

# CancerScope

Oncology Issues in Focus | BY CARRIE PRINTZ



## First Person Profile: Supriya G. Mohile, MD, MS

A respected geriatric oncologist, Dr. Mohile has conducted innovative research on improving care for older patients with cancer

**B**everly Canin, an 85-year-old breast cancer survivor and patient advocate, remembers when she first met Supriya G. Mohile, MD, MS, a geriatric oncologist and the Philip and Marilyn Wehrheim Professor in the division of hematology/oncology at the University of Rochester Medical Center (URMC) in New York. In 2011, Ms. Canin, who had begun attending annual meetings of the American Society of Clinical Oncology (ASCO), went to a session that focused on cancer in the “oldest old” adults, namely those aged  $\geq 85$  years. Dr. Mohile was part of that panel, along with her colleagues, William Dale, MD, PhD, who is currently the chair of supportive care medicine at the City of Hope cancer center in Duarte, California, and the late Arti Hurria, MD, who had served as director of the City of Hope’s Center for Cancer and Aging.

“I was in my late 70s at the time and was drawn to the topic,” Ms. Canin says. “I and another patient advocate went up afterwards and introduced ourselves, asking if we could ever be helpful.” That was the beginning of what would prove to be a fruitful collaboration between Ms. Canin and Dr. Mohile in

helping patients and caregivers play a bigger role in geriatric oncology studies. Dr. Mohile later invited Ms. Canin to take part in forming a stakeholders’ advisory group, Stakeholders for Care in Oncology and Research for our Elders board (SCOREboard). SCOREboard was designed to help inform Dr. Mohile’s research by gathering insight from key stakeholders. Initially, the group consisted of 14 members who were either patients aged  $\geq 65$  years or caregivers of patients in that age group.

Ms. Canin credits Dr. Mohile with advancing geriatric oncology through several key efforts, including a recent initiative: a 5-year, \$2 million grant from the National Institute on Aging to create a nationwide infrastructure that supports studies on cancer and aging. The City of Hope was jointly awarded the grant along with the URMC in 2018, with Dr. Dale, Dr. Mohile, and Dr. Hurria named as principal investigators. “Dr. Mohile is so open to ideas—she doesn’t mind pushing the envelope a little bit and trying to figure out how we can get things done,” Ms. Canin says.

Indeed, Dr. Mohile, who was the founding director of the Specialized Oncology Care and Research in Elders clinic at URMC’s Wilmot Cancer Institute at Highland Hospital, is recognized as a major leader in this young but burgeoning subspecialty. She is board-certified in both geriatrics and medical oncology and serves as editor-in-chief of the *Journal of Geriatric Oncology*. She has also helped to shape the University of Rochester’s clinical geriatric oncology program into the largest in the country, with 6 dually certified geriatric oncologists. Dr. Mohile was the first upon her arrival in 2007. At ASCO’s 2018 annual meeting, she was honored with the B.J. Kennedy Award for Scientific Excellence in Geriatric Oncology.

Her research focuses primarily on applying key findings in geriatrics to oncology clinics to provide the best care for older patients. Dr. Mohile says she concentrates on community oncology practices because it is the local clinicians who care for the majority of older patients, and as the aging population continues to increase, the issue is becoming more pressing. According to 2019 statistics from the National Cancer Institute, approximately 64% of cancer survivors in the United States are aged  $\geq 65$  years, and it is estimated that by 2040 this percentage will increase to 73%. At the same time, the fastest growing group of patients with cancer and cancer survivors are individuals aged  $>75$  years.

“There’s never going to be enough geriatric oncologists—so our goal is to help community oncologists by giving them the tools to recognize and identify risks in older patients,” Dr. Mohile says. Geriatricians focus on patients’ function, cognition, comorbidities, and polypharmacy, which are the types of concerns that frequently come into play with older adults, Dr. Mohile explains. Conversely, oncologists focus on clinical trials

← and prognostic markers, trying to determine which treatment works best and what the side effects are. Incorporating a geriatric approach into the oncology field has its challenges, not only with regard to limited time, systems, and staff but with research itself, she says, noting that “there’s a knowledge gap because we enroll younger adults or older, fit adults in clinical trials, so the majority of data is not among the older population.”

Dr. Mohile, who grew up in Rochester, completed an accelerated medical school program at Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia before continuing on to complete fellowships in geriatrics and hematology/oncology and obtaining a master’s degree in health services outcomes research at the University of Chicago. Dr. Dale praises what he calls her rare combination of intelligence, high energy, exuberance, and optimism. “She works very, very hard and is a whirlwind of activity—she’s also extremely good at bringing people together in this multidisciplinary, multispecialty field so that we’re not working in isolation.” Dr. Dale adds, “She thinks and talks very quickly, whereas I’m much more big picture. We’re a great team for that reason.”

The 2 physicians met at the University of Chicago in 2004 when Dr. Mohile was completing her oncology fellowship and Dr. Dale was a new geriatrics faculty member. They have coauthored some 30 articles together and speak at least weekly about their research projects. They also have had to cope with the tragic death of Dr. Hurria, a prominent leader in the field who was killed last November in a car accident at the age of 48 years. Dr. Hurria had started the Cancer and Aging Research Group (CARG), a nationwide, collaborative effort to design and implement clinical trials to improve care for elderly patients with cancer. “We were like the 3 Musketeers,” Dr. Mohile says. “[Both Dr. Dale and I] went through a very tough time last fall when she passed away, and the 2 of us, along with others from CARG, have bonded to support the community after her death.” Dr. Mohile and Dr. Dale continue to lead with Dr. Hurria’s legacy in mind.

### Integrating Geriatric Assessments

In 2013, Dr. Mohile received a Patient-Centered Outcomes Research Institute (PCORI) award and a National Cancer Institute R01 grant to investigate whether geriatric assessments (GAs), a common toolbox for geriatricians, can improve outcomes for older patients with cancer in the University of Rochester NCI Community Oncology Research Program network. GAs evaluate many factors—including fall risks, cognition, nutrition, and medications—that affect a patient’s overall health. “We’ve found that these assessments help identify older patients who might be at high risk for toxicity when receiving chemotherapy,” Dr. Mohile says. “We’ve also developed online tools to help clinicians use them, and data show they improve outcomes.”<sup>1,2</sup>

Overall, Dr. Mohile says partnering with patient advocates such as Ms. Canin has made amassing such useful data easier. “I owe it to them for the successful completion of our PCORI project—there’s no way we could have done it without our patient partners,” she says. Her team enrolled 541 older adult patients with cancer and 414 caregivers in the study, known as

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the Communicating About Aging and Cancer Health (COACH) clinical trial. Several manuscripts have been published from the baseline data,<sup>3-5</sup> and many of the articles list stakeholders as authors, including one in which the stakeholders describe their experiences working on the COACH trial.<sup>6</sup>

Last year, Dr. Mohile, Dr. Dale, and Dr. Hurria were the lead authors of an ASCO guideline that recommended that oncologists conduct GAs when determining whether to administer chemotherapy in patients aged ≥65 years.<sup>7</sup> Dr. Mohile and Dr. Dale are currently examining how GAs can be further integrated into oncology clinics to improve patient care. “Community oncologists want to do these assessments, but we found that less than 25% were using them,”<sup>8</sup> Dr. Mohile says. “We have to change the practice structure so it’s amenable to doing GAs.”

At home, Dr. Mohile and her husband, Nimish Mohile, MD, a neuro-oncologist at the Wilmot Cancer Institute, have a 13-year-old son and a 10-year-old daughter. Nevertheless, despite her many professional and personal commitments, she manages to squeeze in time for a few wide-ranging hobbies. “I’m a foodie—my husband and I went to the number one restaurant in the world, Mirazur, which is north of Nice, France, for our anniversary,” she says. “I also love Zumba, and I’m addicted to those horrible romance novels. It’s how I unwind.”

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