Building Infrastructure for Cancer and Aging Research

A WEBINAR TRIBUTE TO DR. ARTI HURRIA

Supriya Mohile, MD, MS
William Dale, MD, PhD
Cancer & Aging Research Group
Using WebEx and webinar logistics

- All lines will be in listen-only mode

- Make sure icons are selected for them to appear as a drop down option

- Submit questions at any time during the presentation by typing into the Q&A feature on the right hand side of the WebEx interface.
  - Select Host and a moderator will ask the questions on your behalf

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- This webinar is being recorded
Building Infrastructure for Cancer and Aging Research:

A Webinar Tribute to Dr. Arti Hurria

Supriya Mohile, MD, MS
William Dale, MD, PhD
Cancer & Aging Research Group
Dr. Arti Hurria’s Passion:

Integration of Geriatric Assessment into Oncology Trials and Care for Older Adults with Cancer

Supriya Mohile, MD, MS
Philip and Marilyn Wehrheim Professor
University of Rochester Wilmot Cancer Institute
Director, Geriatric Oncology Research Program

*Slides c/o Dr. Hurria and her team #DrHurriasLight
US Population Age $\geq 65$ (millions)

Shift in 2030:
Largest growth in the 80+ age groups

U.S. Census Bureau 2010
Average Annual Incidence Rates and Case Distribution by Age

FIGURE 1. Average Annual Incidence Rates and Case Distribution by Age, United States, 2011 to 2015.

DeSantis et al, CA Cancer J, 2019
Projected Rise in Cancer Incidence from 2010 to 2030

67% in patients 65+

11% in patients <65

Smith et al, J Clin Oncol, 2009
Aging of Cancer Survivors

Bluethmann SM et al., Cancer Epi Biomarkers & Prevention, 2016
Cancer is a Disease Associated with Aging

The Number of Older Adults is On the Rise

Are We Prepared?
Clinical Trial Data Limited in Older Adults

No Change in Age Distribution of NCI Cooperative Group Clinical Treatment Trials (Phase 2 and Phase 3)

NCI/DCTD Clinical Data Update System, 2012
Under-representation of Older Adults on FDA Registration Trials (ASCO 2017)

- 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
Pediatrics ≈ Geriatrics

Population Requires Unique Skill Set:
- Age-related change in physiology
- Vulnerable to toxicity
- Dependent in daily activities
- Concern regarding long-term effects of therapy
Chronological Age ≠ Functional Age

Johanna Quaas
Top Senior Gymnast
Age 86

“Banana George” Blair
Barefoot Water Skier
Age 92

Fauja Singh
Marathon Runner
Age 100
What Many Patients Look Like

- Needs assistance with daily activities
- Multiple comorbid medical conditions
- Mild cognitive impairment
- Limited social support
- Lives alone
- Transportation issues
- Polypharmacy
- Frailty

 Likely Did Not Participate in Registration & Cooperative Group Studies
Integrating Geriatrics and Oncology

Factors other than chronological age that predict morbidity & mortality in older adults

- Functional status
- Comorbid medical conditions
- Cognition
- Nutritional status
- Psychological state
- Social support
- Medications (polypharmacy)
Geriatric Assessment Questions are Acceptable to Patients

92% Length is "Just Right"

95% Easy to comprehend
96% Not upsetting

87% Completed patient questionnaire w/o assistance

94% Completed healthcare provider portion

Hurria et al, Cancer 2005; Hurria et al, JCO 2011
Can We Identify Older Adults at Risk for Chemotherapy Side Effects?

- Melding Geriatrics and Oncology
- Multicenter study
  - 10 participating institutions
  - Cancer and Aging Research Group
- Over 750 patients enrolled
- Publication: *Journal of Clinical Oncology* 2011 & 2016
- Research named a key Clinical Cancer Advances in 2012 by the American Society of Clinical Oncology
Risk of Severe Side Effects

- **Low (30%)**
  - 0-3: 25%
  - 4-5: 32%

- **Medium (52%)**
  - 6-7: 50%
  - 8-9: 54%

- **High (83%)**
  - 10-11: 77%
  - 12-19: 89%

*Hurria et al, JCO 2011*
Real World Usage of the Geriatric Assessment

Website Usage:
- ~6,000 hits/month on the GA Tools Page
- ~16,000 hits/month overall for the website
- Visitors from 24 countries
- 45% international visitors
Recommendation:

- In patients age 65 and older receiving chemotherapy, geriatric assessment should be used to identify vulnerabilities or geriatric impairments that are not routinely captured in oncology assessments.

Evidence-based, benefits outweigh harms
Evidence Quality: High
Strength of Recommendation: Strong

Mohile, Dale…Hurria. JCO 2018
Strength of the Data for Geriatric Assessment

The data in support of the geriatric assessment inclusion in clinical trials and clinical care are international, multi-institutional, and highly peer-reviewed.
<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>Population</th>
<th>Intervention Delivery</th>
<th>Management Strategy</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hurria et al. -City of Hope</td>
<td>2:1 Patient randomization n=600</td>
<td>age 65+ with any stage solid tumor malignancies starting a new chemo regimen (any line)</td>
<td>Study NP in collaboration with the primary oncologist and clinic nurse to follow up</td>
<td>Established protocol based on multidisciplinary team input and triggers based on GA results</td>
<td>4 Primary endpoints: Chemo toxicity (Gr3+); Rate of hospitalization; Change in functional status; Change in psychosocial status</td>
</tr>
<tr>
<td>Soubeyran et al. -28 Regional Coordination Units for Geriatric Oncology (mix of sites)</td>
<td>Patient randomization n=1200</td>
<td>age 70+ with most solid tumor malignancies candidate for first/second-line medical treatment</td>
<td>Geriatrician with nurse follow up</td>
<td>Established protocol based on expert input</td>
<td>Co-primary endpoint of overall survival and dimensions of QoL; Response; PFS; other QoL; Chemo tox, Health care utilization</td>
</tr>
<tr>
<td>Puts et al. -multi-center study of centers in Canada</td>
<td>Patient randomization n=350</td>
<td>age 70+ with most solid tumor malignancies starting first/second line chemotherapy</td>
<td>Geriatric oncology with nurse follow up</td>
<td>Established protocol based on Delphi consensus and guidelines</td>
<td>QoL; Cost-effectiveness; Function; Chemo tox; Satisfaction; Cancer tx changes; Survival</td>
</tr>
<tr>
<td>Mohile et al. -community oncology practices affiliated with University of Rochester NCORP Research Base</td>
<td>Cluster randomization by oncology practice COACH: n=542; GAP n=700</td>
<td>age 70+ with advanced solid tumor malignancies</td>
<td>GA summary results and recommendation given to oncology team</td>
<td>Established protocol based on Delphi consensus panel and guidelines</td>
<td>COACH: Communication, Satisfaction; GAP: Chemo toxicity (Gr3+), Survival, Function</td>
</tr>
</tbody>
</table>
High Quality Cancer Care for the Older Adult

Geriatric Assessment Facilitates Communication and Decision-Making
Solutions to Fill Ongoing Knowledge Gaps

Institute of Medicine

ASCO

U13 Grant
(NIA, NCI, CARG)

NCI--Accelerated Aging
2013 Institute of Medicine Report
Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis

Recommendations:
- There is a critical need for research in older adults with cancer.

Potential Solutions:
- Increase FDA's authority to incentivize and require research on older adults.
- Considerations regarding research design, infrastructure, recruitment of older adults, and reporting of results.

Hurria et al. JAMA 2013
**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
Use clinical trials to improve the evidence base for treating older adults with cancer

Leverage research designs and infrastructure to improve the evidence base for treating older adults with cancer

Increase the authority of the FDA to incentivize and require research involving older adults with cancer

Increase clinician recruitment of older adults with cancer to clinical trials.
Accelerated Aging
Guida et al, JNCI; 2019

Diagram showing the effects of cancer diagnosis and treatment on functional capacity over chronological age. The graph compares a normal aging trajectory with an accelerated aging trajectory and highlights the point where functional impairment becomes disability.
Measuring Aging and Identifying Aging Phenotypes in Cancer Survivors
Guida et al. JNCI, 2019

• Conceptual Considerations
  – Consider aging as a life-course perspective of aging trajectories
  – Engage systems biology to understand aging processes from a cumulative deficit perspective

• Measurement Considerations
  – Use feasible, validated measures of physical and cognitive function
  – Use at least one objective measure of functional status

• Methodologic Considerations
  – Leverage existing resources
  – Increase number of older adults on trials, especially those with comorbidities
  – Identify most important predictors and outcomes
  – Attend to survival bias (cancer survivors with highest accumulation of deficits will die earlier)
Multifaceted & Complex Problem: Multifaceted & Complex Solution

- The majority of individuals with cancer are older adults
- Older adults are under-represented on registration trials
  - Geriatric assessment not included
- There is a need to improve the evidence-base

Many possible solutions: Let’s leap to the solution together!
Special Issue to Remember Dr. Arti Hurria

• Submissions on topics in geriatric oncology and accelerated aging that highlight Dr. Hurria’s work.
• Submissions that highlight Dr. Hurria’s contribution to mentorship, leadership, faculty development (including her dedication to the fostering the careers of women), multidisciplinary care, and team-based research.
• Personal tributes.
Preparing For the Next Generation:
A National Network
of Cancer and Aging Investigators

William Dale, M.D., Ph.D.
Arthur M. Coppola Family Chair in Supportive Care Medicine
Clinical Professor and Chair, Department of Supportive Care Medicine
Director, Center for Cancer & Aging Research, City of Hope

CityofHope.org/william-dale
Twitter: @WilliamDale_MD
There is no better model to study aging than Cancer
“Premature Aging Syndrome”

Introduce Cancer Tx  
Withdraw Cancer Tx

Will She Recover?
Predicting Risk of Toxicity in Older Patients with Breast Cancer
(R01 & BCRF Grant, PI: Hurria)

Objective: To identify clinical and biological predictors of severe chemotherapy side effects in older patients with breast cancer

<table>
<thead>
<tr>
<th>Breast Cancer Cases (starting chemo)</th>
<th>Breast Cancer Control (no chemo)</th>
<th>Healthy Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 enrolled</td>
<td>100 enrolled</td>
<td>100 enrolled</td>
</tr>
</tbody>
</table>

Timepoint 1: Geriatric Assessment
Blood Draw (biomarkers of aging)

Timepoint 2: Timepoint 1

Timepoint 3: Timepoint 1
Geriatric Assessment
Blood Draw (biomarkers of aging)

National PI Transition: Mina Sedrak, MD, MS (COH)
Top Accruing Site: Allison Magnuson, DO (University of Rochester)
Continued Collaboration Across 16 Sites
Manuscript in progress describing preliminary results
#DrHurriasLight

Across 16 institutions

COH Only
Can We Intervene to Decrease the Risk?  
(UniHealth Grant, Principal Investigator: Hurria)

Objective: To determine whether the geriatric assessment driven interventions will lead to improvement patient outcomes

Pre-Chemotherapy (Baseline)
- Geriatric Assessment
- Calculation of Chemotherapy Toxicity Risk Score

RANDOMIZATION (2:1)

Usual Care + Geriatric Assessment Intervention
Usual Care

PI Transition: Daneng Li, MD (COH)
Co-Investigator: William Dale, MD, PhD
Primary analysis in progress
#DrHurriasLight
Dr. Hurria’s Legacy:
4,500 Patients Contributing to Cancer and Aging Research

- Identifying Biomarkers of Aging and Chemotherapy Toxicity
- Understanding the Cognitive Effects of Cancer Therapy
- Studying New Cancer Treatments in Older Adults
- Understanding the Needs of Patients and Their Caregivers
- Understanding the Issues For Long-Term Cancer Survivors
Dr. Hurria’s Legacy

Since November 2006:

- 30 geriatric oncology studies
  - Over 4,500 participants enrolled in cancer & aging studies
- Expanded peer-reviewed funding
  - K award to 13 NIH grants
- Disseminate our findings
  - Over 200 publications
  - Development of the Journal of Geriatric Oncology
Mentoring Junior Faculty in Geriatric Oncology: Report From the Cancer and Aging Research Group

Arti Hurria, City of Hope, Duarte, CA
Lodovico Balducci, H. Lee Moffitt Cancer and Research Institute, Tampa, FL
Arash Naeim, University of California, Los Angeles, Los Angeles, CA
Cary Gross, Yale University, New Haven, CT
Supriya Mohile, University of Rochester, Rochester, NY
Heidi Klepin, Wake Forest University, Winston-Salem, NC
William Tew, Memorial Sloan-Kettering Cancer Center, New York, NY
Leona Downey, University of Arizona, Tucson, AZ
Ajeet Gajra, University of New York Upstate Medical University, Syracuse, NY
Cynthia Owusu, Case Western Reserve University, Cleveland, OH
Homayoon Sanati, University of California at Irvine, Irvine, CA
Theodore Suh, The Cleveland Clinic, Cleveland, OH
Robert Figlin, City of Hope, Duarte, CA
CARG Infrastructure Grant
(CARinG; NIA: R21/33)

MPIs: Drs. William Dale, Supriya Mohile, (Arti Hurria)
**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 Calls:** where members can present current projects and grant proposals for feedback.
On Average, 40 Members per CARG Call

Over 20 Participating Institutions and 310 Members

MISSION STATEMENT
The mission of the Cancer and Aging Research Group is 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. The only requirement for membership is the desire to help older adults with cancer.

CARG Website: myCARG.org
NIH/NIA Research Infrastructure Development for Interdisciplinary Aging Studies (R21/R33)

• This FOA invites applications that propose to develop novel research infrastructure that will advance the science of aging in specific areas requiring interdisciplinary partnerships or collaborations.

• This FOA will use the NIH Phased Innovation Award (R21/R33) mechanism to provide up to 2 years of R21 support for initial developmental activities, and up to 3 years of R33 support for expanded activities.

• Through this award, investigators will develop a sustainable research infrastructure to support projects that address key interdisciplinary aging research questions.
CARG Infrastructure Grant (CARinG) Goals

The overall goal is to 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 research to reliably identify older patients at highest risk for adverse outcomes from cancer and its treatments;

• Develop effective interventions to improve outcomes for vulnerable older adults and their caregivers;

• Mentor the next generation of aging and cancer researchers;

• Disseminate the findings widely to inform clinical practice;
# Organizational Structure

## Oversight Board
- **Chair:** Harvey Cohen, MD
- **Co-Chair:** Kevin High, MD
  - **Hyman Muss, MD**
  - **Betty Ferrel, PhD, RN**
  - **Sarah Kagan, PhD, RN**
  - **Heidi Klepin, MD**
  - **Matthew Loscalzo, LCSW**
  - **Karen Mustian, PhD, MPH**
  - **John Beelenson, MA**
  - **Conlon Sun, PhD**
  - **Mark LaBarge, PhD**
  - **Allison Magnuson, DO**

## Organizational Liaisons
- **Chair:** Stuart Lichtman, MD, FACP (SIGC)
- **Co-Chair:** Louise Walter, MD (AGS, NCCN)
  - **James Appleby, BSpPharm, MPH (GSA)**
  - **Aminah Jatoi, MD (Alliance)**
  - **Corryne Leach, MPH, MS, PhD (AGS)**
  - **Gary Morrow, MS, PhD (NCORP)**
  - **Richard Schilsky, MD, FASCO (ASCO)**
  - **Kenneth Schmader, MD (AGS)**
  - **Nancy Lundsborg, MPA (AGS)**

## Patient Advocate Board: SCOREBOARD
- **Chair:** Beverly Cann
- **Co-Chair:** Margaret Sedenquist
- **Members:** 10 (rotating)

## R21/R33 Principal Investigators
- **William Dale, MD, PhD**
- **Supriya Mohile, MD, MS**

## Junior Investigator Board
- **Chair:** Allison Magnuson, DO
- **Co-Chair:** Deming Li, MD
- **Members:** 10 (rotating)

## Core 1: Leadership, Mentorship & Training
- **Co-Chairs/PI Liaison:** Supriya Mohile, MD, MS; William Dale, MD, PhD

## Aging Assessments
- **Core 2: Clinical and Biological Measures of Aging**
  - **Chair:** Heidi Klepin, MD
  - **Co-Chair:** Hyman Muss, MD
  - **PI Liaison:** William Dale, MD, PhD
  - **PI Liaison:** Supriya Mohile, MD, MS
  - **Margaret Sedenquist**
  - **Allison Magnuson, DO**
  - **Corryne Leach, MPH, MS, PhD**
  - **Mark LaBarge, PhD**
  - **Thuy Koi, MD**

## Interventions
- **Core 3: Behavioral, Psychological Supportive Care Interventions**
  - **Chair:** Matthew Loscalzo, LCSW
  - **PI Liaison:** Supriya Mohile, MD, MS
  - **Beverly Canin**
  - **Aminah Jatoi, MD**
  - **Rawed Elias, MD**

## Research Methods
- **Core 4: Care Delivery & Comparative Effectiveness Research**
  - **Chair:** Harvey Cohen, MD
  - **PI Liaison:** Supriya Mohile, MD, MS
  - **Stuart Lichtman, MD, FACP**
  - **Gary Morrow, MS, PhD**
  - **Melissa Wong, MD**

## Core 5: Epidemiology, Biostatistics, & Informatics
- **Chair:** Cantian Sun, MD, PhD
  - **PI Liaison:** William Dale, MD, PhD
  - **Louise Walter, MD**
  - **Karen Mustian, PhD MPH**
  - **Mina Sedrak, MD**

## Core 6: Dissemination & Communication
- **Chair:** John Beelenson, MA
  - **PI Liaison:** William Dale, MD, PhD
  - **James Appleby, BSpPharm, MPH**
  - **Nancy Lundsborg, MPA**
  - **Ishwaran Sudrian, MD**
  - **Dan Li, MD**
# Schema of Events: Setting the Foundation

**Figure 1: Schema of Events for “Geriatric Oncology Research Infrastructure to Improve Clinical Care”**

<table>
<thead>
<tr>
<th>R21 Phase (Years 1-2)</th>
<th></th>
<th>R33 Phase (Years 3-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>Year 2</td>
<td>Year 3</td>
</tr>
<tr>
<td>Conference 1</td>
<td>Delphi</td>
<td>Conference 2</td>
</tr>
<tr>
<td>Pilot 1</td>
<td>Pilots 2, 3</td>
<td>Pilots 4, 5, 6, 7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Conference 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pilots 8, 9</td>
</tr>
</tbody>
</table>

CARG Teleconferences – Every Two Weeks

**Aim 1: Solidify the Infrastructure**

**Aim 2: Use the Sustainable Infrastructure**

**Aim 3: Support and Guide Research Projects**

**Aim 4: Identify, Cultivate, and Mentor Investigators in Aging and Cancer Research**

**Aim 5: Disseminate Research Findings and Data Sharing Opportunities**
Delphi Survey (Round 1)

- Delphi Survey 1 captured through REDCap
- CARG members (n=261) were invited to complete the online survey, and 83 of the 261 survey participants responded.
Delphi Survey, Round 1
Delphi Survey, Round 1 Results

Barriers Conducting Geriatric Oncology Research

- Funding: 41.7%
- Statistical support/Data: 27.1%
- Mentorship: 20.8%
- Time: 18.8%
- Staff needed: 14.6%
- Interventional trials: 10.4%
- Collaboration: 10.4%
- Recruitment: 8.3%
- Tools: 4.2%
- Drug companies interest: 2.1%
- Enrollment patients 75+ age: 2.1%
- Polypharmacy data: 2.1%
- Translational research: 2.1%
- Lack of experience: 2.1%

Identifying Unmet Needs: Support Needed

- Funding Support: 37.5%
- Mentorship: 25.0%
- Statistical Support: 18.8%
- Protected Time: 15.6%
- Collaboration: 12.5%
- Administrative/Research Staff: 12.5%
- Grant Writing: 9.4%
- Faculty Training: 6.3%
- GA/Oncology Training: 6.3%
- Evidence Based Intervention: 3.1%
- Qualitative Research: 3.1%
- Biomarker Studies: 3.1%
- Access Core Services: 3.1%
- Brainstorm Ideas: 3.1%
- Workshops: 3.1%
- Group Discussion: 3.1%
- Additional Space: 3.1%
Delphi Survey 2: Priorities for the Mentorship Core

Please rank priorities for the Mentorship Core?

**Delphi 2: Question 13 (n=23/24)**

<table>
<thead>
<tr>
<th>Response Options</th>
<th>Responses Ranked</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitating mentorial teams and collaborations</td>
<td>53</td>
<td>Highest Priority</td>
</tr>
<tr>
<td>Internal grant reviews</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>Grant writing workshops</td>
<td>66</td>
<td></td>
</tr>
<tr>
<td>Leadership training</td>
<td>91</td>
<td></td>
</tr>
<tr>
<td>Development of a curriculum for geriatric oncology research</td>
<td>103</td>
<td></td>
</tr>
<tr>
<td>Coaching for time management, work/life balance</td>
<td>111</td>
<td>Lowest Priority</td>
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</tbody>
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**Delphi 2: Question 13A (n=24/24)**

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<tr>
<td>Coaching for time management, work/life balance</td>
<td>119</td>
<td>Lowest Priority</td>
</tr>
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</table>
Patient Advocate Board: SCOREboard

- **Co-Chairs**: Beverly Canin and Margaret Sedenquist
- **Our 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
- **Procedures**
  - 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
Year 1: Key Outcomes

- Delphi Survey 1
- Delphi Survey 2
- Junior Investigator Board
- Core Development
- SCOREboard Patient Advocate Board
- CARG Conference Calls
- Conference 1
- Weekly Research Calls
# Schema of Events: Setting the Foundation

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**Aim 1:** Solidify the Infrastructure

**Aim 2:** Use the Sustainable Infrastructure

**Aim 3:** Support and Guide Research Projects

**Aim 4:** Identify, Cultivate, and Mentor Investigators in Aging and Cancer Research

**Aim 5:** Disseminate Research Findings and Data Sharing Opportunities

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**R33 Phase - April 1, 2020**
# CARinG Pilot Grants

<table>
<thead>
<tr>
<th>Pilot Grant</th>
<th>Year</th>
<th>Grant Support</th>
<th>Matching Funds</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot Grant 1</td>
<td>2</td>
<td>$15,000</td>
<td>$15,000</td>
<td>9/1/19-8/31/20</td>
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<tr>
<td>Pilot Grant 2</td>
<td>3</td>
<td>$20,000</td>
<td>$15,000</td>
<td>4/1/20-3/31/21</td>
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<tr>
<td>Pilot Grant 3</td>
<td>3</td>
<td>$20,000</td>
<td>$15,000</td>
<td>4/1/20-3/31/21</td>
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<tr>
<td>Pilot Grant 4</td>
<td>4</td>
<td>$20,000</td>
<td>$15,000</td>
<td>4/1/21-3/31/22</td>
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<tr>
<td>Pilot Grant 5</td>
<td>4</td>
<td>$20,000</td>
<td>$15,000</td>
<td>4/1/21-3/31/22</td>
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<tr>
<td>Pilot Grant 6</td>
<td>4</td>
<td>$20,000</td>
<td>$15,000</td>
<td>4/1/21-3/31/22</td>
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<tr>
<td>Pilot Grant 7</td>
<td>4</td>
<td>$20,000</td>
<td>$15,000</td>
<td>4/1/21-3/31/22</td>
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<tr>
<td>Pilot Grant 8</td>
<td>5</td>
<td>$20,000</td>
<td>$15,000</td>
<td>4/1/22-3/31/23</td>
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<tr>
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<td>$20,000</td>
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<td>4/1/22-3/31/23</td>
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Core Papers

• Special Issue to Honor and Remember Dr. Arti Hurria through the *Journal of Geriatric Oncology*

• Junior Investigators who attend Conference 1 lead their respective paper and review the need for this particular Core for the infrastructure, and review of the process for next steps
Title: Development of a Personalized Discussion Priorization Tool for Older Adults Considering Adjuvant Chemotherapy for Breast Cancer

Co-PIs: Allison Magnuson, DO and Mina Sedrak, MD, MS

Grant Period: September 1, 2019 – August 31, 2020

Overall Objective: Develop and test a technology-mediated DPT, which integrates personalized information on risk factors for adjuvant chemotherapy-related toxicity in older women with breast cancer

Specific Aims

– Aim 1: Conduct a secondary analysis of patients enrolled on NCT01472094 to determine the association between clinical factors and reduced RDI of a prescribed chemotherapy regimen.

– Aim 2: Adapt a DPT to include personalized information regarding risk of chemotherapy toxicity and risk of reduced RDI, and evaluate the usability of the DPT in ten older adults considering adjuvant chemotherapy for breast cancer.
Solidify the Infrastructure

Test Case: Pilot Grant 1

• Evaluation and Metrics:
  • Staff hired (program manager, biostatistician, science writer)
  • Development of a comprehensive inventory of aging and cancer researchers
  • Establishment of the Cores including a membership roster and operating manuals for Core structure and function
  • Revision of Core function and procedures based on evaluation by Core members, conference attendees, and grantees
  • Frequency of participation of Core members in calls, webinars, and conferences
  • Publications summarizing the key aspects of the infrastructure development
Next Steps

The Cores

- Review core composition
- Establish a Leadership Core
- Need to prioritize and establish timeline
- Patient advocates are integral partners
- Workflow: Need to develop an algorithm
  - Intake form on CARG website
  - “Super Navigator”
  - “5 minute consult”
  - Followed by more in depth help

Enduring Resources

- Catalog of measures:
  - Geriatric Assessment
  - Biological
- Standardized protocols
- Data collection
- Storage
- Toolbox of methods and analytical plans
- Databases of tools and studies
- Database of investigators
Mentorship (Sustainability)

- Our mentees are our future:
  - Leadership training
  - Leveraging junior investigators: “teaching moments”
  - “Pay it forward”

- Define what we mean
  - “M” vs. “m”
  - Advisor
  - Sponsor
THANK YOU FROM ALL OF US!
Geriatric Oncology Infrastructure to Improve Clinical Care

1) Accelerate high-quality research at the aging and cancer interface
2) Attract and mentor investigators
3) Combine aging and cancer research to form a pipeline of sustainability for Cores
4) Disseminate these results to the broader community
To the Future
Thank you!

Geriatrics

Geriatric Oncology

Oncology
Q&A
Future webinars

January 14, 2020, 12-1 p.m. ET
• Kiri Ness and Monica Gramatges

April 9, 2020, 12-1 p.m. ET
• Luigi Ferrucci and Morgan Levine

Send speaker suggestions and other feedback to:
NCIDCCPSagingwebinar@mail.nih.gov