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INTERNATIONAL SOCIETY OF GERIATRIC ONCOLOGY

GERIATRIC ONCOLOGY
ADVANCED COURSE
TREVISO, ITALY
JUNE 28-JULY 1, 2017

UNIVERSITÀ CATTOLICA del Sacro Cuore

Approach to dementia – patients with breast cancer

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Disclosures

None declared

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Dementia is a **progressive** illness, for which there is **no treatment**, and that **leads to death**.

Mitchell NEJM 2015

Case – woman with breast cancer

- 69 years old, home dwelling
- Diagnosed inoperable locally advanced breast cancer
- Admitted in hospital for neoadjuvant chemotherapy

- After a week non-cooperative, pulled out i.v. lines, completely bed-ridden, aggressive
- Why did she develop delirium?
- How was her premorbid cognitive function?

OUTLINE

- What is cognitive impairment/dementia?
- Cancer and dementia
- Causes of dementia
- What to do in clinical practice?

Clinical warning signs

- The wife/children answer all the questions
- The patient is not sure why he/she ended up in your office
- The patient keeps asking the same questions
- You get a feeling that your information does not get through

- The grandchildren are no longer allowed in the car when grandfather drives

What is cognitive impairment?

- Cognition: Umbrella term for memory, language, executive function and orientation

- Dementia: Most advanced stage of cognitive impairment
- In dementia: Individual variability decreases
- People 85+: Prevalence reaches 30%

Cancer and dementia

- Cancer and cognitive impairment frequently co-exist in older age
- Burden of cancer and cancer treatment can lead to impairment in cognition
- Risk of confusion or delirium

Mild cognitive impairment and cancer treatment

- Everyday life: does not cause practical problems

- Cancer: Beware if treatment decisions are complicated – for example risk versus benefit of adjuvant chemotherapy
- May need follow-up if risk of side effects of treatment (febrile neutropenia)

Stages of dementia and cancer treatment

- Mild dementia: Loss of intellectual abilities interferes with social or occupational functioning
  - Needs help with cooking, using a computer
  - May need help explaining treatment options
- Moderate or severe dementia:
  - Patient generally not able to understand important information or make proper decisions – involve caregivers
  - Patient should be involved to the extent possible

Causes of dementia

- Alzheimer´s disease most prevalent cause
  - Often diagnosed early because of memory problems
  - Caregivers provide info
  - Ask patients about diagnosis and what she knows
  - Patient has insight in early stages
- Lewy Body Dementia – fluctuations, hallucinations
- Frontotemporal dementia – personality changes. Lack of insight. Memory preserved early.

Evaluation of cognitive impairment

- Brief encounter – patient appears lucid and oriented

- Objective testing necessary
  - Screening – MiniCog
  - More detailed test: Mini Mental State Examination (MMSE)

- Talk to caregiver perhaps most important. Changes over time? How was she 10 years ago?

Mini-Cog™

Instructions for Administration & Scoring

ID: _____ Date: _____

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.[1-3] For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: ____ Person's Answers: _____ _____ _____

Scoring

Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

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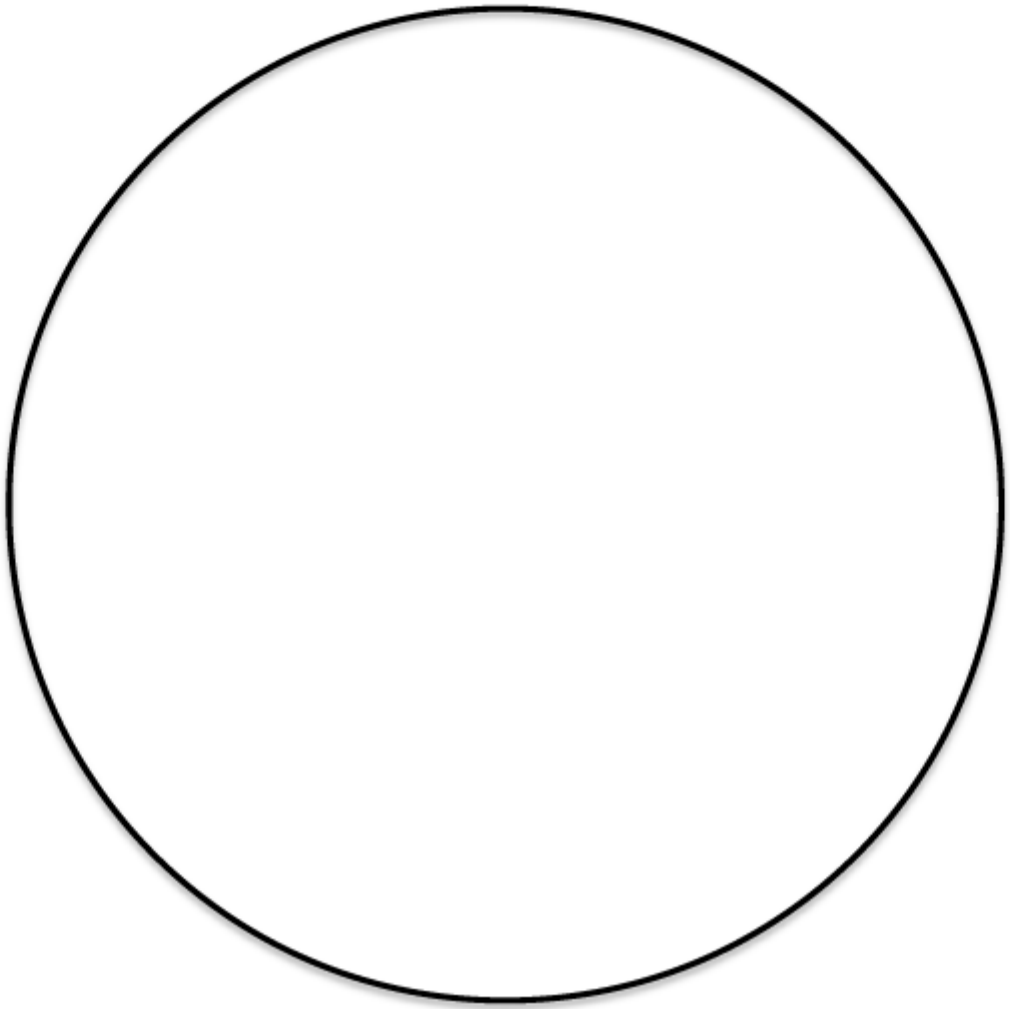

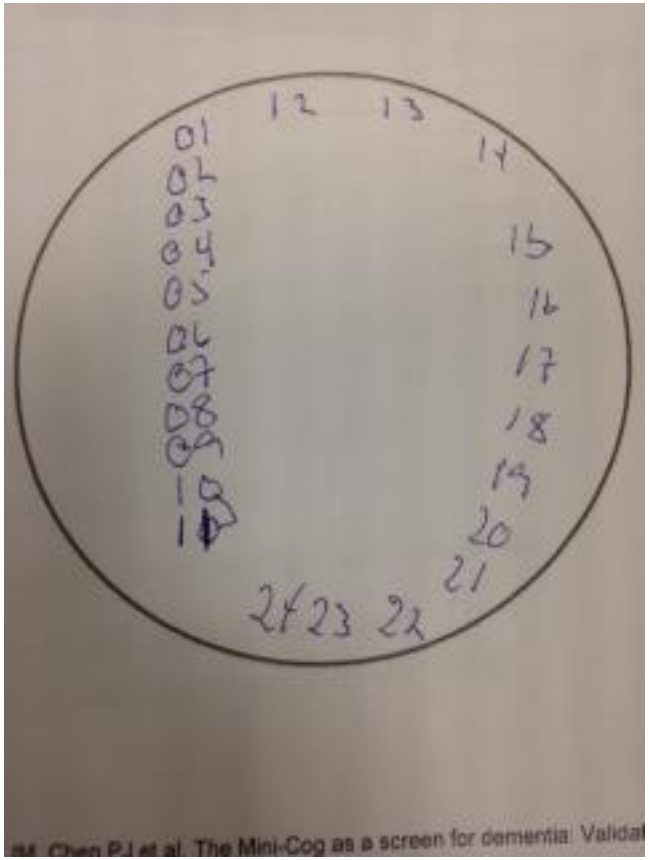
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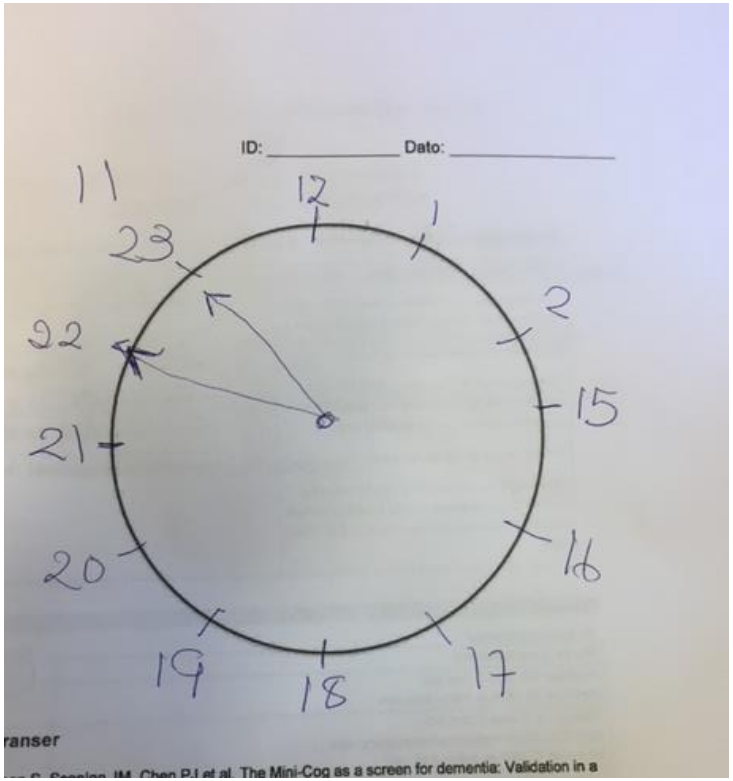
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The Mini-Cog as a screen for dementia: Validation in a

Clinical practice

- Screening to detect cognitive impairment
- Further investigations if positive screening
- Ability to consent to treatment?
- Ability to adhere to treatment?
- Caregiver support

Geriatric assessment (GA)[1]

- Functional status
- Comorbidity
- Polypharmacy
- Cognitive function/ dementia
- Nutritional status
- Depression
- Social support

Remaining life expectancy
Detection of unidentified problems
Optimization before treatment
Prediction of adverse outcomes
Treatment planning
Baseline information

FRAILTY

[1]Wildiers et al, JCO, 2014

Delirium and dementia

- **Delirium:** Acute. Fluctuating. Time limited. Attention affected.
- **Dementia:** Progressive and irreversible
- But – these conditions often coexist

Chemobrain

- Problems with cognition following chemotherapy
- Subjective or objective
- **Memory, processing speed, and executive function** seem vulnerable
- Few are affected and prognosis is good

Summary

- Cognitive impairment and dementia increases with increasing age
- Screen to detect – affects treatment trajectory
- In cancer patients with dementia – team up with geriatrician

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