

Co-morbidity: a summary of issues from the NCIN Site-Specific Clinical Reference Groups

Dr Mick Peake

Clinical Lead, NCIN

National Clinical Lead, NHS Cancer Improvement

Questionnaire to Site-Specific Clinical Reference Group Chairs

In your speciality area:

- What are the most important ways in which co-morbidity impacts on treatment and/or outcomes?
- What C-M indices/scores are in use?
- What are the major C-Ms which impact on treatment decisions and outcomes?
- Do you use 'frailty' as an indicator?
- Other comments

Site-specific review

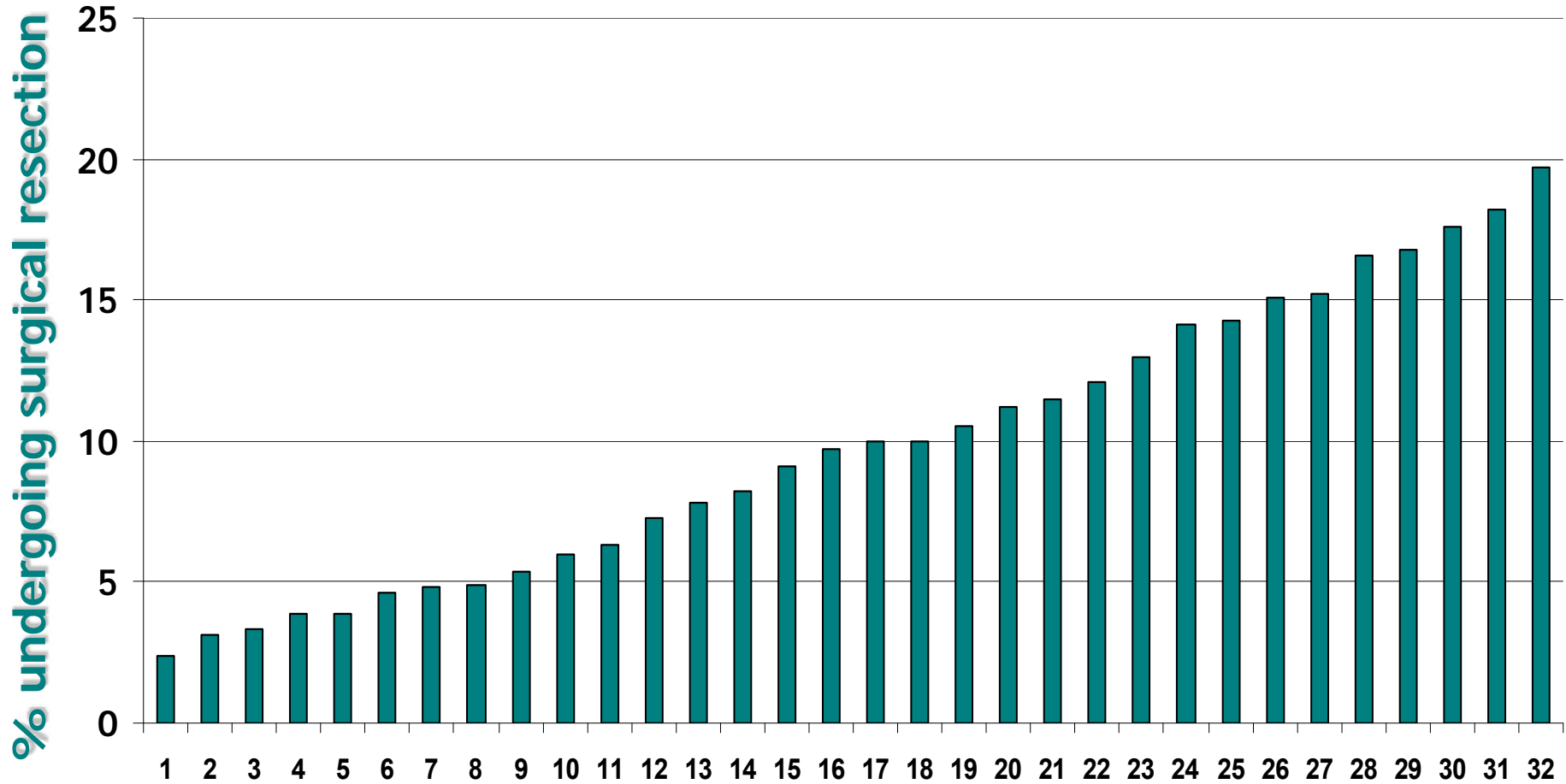
	Breast	Colo-rectal	Gynae	Haem	H&N	Lung	Sarcoma	Skin	UGI	TYA
PS	±	+++	+	+++	+	+++	±	++	+++	±
C-M	++	+++	++	+	++	+++	+	+	+++	±
Surgery	+	+++	+	-	++	+++	+	±	+++	±
Chemo	++	++	++	++	++	++	+	+	++	±
RT	++	+	+	±	+	++	±	-	±	±
Peri-op mortality	+	++	+	-	+	+++	+	-	+++	±
Tools	ASA	ASA Possum	<i>UK Gosoc</i>	ACE27 ADL	ACE 27	No (lung function)	No	No	ASA	No
Overall survival	+	++	+	+	++	+	±	±	+	±
Late effects	+++	++	+	+++	+	+	+	+	+	+++

Lung Cancer

- Median survival ~ 6 months
- Median age ~ 71
- 85% smokers/ex = ↑ cardio-respiratory illnesses
- Performance Status central to most treatments
- Major intrathoracic surgery is the best treatment option; lung toxicity of radical RT
- Major issues:
 - Selection for surgery - **subjectivity**
 - Peri-operative mortality
 - Post-operative Quality of Life



Surgical resection rate (2007)



National Lung Cancer Audit

Network in rank order

Definition of ‘Significant’ Co-Morbidity in the National Lung Cancer Audit

“..in the opinion of the lung cancer specialist team, being of sufficient severity to contraindicate referral for radical therapy that would otherwise be the preferred option. This *excludes* the stage of the primary tumour.”

Co-morbidity data items in the National Lung Cancer Audit

Q: Is there a reason for the patient not receiving the treatment of choice? Y/N – If yes why:

- Refused
- Died
- Comorbidity:
 - COPD (if yes – FEV1)
 - Cardiovascular Disease (Y/N)
 - Dementia/Cerebrovascular disease (Y/N)
 - Renal Failure (Y/N)
 - Other malignancy (Y/N)
 - Severe weight loss (Y/N) ($\geq 10\%$ body weight)
 - Other (Specify)

Breast Cancer

- Median survival > 14 years
- ‘Normal’ range of co-morbidities
- Performance Status not often important in first line treatment
- Curative surgery ‘superficial’
- Major issues:
 - Long term sequelae of chemotherapy and radiotherapy (cardiac toxicity; 2nd cancers)
 - Fitness for reconstructive surgery

Children, Teenagers & Young Adults

- Co-morbidity an issue in <5%
 - Mostly congenital defects, immunodeficiency, genetic syndromes, diabetes
- Performance Status rarely important
- Major issues:
 - Late effects
 - Need for a different approach to adults?

Co-morbidity	Sites of most relevance	Key Measures
Cardiac	Lung, UGI, Colo-rectal	Echo, Exercise ECG, MUGA scan, Angiography
Respiratory	Lung, UGI, Colo-rectal	Lung Function (FEV₁, etc.) Exercise testing Quantitative perfusion scan
Cerebro-vascular	Lung, UGI, Colo-rectal	
Dementia	All	
Renal	All	Creatinine & clearance
Hepatic	All	LFTs
Weight loss/nutrition	UGI	BMI; Serum albumin
Obesity	Gynae	BMI
Previous surgery/RT/Chemo	Gynae, colo-rectal, urology	
'Frailty'	?All (except children & TYAs)	Stair climb; 'Tray test' Subjective

Main elements

- Selection for treatment
- Peri-treatment mortality and toxicity
- Impact on overall (population-based) survival / prognosis
- Late effects:
 - Predicting them
 - Identifying them
- Is it feasible to expect a single scale to answer all these questions?