conducting Inclusive Research,
Improving Cancer Care for People of All Ages

CARG's Statement on Diversity, Equity, Inclusion, and Justice

The Cancer and Aging Research Group (CARG) gathers researchers and clinicians in geriatric oncology to conduct rigorous science that improves the care of all older adults with cancer and their caregivers. Our work is founded on an unyielding commitment to eliminating ageism from cancer care and building a broad cancer research and practice community that actively works to eliminate racism, sexism, bias against sexual and gender minorities, xenophobia, ableism, and other forms of discrimination that diminish access to quality care.

This commitment finds expression in many ways within CARG:

- Our leadership and membership has been and strives to be broadly diverse.
- Our work supports inclusive study designs that recruit a wide array of participants, including those historically underserved in cancer care.
- Projects and manuscripts consistently integrate the full range of patient and caregiver voices together with expert researchers and explicitly address issues of structural inequity, racism, and other forms of bias.
- Our members take CARG's core principles back to their home organizations and healthcare systems, where we actively nurture a welcoming and culturally competent clinical practice, one whose members reflect the communities they serve.

CARG joins other stakeholders in cancer care and research to reaffirm our commitment to health equity and justice and to ensure access to high-quality care for all people and particularly older people with cancer and their caregivers.

Translating Research Into Clinical Practice: OASIS (Older Adults Specialized Interdisciplinary Services)

OASIS PROGRAM

- **Aging Wellness Clinic**: Outpatient clinic for older adults with cancer initiating a new treatment, focused on toxicity prevention
- **Aging and Blood Cancers (ABC) Program**: Geriatric assessment-guided multidisciplinary team clinic for older adults hematopoietic cell transplant and cellular therapy candidates
- **SOCARE Clinic**: (Specialized Oncology Care and Research in Elders): Interdisciplinary, individualized, and integrated treatment for older adults with cancer.
- **Collaborations with Clinics focused on Older Adults with Cancer**
  - Breast Cancer: Dr. Mina Sedrak
  - Neuroendocrine Tumors/GI: Dr. Daneng Li
  - Community Network: Dr. Tanyanika Phillips (Lancaster)

Age-Friendly Health Systems

Committed to Care Excellence for Older Adults

As part of the Age-Friendly Health Systems Action movement, we are among the first cancer centers in the country implementing age-friendly health care.

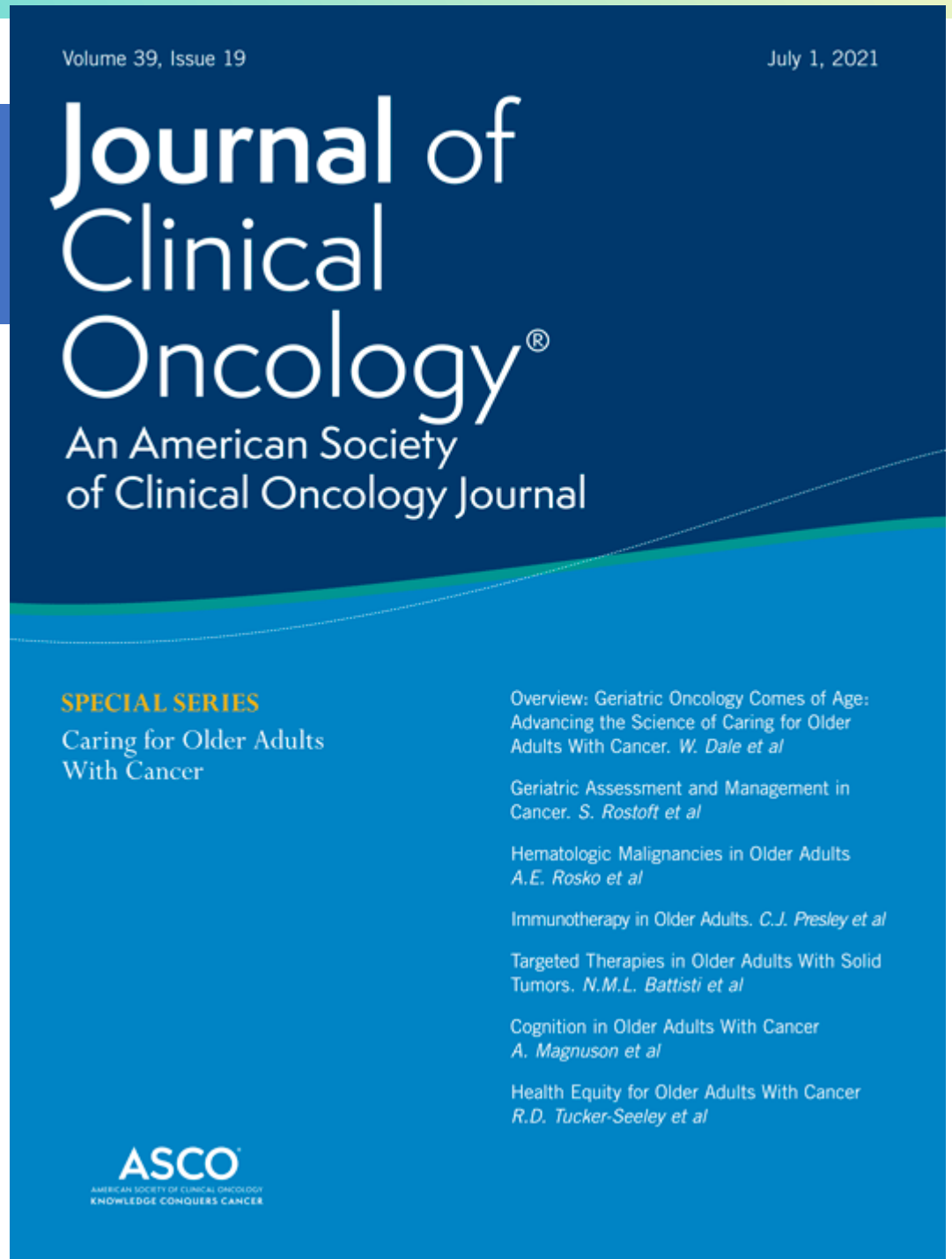
JCO Special Series

Caring for Older Adults with Cancer

Featuring Editors:

- William Dale, MD, PhD – guest editor
- Supriya Mohile, MD, MS – guest editor
- Paul Jacobson, PhD, FASCO – associate editor

"We invite readers to see how this amazing field of geriatric oncology has expanded over the years. This third *JCO* Special Series on cancer and aging shows the commitment that our Journal has made to capture the excitement of the past seven years...."



The COH Cancer and Aging Dream Team
"We Honor the Dream By Doing the Work"

City of Hope®

Center for Cancer and Aging

- **Director:** **Deputy Directors:**

William Dale, MD, PhD

Basic Science
Mark LaBarge, PhD

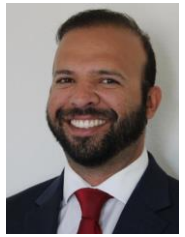
Clinical Trials
Mina Sedrak, MD, MS

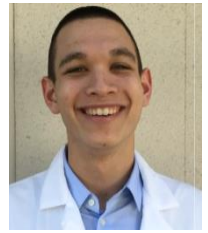
Outcomes
Andrew Artz, MD, MS

Analytics
Can-Lan Sun, PhD

Health Equity
Tanyanika Phillips, MD

Center for Cancer and Aging Team Members





Thank You!

<u>Funders</u>

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