



## 1) Introduction



**Problem** - Advanced prostate cancer mostly affects older men over the age of 65 years (1).



**Treatment** - Androgen Receptor Axis-Targeted Therapies (ARATs) can prolong survival, but they can cause significant side effects for older men (2).



**Research Question** - Can two supportive care interventions, alone or in combination, improve quality of life (QOL) for patients receiving ARATs?

## 3) Methods

**1) RECRUIT** - Patients 70+ years old and starting an ARAT. Perform baseline assessment measuring QOL and comorbidities.

### 2) RANDOMIZE-

Arm 1:  
GAM

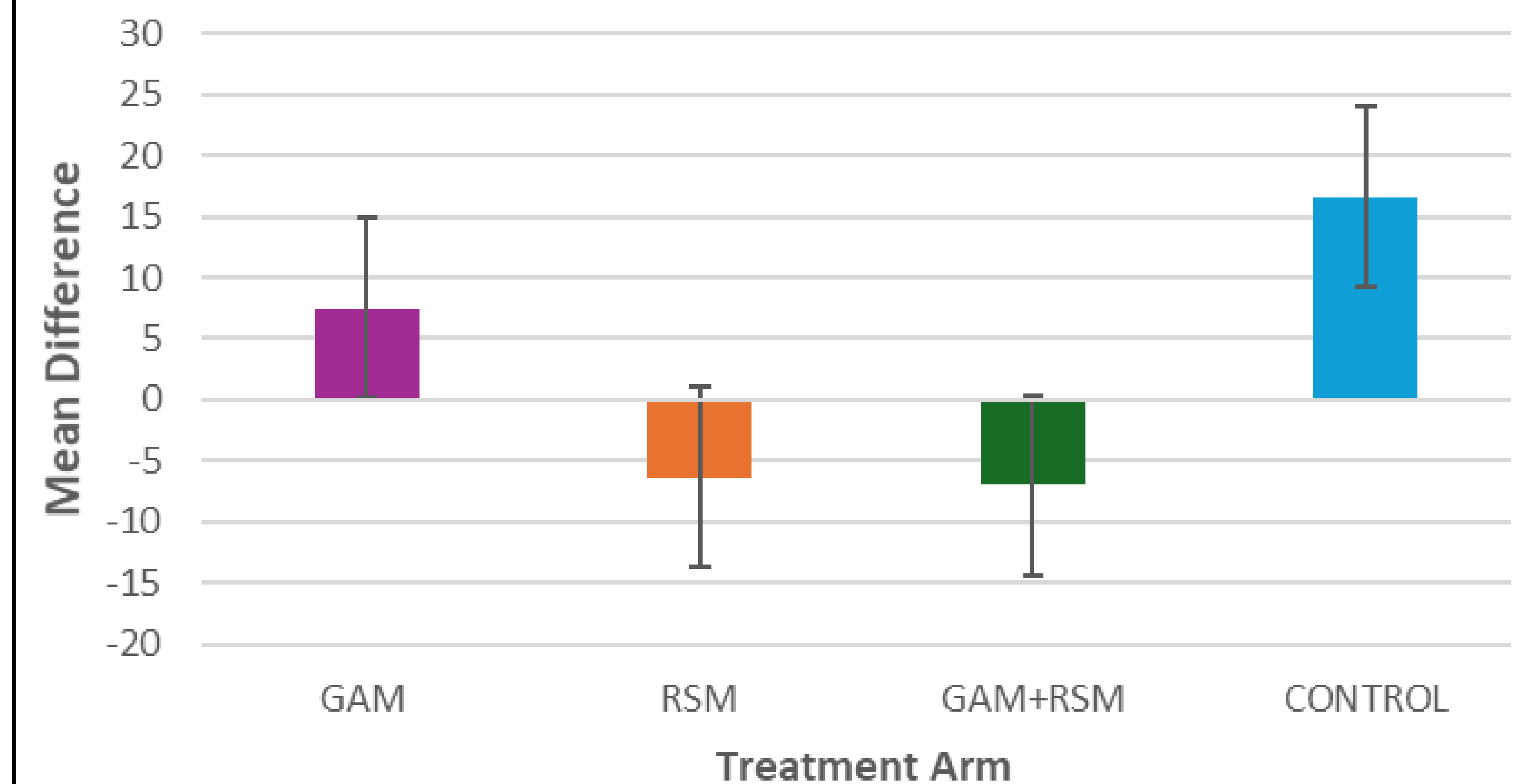
Arm 2:  
RSM

Arm 3:  
GAM +  
RSM

Arm 4:  
Control

**3) MEASURE** - QOL using the EQ-5D-5L and adverse effects every 6 weeks for 6 months

Figure 1. Change in QOL Scores over 6 Weeks



Note: The vertical axis depicts the **mean difference** change in the visual analog scores within the EQ-5D-5L tool over 6 weeks. A decline in quality of life is indicated by a negative score. The error bars depict the mean standard error.

## 2) What Interventions?

### Geriatric Assessments (GAM)



Doctor or nurse assesses physical, mental, and social wellbeing to identify areas of risk and improvement

### Remote Symptom Monitoring (RSM)



Weekly Monitoring of symptoms. Follow-ups by a nurse or doctor for moderate-severe symptoms

## 4) Results

- Sample size** - A total of 11 participants were included in the analysis: RSM (n = 3), GAM (n = 2), GAM+RSM (n=3), and Control (n=3).
- Side Effects** - The most commonly reported symptoms of moderate severity were fatigue (36%), hot flashes (36%), and insomnia (18%). Only one participant reported a severe side effect (pain).
- QOL** - Participants in the RSM and GAM+RSM arms showed decreased QOL over 6 weeks, while the control arm saw the greatest improvement (see Figure 1).
- Analysis** - A Kruskal-Wallis Test comparing participants' self reported health scores at the 6-week mark vs. baseline was conducted. The test results were found to be **non-significant**. (df = 3, HCritical = 6.73, Hobtained = 2.2,  $\alpha$  = 0.05)

## 5) Discussion

### Limitations:

- Small Sample Size:** The analysis included only 11 participants, limiting the generalizability and analysis of the sample. Confounding variables like pre-existing comorbidities may have had greater effect on the data.
- Short Time Frame:** Each participant is followed for 6 months but this poster only reports data from the initial **6 weeks**.

### Conclusions:

- Participants in the RSM groups reported a decrease in quality of life over 6 weeks. Weekly monitoring of symptoms could have made patients more aware of their current health status. Conversely, participants in the control group may have underreported symptoms.
- Benefits:** In the GAM arm, one participant was found to have early onset skin cancer highlighting the need for such comprehensive assessments.

### References

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- Boyle, H.J. et al. (2019) 'Updated recommendations of the International Society of Geriatric Oncology on Prostate Cancer Management in older patients', European Journal of Cancer, 116, pp. 116–136. doi:10.1016/j.ejca.2019.04.031.



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