

Comorbidity in cancer patients

The Dutch Experience

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integraal
kankercentrum
Zuid

What is frail? → Age?



Mek Wok

Age: 107 yrs

Wants to marry for 23rd time!



Quality of life



Eindhoven Cancer Registry (ECR)

- Records comorbidity since 1993
- From medical records
- Adapted list of Charlson
(J Chron Dis 1987;40:373-83)
- Validation studies completeness



Comorbidity recorded in ECR

- Chronic Obstructive Pulmonary Disease (COPD)
- Cardiac and vascular diseases
- Other malignancies (except basal cell skin carcinoma)
- Hypertension
- Diabetes Mellitus
- Other:
 - connective tissue diseases
 - rheumatoid arthritis
 - kidney diseases
 - bowel diseases
 - liver diseases
 - dementia
 - tuberculosis and other chronic infections

Validation on completeness

- 80-90% scored correctly
- Some underregistration:
 - mainly cardiovascular conditions
 - mainly due to unknown terminology, abbreviations or handwriting
- Improvement by:
 - adding names of diseases and abbreviations to the list
 - giving refining instructions to the registry team

Special project: ACE-27

- ACE-27 classification was used for a special project
- Additional data collection from medical records
- Total severity score, but also severity score for each comorbid condition

- 2 classification systems (ECR and ACE-27):
Comparison of number of and type of comorbid conditions

Comorbidity ECR vs ACE-27

- Median number of conditions per patient ECR somewhat lower than ACE-27, but:
only 51% agreement on number of conditions in the same patient
→ *mostly due to different classification systems*

- % agreement for most common conditions:

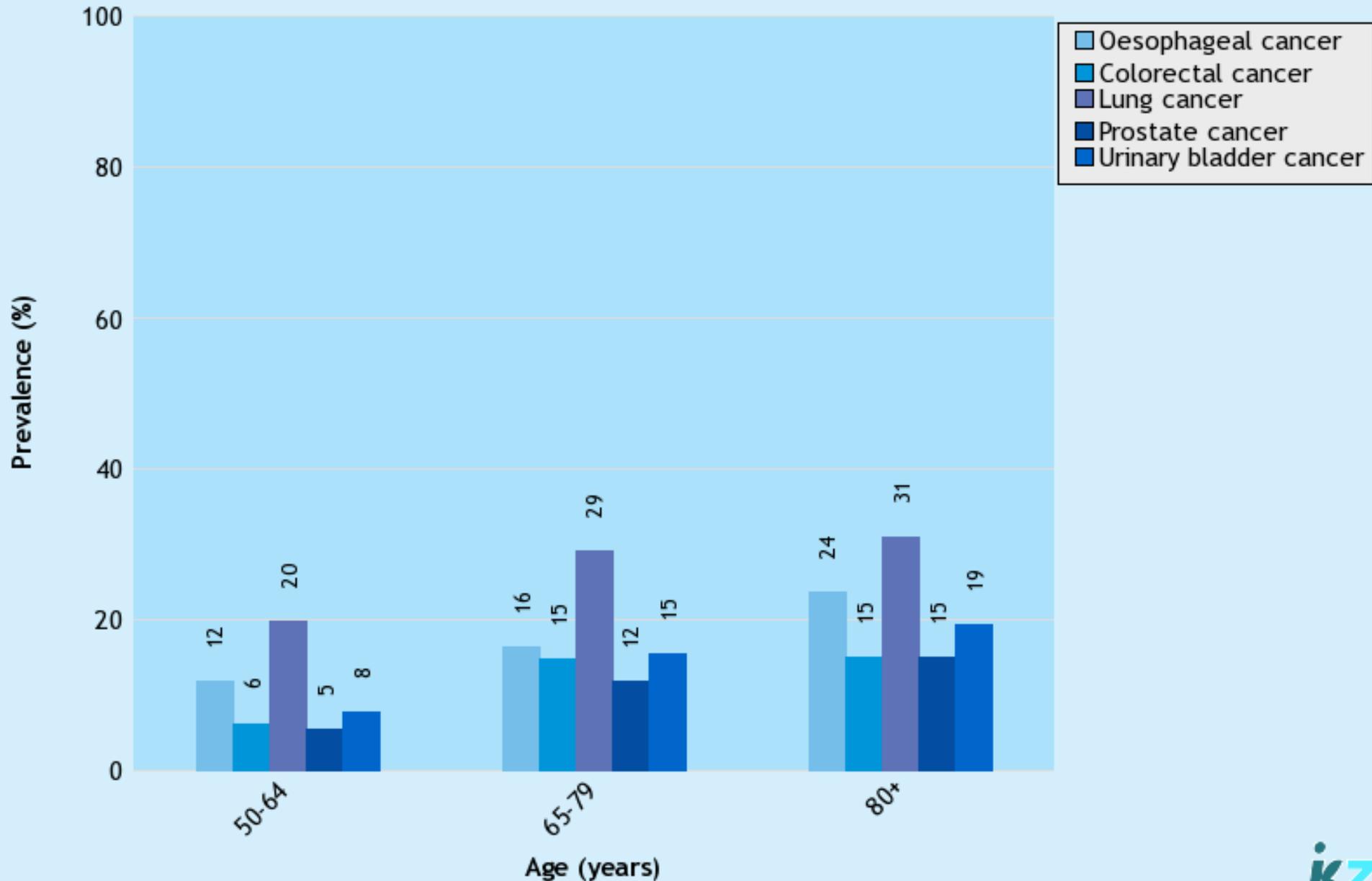
Cardiovascular	88%
Hypertension	91%
COPD	94%
Previous cancer	95%
Diabetes	97%

Use of comorbidity

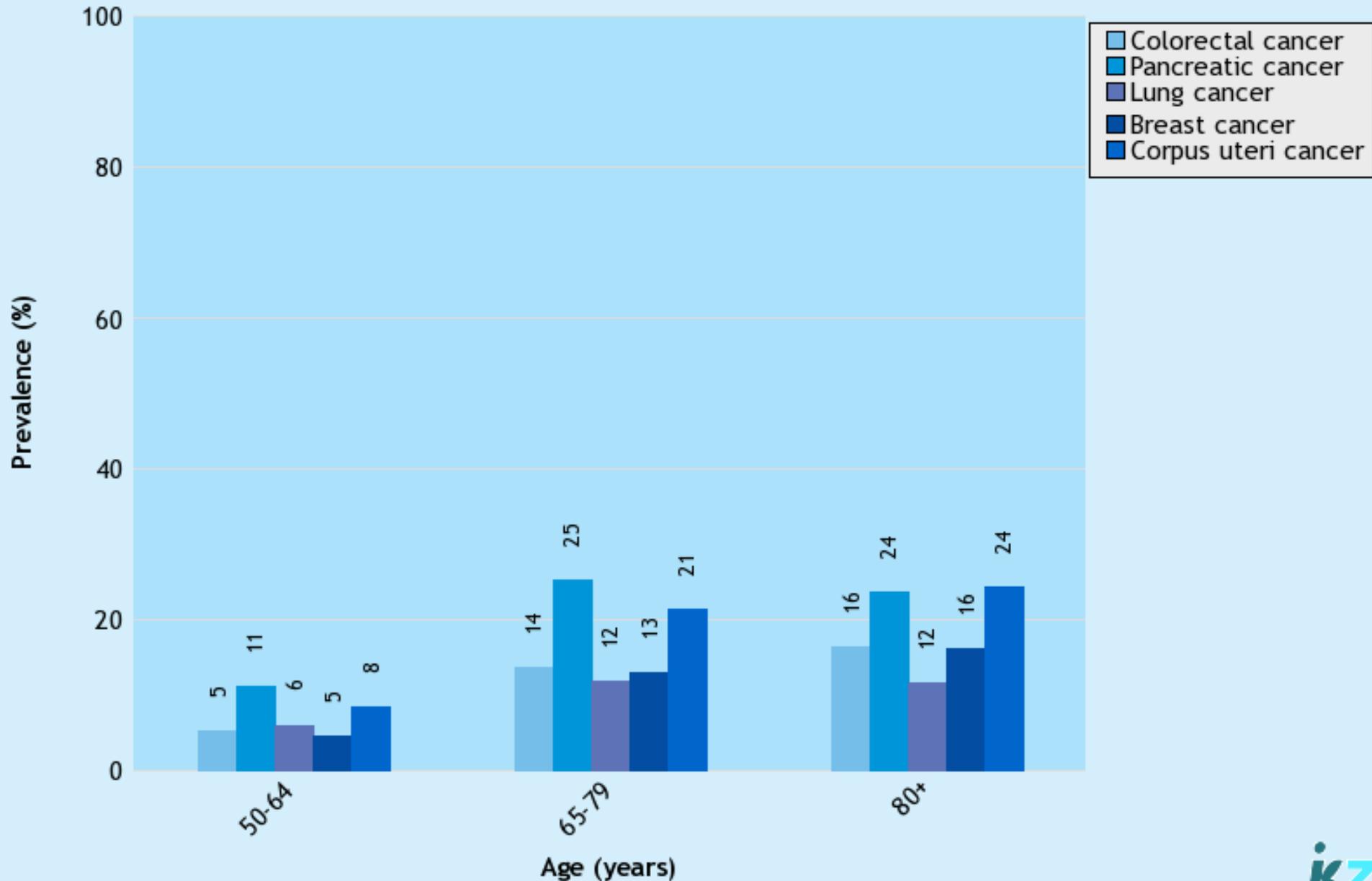
- Prevalence of specific types of comorbidity according to tumour type → etiological clues
 - Independent influence of comorbidity (number of diseases, but also type of disease/combinations) on:
 - choice of treatment
 - side effects/complications
 - survival
- insight into treatment and outcome in unselected elderly cancer patients

Etiology

Comorbidity, COPD males prevalence by age and tumour type

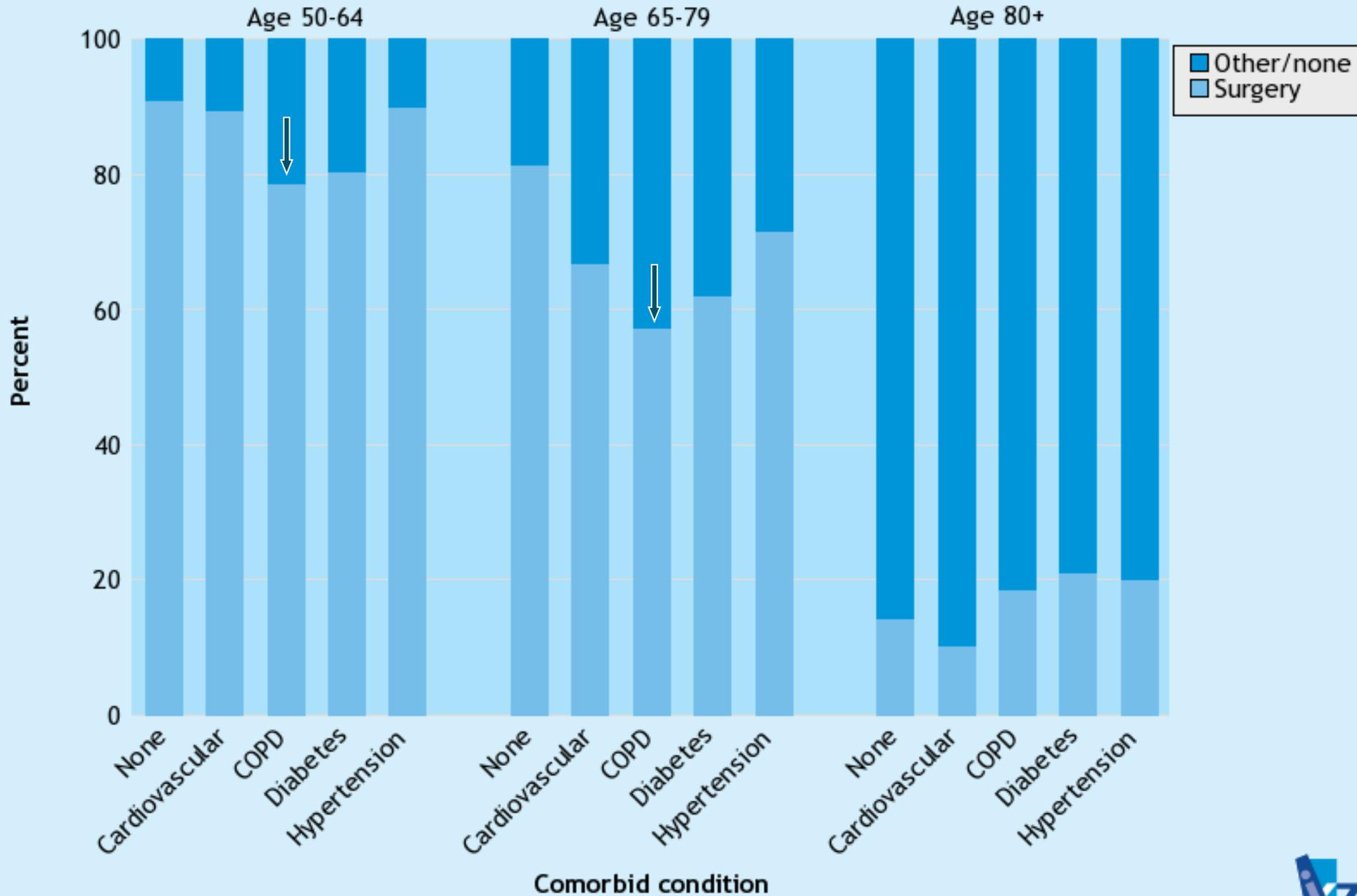


Comorbidity, diabetes females prevalence by age and tumour type

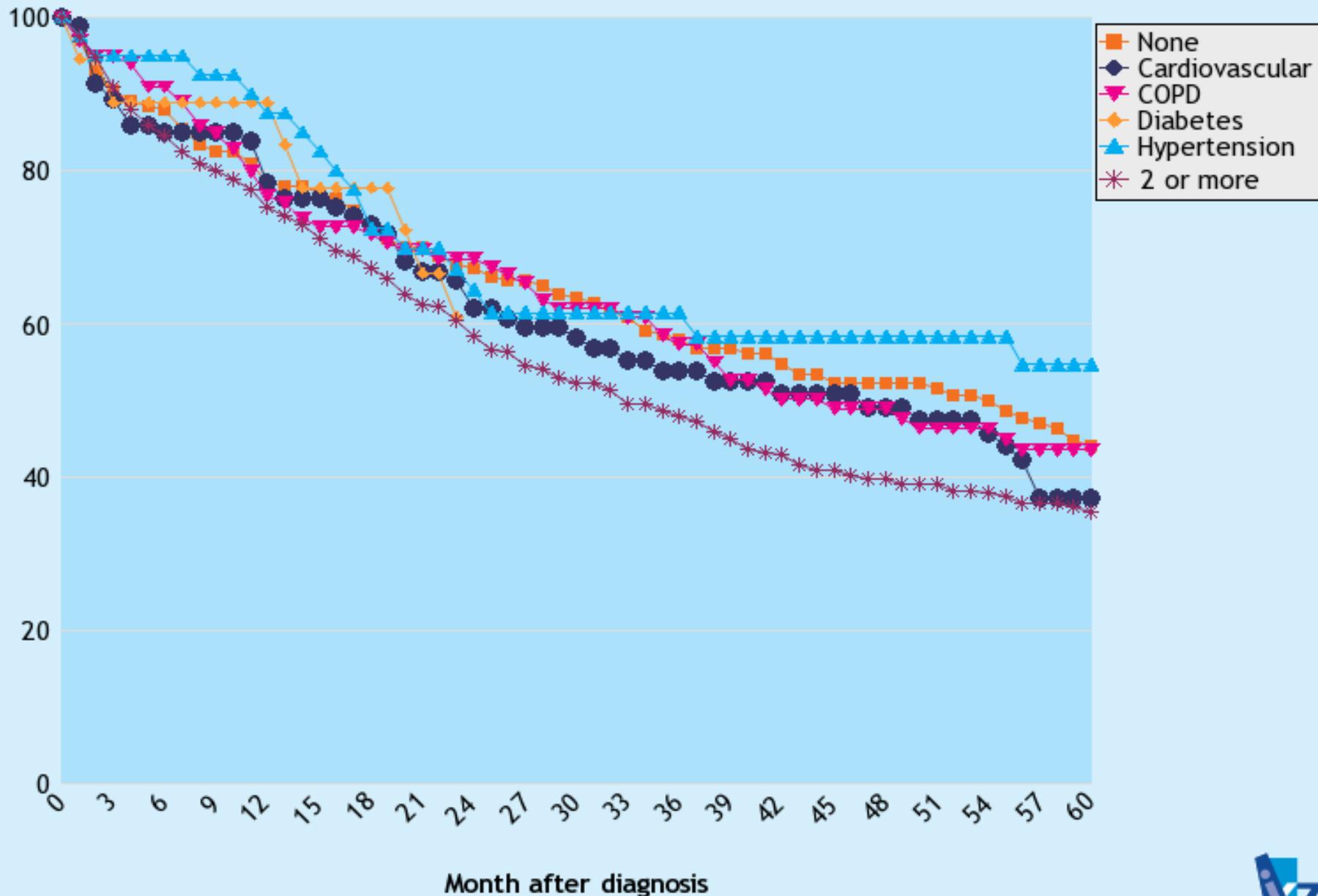


Treatment & Survival

Localised NSCLC resection rate by age and comorbidity



NSCLC age 65-79, resected stage I-II crude survival curve 1995-2004 by comorbidity

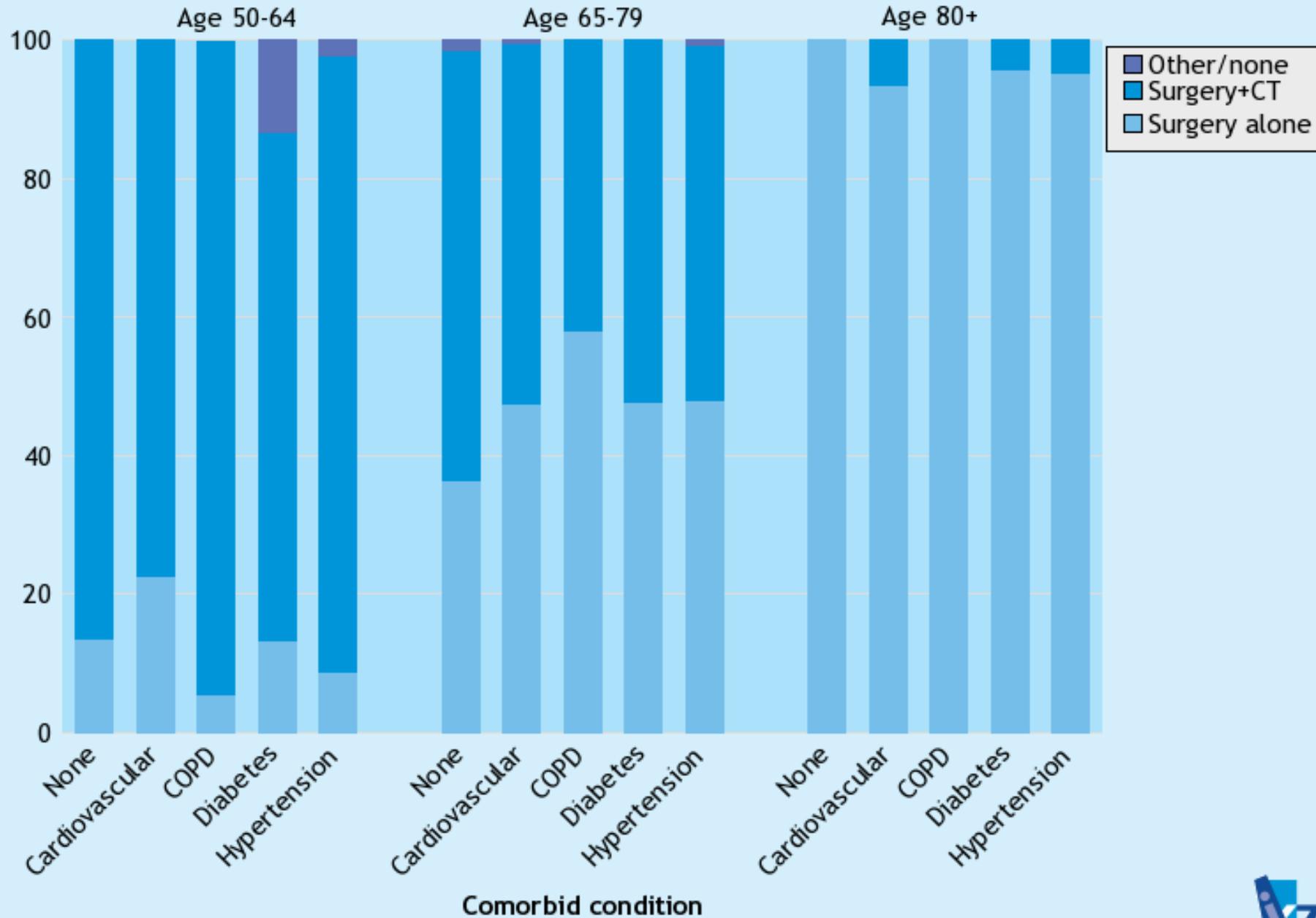


Source: Eindhoven Cancer Registry (IKZ) © 04-04-2007



Colon cancer, stage III

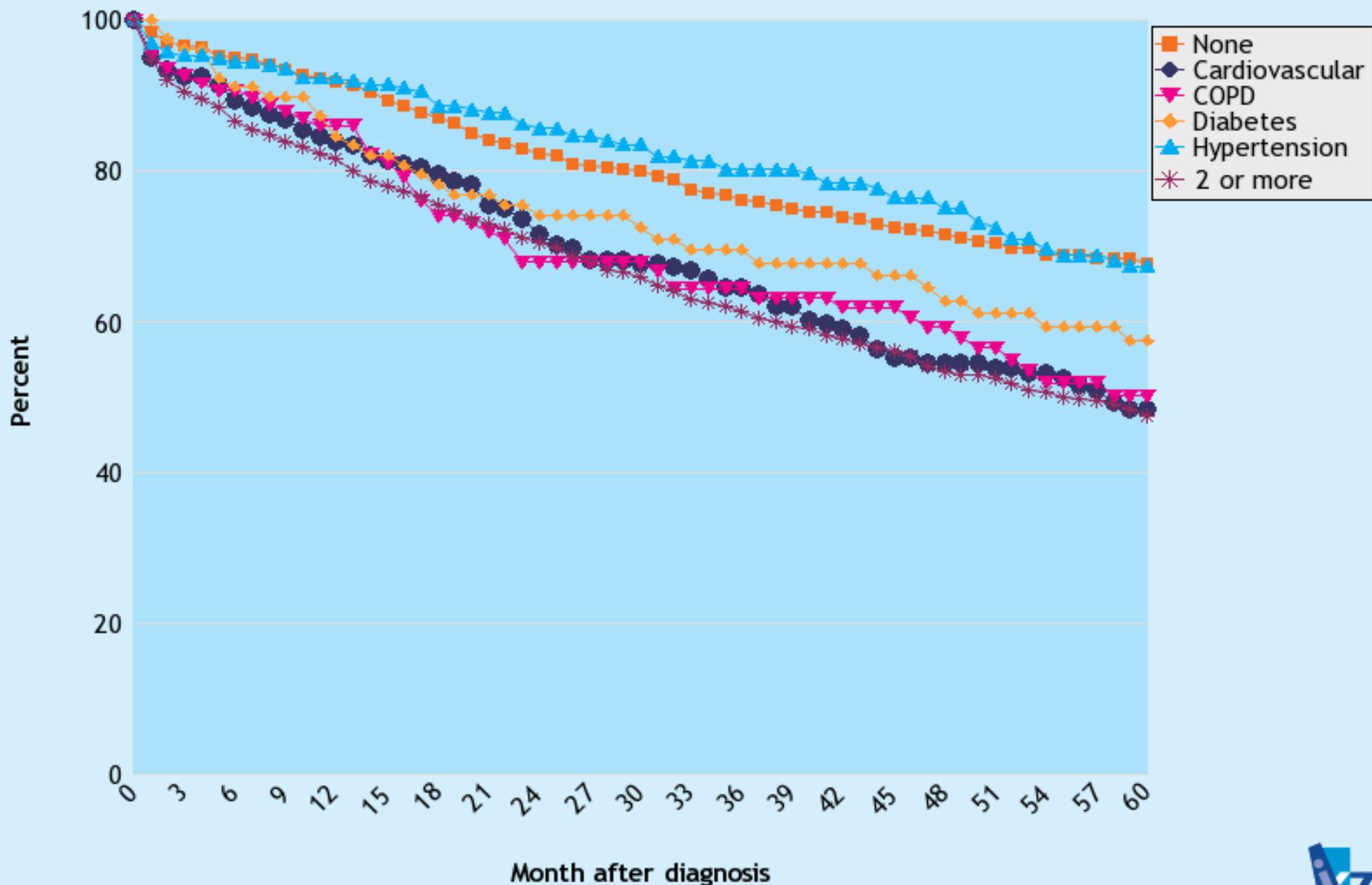
treatment by age and comorbid condition 2000-04



Source: Eindhoven Cancer Registry (IKZ) © 11-04-2007



Colon cancer age 65-79, resected stage I-III crude survival curve 1995-2004 by comorbidity

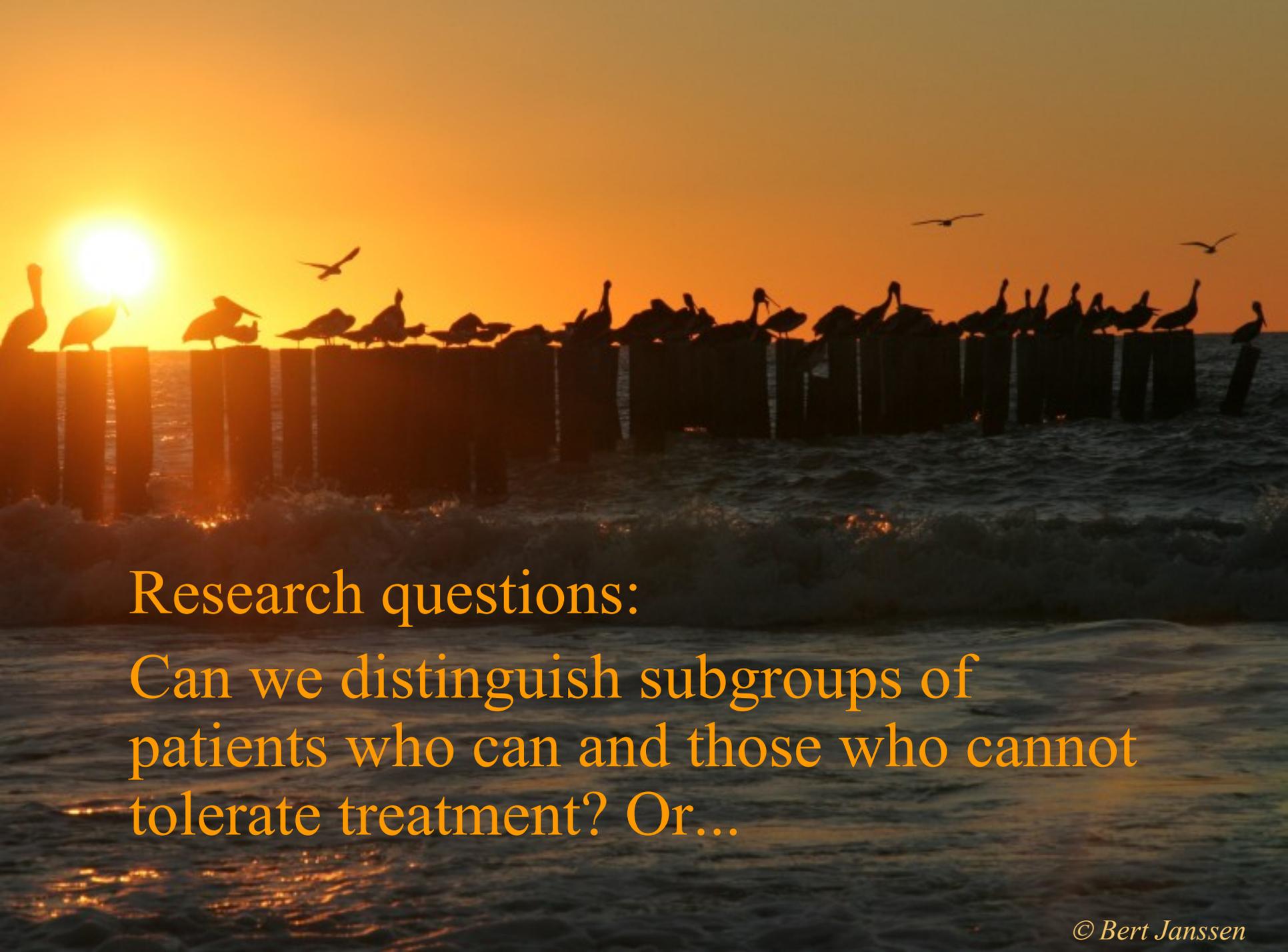


Source: Eindhoven Cancer Registry (IKZ) © 04-04-2007



Conclusions

- Recording of comorbidity is feasible in a cancer registry that records data from the medical records (a few minutes extra time for recording)
- Number of diseases, severity score and type of disease are important for including in analyses; choice depends on the research question



Research questions:

Can we distinguish subgroups of patients who can and those who cannot tolerate treatment? Or...

Do we need to individualize?





Thank you!