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Abstract 9558

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ASSESSING 2-MONTH CLINICAL PROGNOSIS IN PATIENTS WITH SOLID TUMORS:

RESULTS OF PRONOPALL STUDY

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Observatory of Cancer - Brittany & Pays de la Loire

- Created in 2003 by Regional Representatives of French ministry of health
- Collects data from both private and public hospitals
- Provides a reflection on drug management aiming at optimizing health care

Presentation of the study

Palliative cancer therapy is a difficult medical practice, particularly in the advanced stages of the disease. Relevance puts repeatedly question to medical oncologists. The prognostic evaluation could be an aid to therapeutic decision, especially in a palliative context, where chemotherapy can degrade quality of life of patients.

Oncologists, caregivers and close relatives can be brought to challenge the risk of harmful or unnecessary chemotherapy. Indeed, a toxic death deprives patient, family and teams to do preparatory work necessary in later life.

The Palliative Care team from Poitiers's UHC validated a prognostic score in a population of hospitalize patients (Barbot et al, JCO 2008).

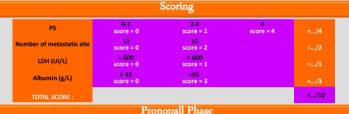
The Observatory dedicated to Cancer from Brittany and Pays de la Loire areas wants to validate this score in an outpatient population during consultation.

2 Phases:

- PRONOPALL: pronostic score validation (n=300)
- → PALLIACHIM: pronostic score use and impact (n=300)

Purpose: The use of score should reduce by 15% the prescription palliative chemotherapy in the population included.

- 26 centers / 109 investigators
- Eligibility criteria of patients:
- > over 18 years
- > with one of the seven eligible cancers
- > involving only a palliative chemotherapy
- presenting at least one the 3 following criteria:
 - ECOG, OMS, Performance Status (PS) ≥ 2,
 - and/or life expectancy < 6 months,
 - and/or progressive disease during previous palliative treatment



- October 2009- November 2010 : 302 patients included → 265 evaluable patients : 37 patients not eligible
- 109 Males / 156 Females
- median age: 66 years [37-88]
- 80% of the patients had a previous palliative anticancer treatment
- Inclusion criteria
- 1 criteria for 46% of patients 2 criteria for 38% of patients
- 3 criteria for 16% of patients
- 4 prognostic factors assessed at inclusion*:
- Median LDH: 397 UI/L [118-4314]
- Median Albumin: 35 g/L [13-54]
- * not calculated at the time of
- ent contrary to the 2nd phase
- PS 0 : 20%: PS 1 : 25%
- PS 2 · 38% · PS 3 · 14% - PS 4:3%
- no site · 2%

Distribution of patients according to primary tumor :

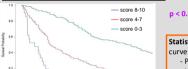
Percentage of patients per criteria:

- 1 site · 32% · 2 site · 35% - >2 sites · 31%

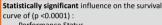
Number of metastatic site:

| | % population | Survival 2 months | Survival 6 months | Median Overall Survival |
|------------|--------------|---------------------------|----------------------|-------------------------|
| Score 8-10 | 8% | 24% (Barbot 8%) | 5% | 35 days [14 - 56] |
| Score 4-7 | 43% | 64% (Barbot 43%) | 26% | 78 days [71 - 113] |
| Score 0-3 | 49% | 92% (Barbot 92%) | 66% | 301 days [209 – 348] |

Distribution survival curves of the 3 populations



p < 0.001 ⇒ In terms of survival. 3 statistically different populations



- Performance Status - LDH rate
- Albumin rate

Oncogeriatry

- > Inclusion criteria : no statistically significant between <75 and >75 years patients except for the distribution of the primary tumor
- Same distribution of the score value
- Survival for over 75 years patients :

62 patients over 75 years

| | population | Survival 2 months | Median Overall Survival |
|------------|------------|----------------------|-------------------------------|
| Score 8-10 | 2 | 67 % | 74 days |
| Score 4-7 | 26 | 07 70 | |
| Score 0-3 | 34 | 97% | 296 days |



--- score 1-3

p = 0.0002 ⇒ statistically different

Palliachim Phase

Today, 293 patients included, 15 participating centers, 100 M / 193 F, median age: 67 years [35 - 90]

Pronopall study confirms the three prognostic profiles defined by the score. **Pronopall score is validated in an oncogeriatric** subgroup (older than 75 years).

Results from Palliachim phase and validation in current practice coming soon.

Acknowledgments for private and public hospitals of Brittany and Pays de la Loire : for clinicians, pharmacists, directors,