Comorbidity and cancer: addressing the hidden burden.

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Why do we care?

Comorbidity:

• is common among cancer patients.
• has major negative impacts on patient outcomes.
• Increases costs and complexity of care.
• Is an important driver of inequities.
• the effects of comorbidities are modifiable.
Comorbidity is common

Prevalence of comorbidity among U.S. patients with cancer aged 66 yrs or older

- Prostate
- Lung
- Colorectal
- Breast
- All cancers

Percentage of patients

2+ conditions
Any comorbidity

Comorbidity impacts unevenly

- Older patients
- Ethnic minority groups
- Indigenous groups
- Those living in poverty
Cancer patients, Queensland 1997-2002
(all cancers combined)

- Respiratory disease: 12%
- Chronic renal disease: 1%
- Acute coronary conditions: 8%
- Hypertension: 10%
- Diabetes: 6%

Impact on survival

Comorbidity has been found to have an adverse impact on survival in every cancer site investigated.
Impact on survival

Breast

Urological

Colorectal

Gynaecological

Upper GI

Adjusted* All-Cause Excess Mortality (%)

*For age, sex, site, stage

Why does comorbidity affect survival?

– Direct effect

– Indirect effect because of reduced cancer treatment

– Effect of comorbidity on cancer progression
  • Recurrence more likely in those with diabetes even in context of RCT (Meyerhardt et al 2003)
Impact on treatment

• Why?
  – Concern by clinician or patient that treatment may be less effective among those with comorbidity
  – Concern by clinician or patient that comorbidity will increase toxicity of treatment.
  – Concern that life expectancy may not be sufficient to justify treatment
Is treating my patient with comorbidity going to do more harm than good?

• Interpretation of literature is complicated
  – Complex interactions between specific comorbid conditions and specific treatment
  – Those with comorbidity excluded from RCTs
Benefits of treatment

• High quality studies consistently show that those with comorbidity who are treated do better than those who are not treated.

• Many studies show little or no difference in relation to toxicity of treatment for those with comorbidity (especially for non-surgical treatments).
The impact of chronic illnesses on the use and effectiveness of adjuvant chemotherapy for colon cancer

All-cause hospitalisations by treatment status for patients with chronic conditions

Comorbidity is common
Comorbidity negatively impacts survival.
Those with comorbidity may not be receiving optimal management for their cancer (or their comorbidity)
Those who do receive optimal management are likely to have better outcomes than those who do not.

How do we ensure cancer patients with comorbidity receive optimal management to improve cancer outcomes?
So what do we do?

• Three presentations:
  – Dr Tania Kalsi (UK): Using comprehensive geriatric assessment to improve chemotherapy tolerance among elderly people with cancer.
  – Dr Christopher Jackson (NZ): Improving the management of comorbidity among patients with colorectal cancer: an ongoing feasibility study
  – Professor Bogda Koczwara (Aust): Use of chronic care models in cancer