



Memorial Sloan Kettering
Cancer Center

Cancer and the Aging Body

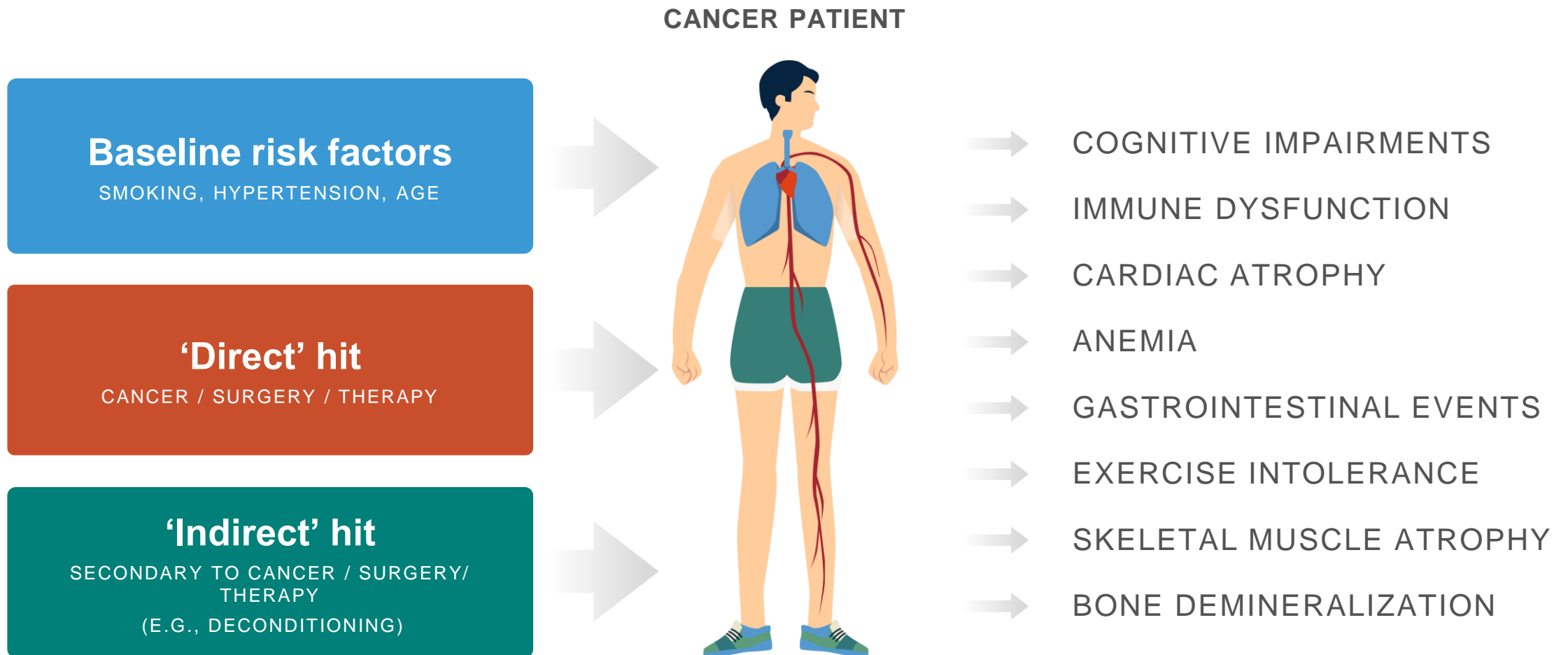
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Twitter: [@cardiac_fitness](https://twitter.com/cardiac_fitness)

No Disclosures

I have no financial relationships to disclose.

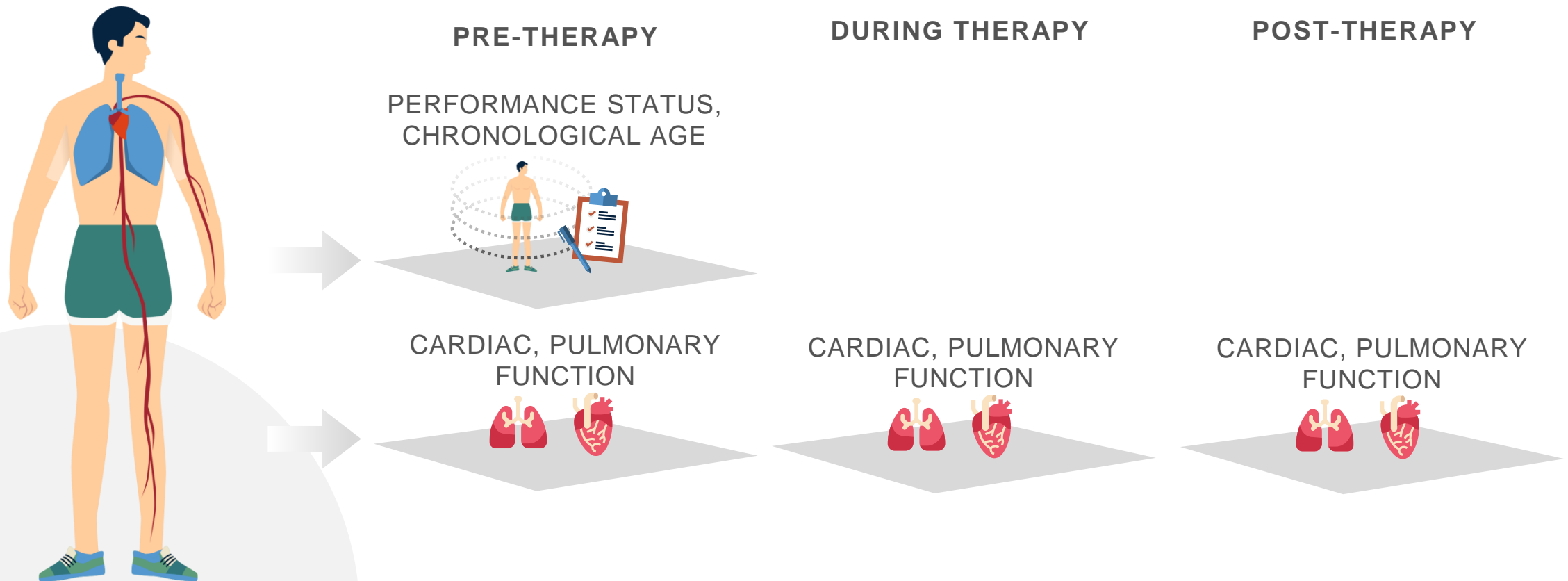
I will not discuss off label use and/or investigational use in my presentation.

Multiple Hit-Induced Multisystem Toxicity



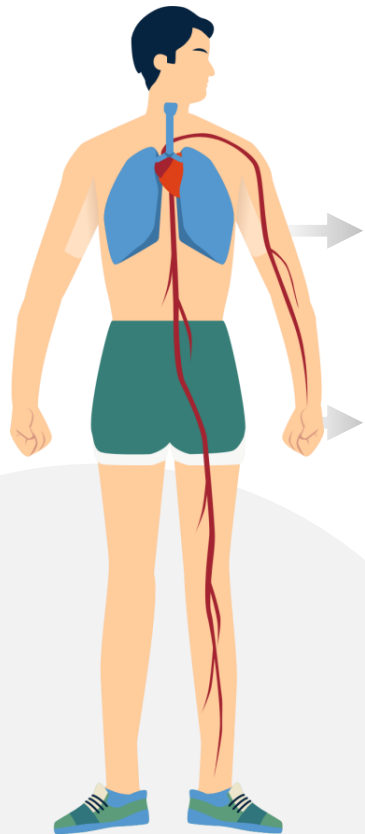
Current Assessments

ASSESSMENT ACROSS THE CANCER CONTINUUM

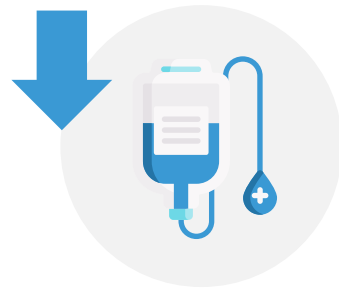


Current Management

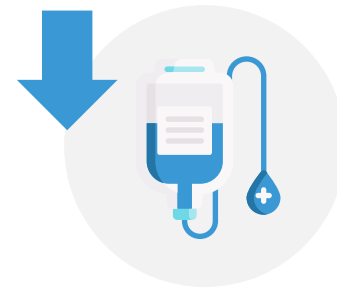
PHARMACOLOGY ACROSS THE CANCER CONTINUUM



PRE-THERAPY



DURING THERAPY

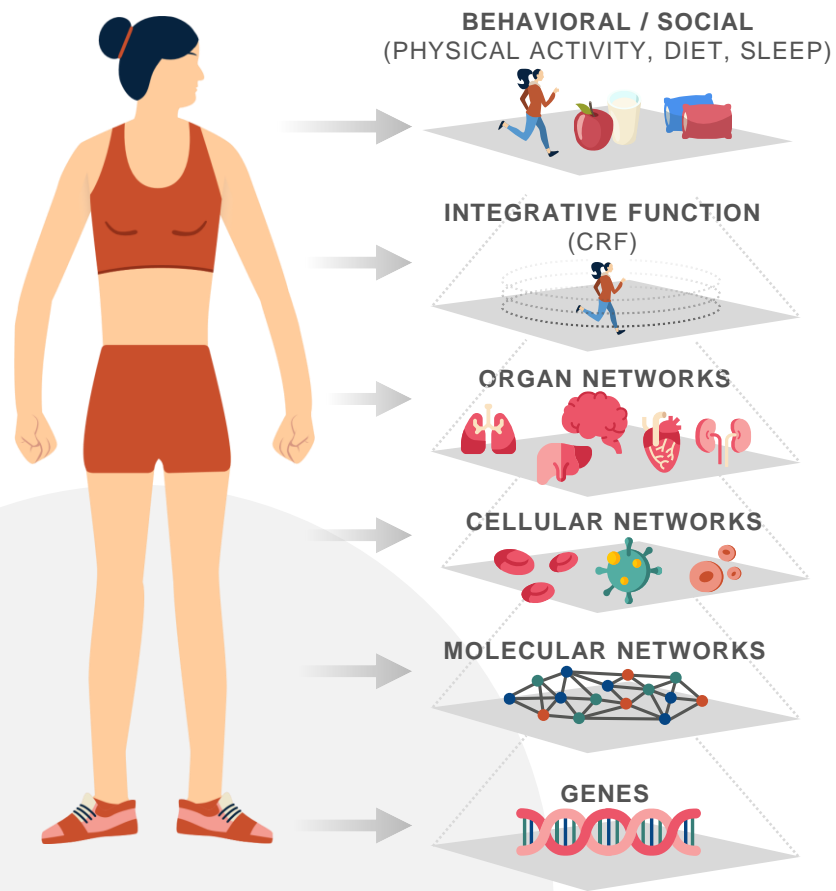


POST-THERAPY



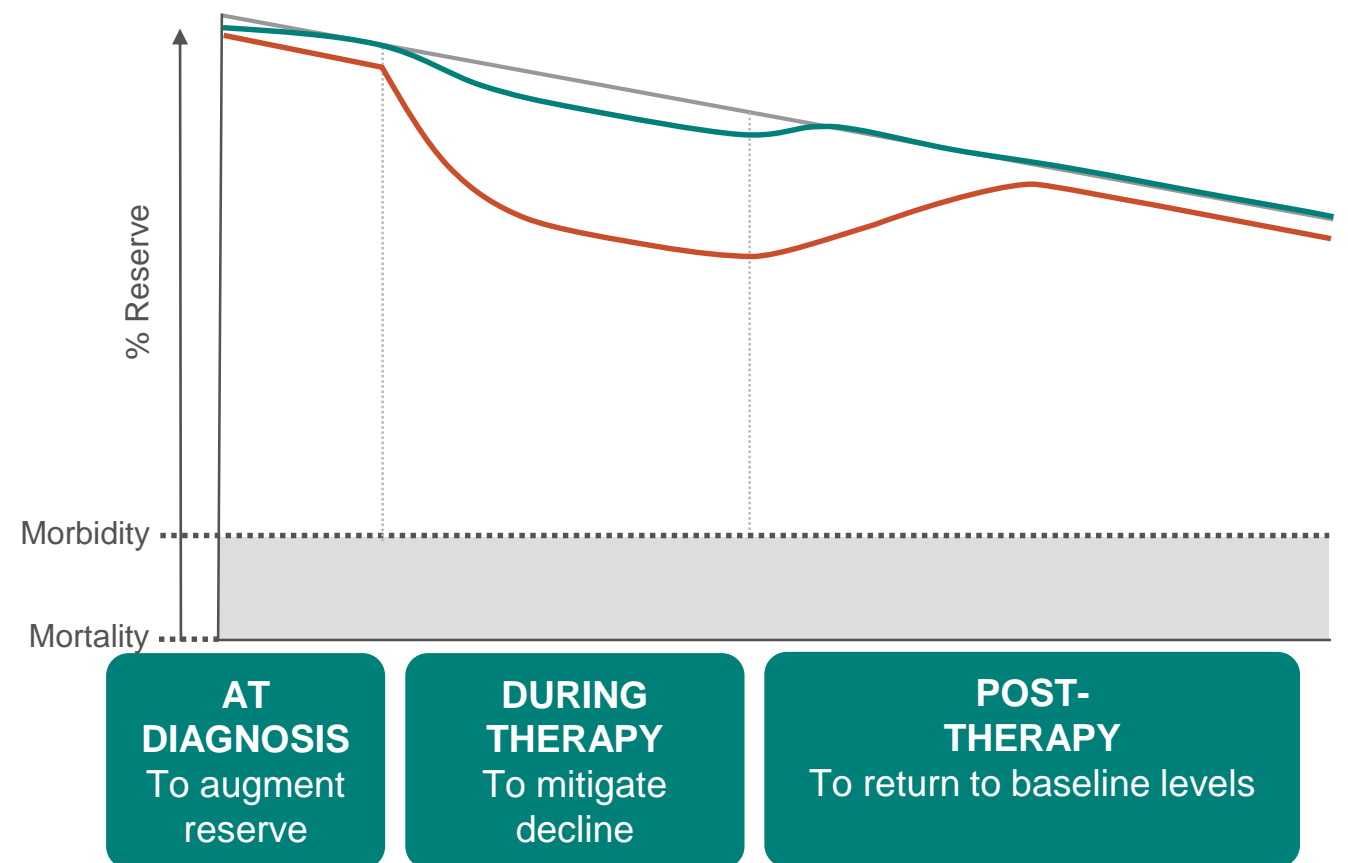
Multisystem Countermeasures Program

PHENOTYPING



SCOTT ET AL. CELL, 2019

INTERVENTIONS ACROSS THE CANCER CONTINUUM



MSK EXERCISE ONCOLOGY SERVICE

— Phenotyping



Integrative: Geriatric Assessment

VOLUME 25 · NUMBER 14 · MAY 10 2007

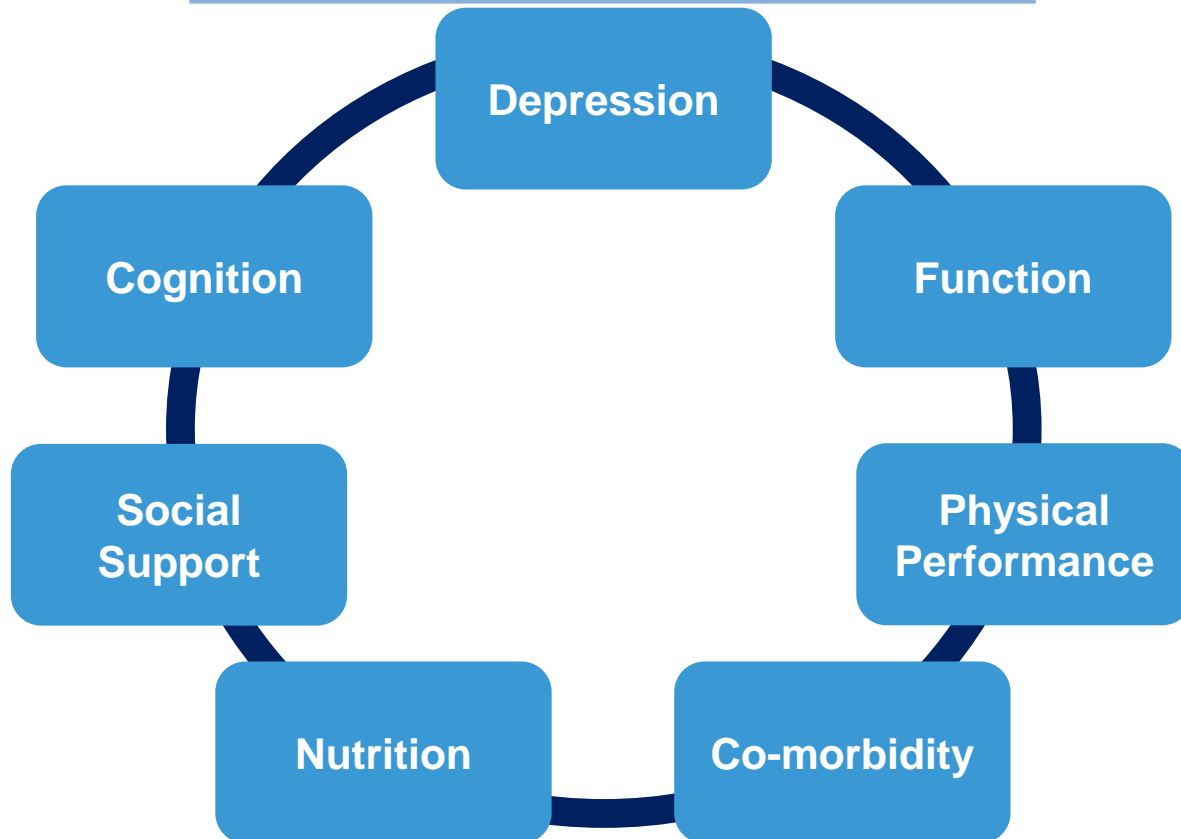
JOURNAL OF CLINICAL ONCOLOGY

REVIEW ARTICLE

A Practical Approach to Geriatric Assessment in Oncology

Miriam B. Rodin and Supriya G. Mohile

WHAT IS GERIATRIC ASSESSMENT?



FEASIBILITY

HURRIA ET AL. J CLIN ONCOL, 2011

PROGNOSTICATION

HURRIA ET AL. J CLIN ONCOL, 2011
EXTERMANN ET AL. CANCER, 2012

GA-GUIDED CLINICAL CARE

HURRIA ET AL. J CLIN ONCOL, 2016
CORRE ET AL. J CLIN ONCOL, 2016

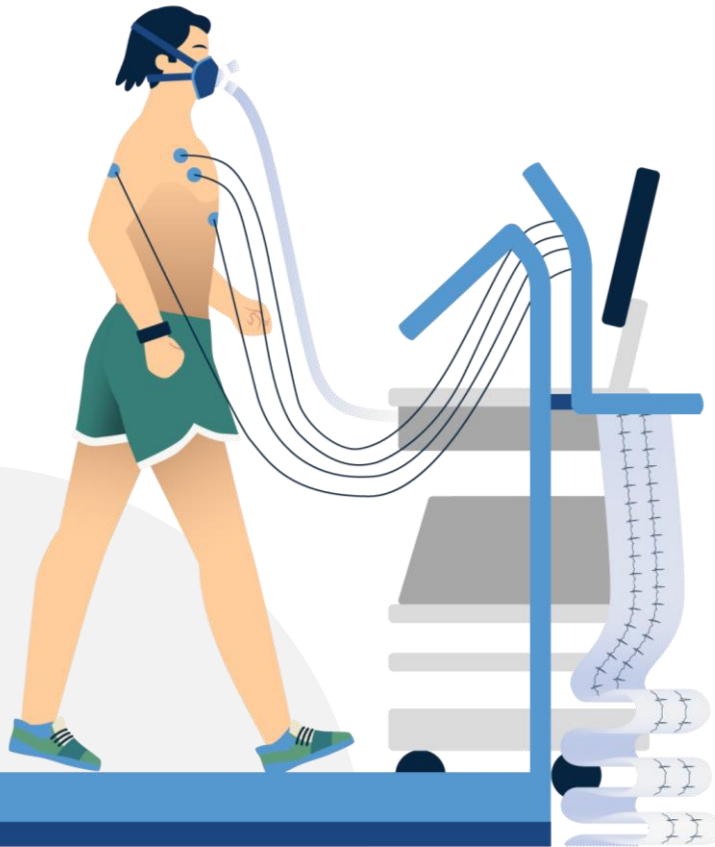
GA-GUIDED INTERVENTIONS

NADARAJA ET AL. J GERIATR ONCOL, 2020
DERMAN ET AL. J GERIATR ONCOL, 2021
LI ET AL. JAMA ONC, 2021

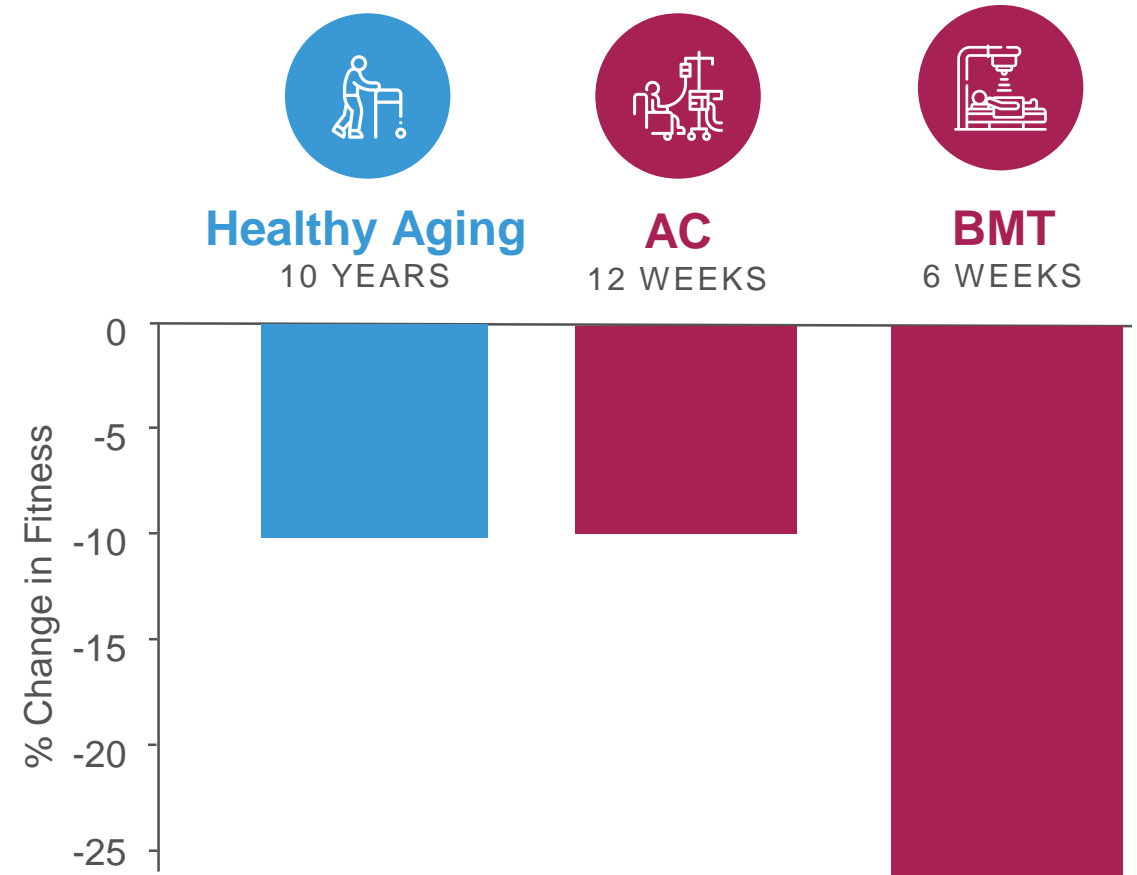
Integrative Physiological Function: Cardiorespiratory Fitness

Cardiopulmonary Exercise Test (CPET)

- Symptom limited cardiopulmonary exercise test
- Cardiorespiratory fitness ($\text{VO}_{2\text{peak}} - \text{mL}\cdot\text{kg}^{-1}\cdot\text{min}^{-1}$)



Therapy-induced accelerated physiological aging

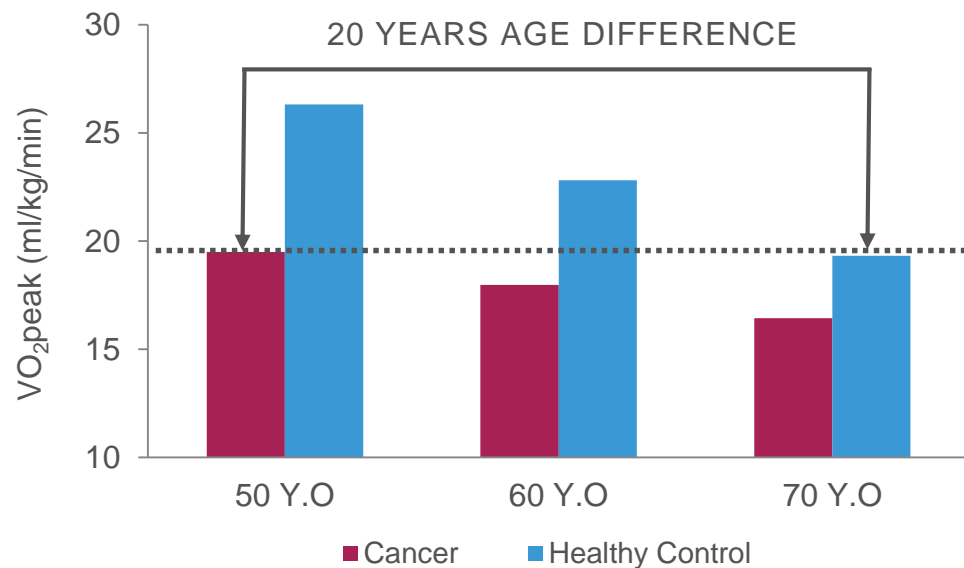


Integrative Physiological Function: Cardiorespiratory Fitness

STUDY #1:

Persistent Impairment

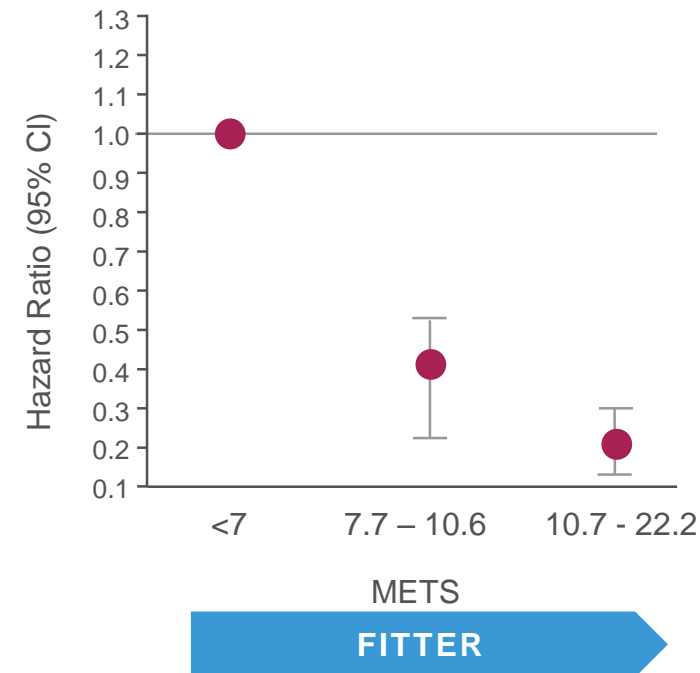
- Breast cancer (n=140)
- Healthy age-matched (n=107)
- 3 years post-therapy



STUDY #2:

Prognostic Importance

- Various Cancers (n=1,632)
- 5-year follow-up



JONES ET AL. J CLIN ONCOL, 2012

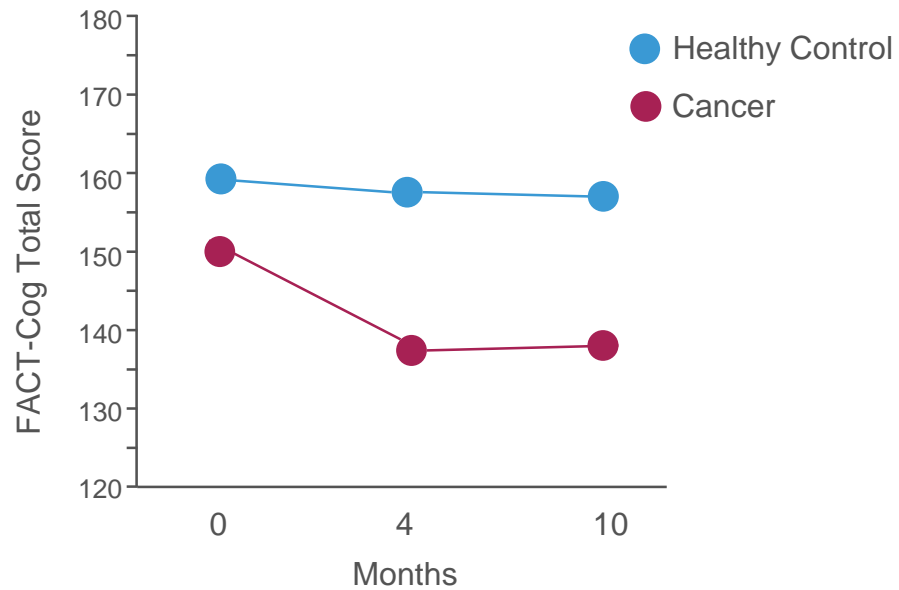
GROARKE ET AL. EUR HEART J QUAL CARE CLIN OUTCOMES, 2020

Organ-Level Assessments

STUDY #1:

Cognitive Function

- Lymphoma (n=248)
- Healthy age-matched (n=212)
- Pre chemotherapy; at chemotherapy completion; 6 mo post chemotherapy

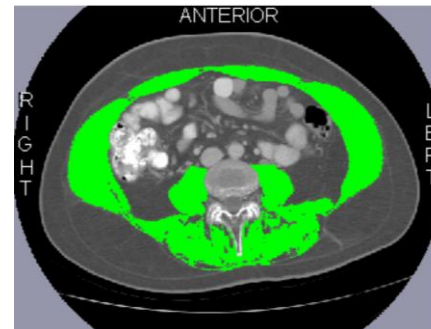


STUDY #2:

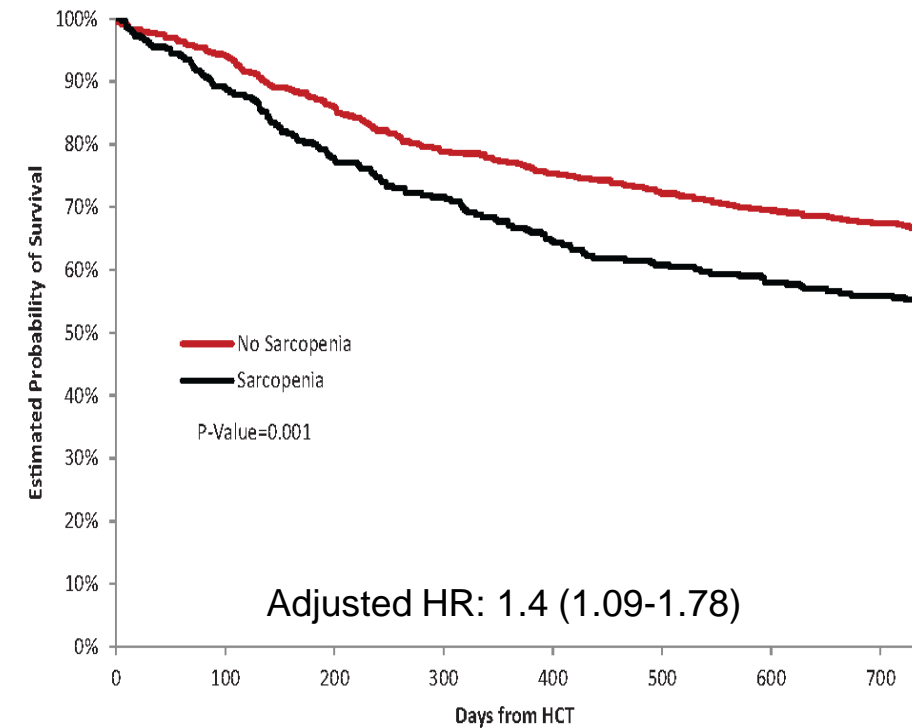
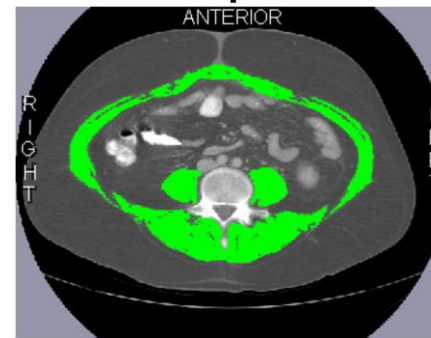
Pre-HCT Muscle

- Leukemia / MDS (n=859)
- 2-year follow-up

Non-Sarcopenic



Sarcopenic

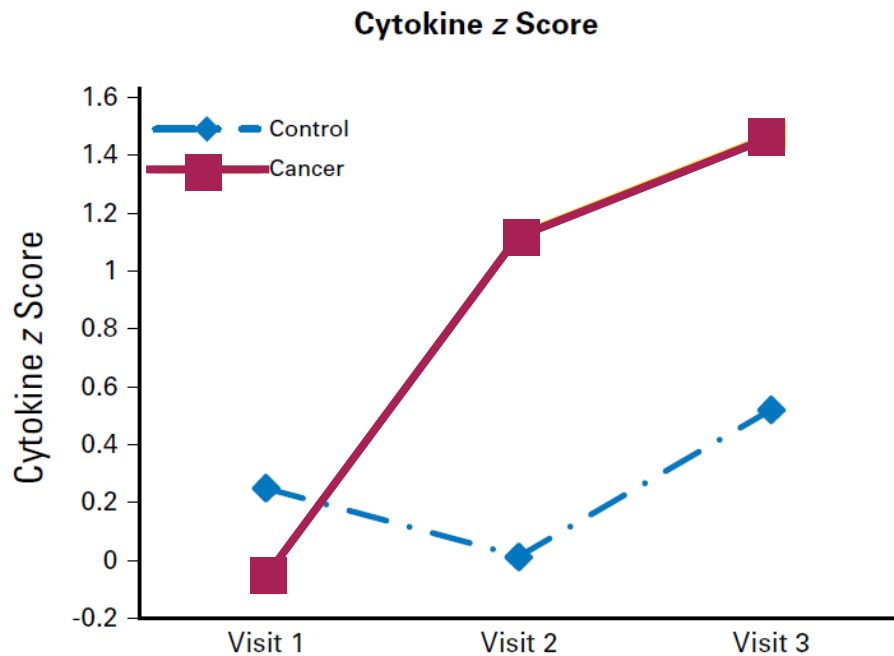


Blood-Based Biomarkers

STUDY #1:

Inflammatory Markers

- Breast cancer (n=248)
- Healthy age-matched (n=106)
- Pre chemotherapy; 6 mo post chemotherapy; 18 mo post chemotherapy

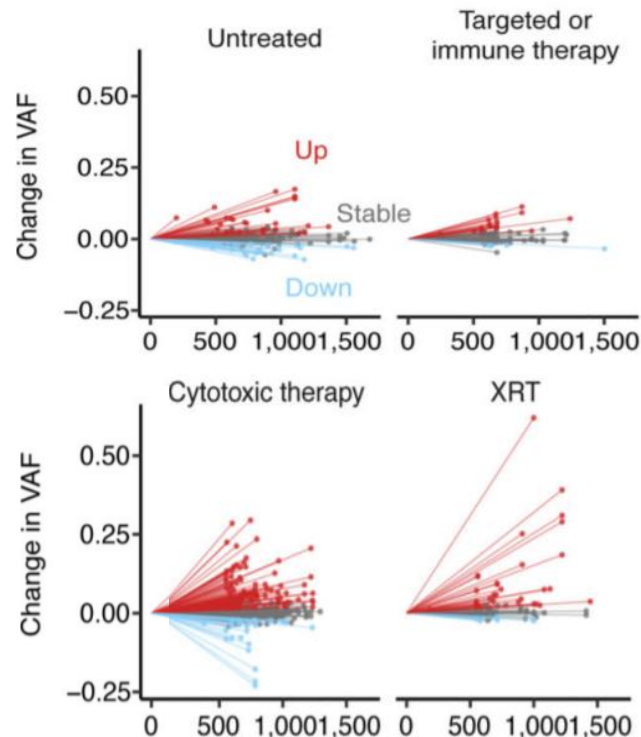


ALFANO ET AL. J CLIN ONCOL, 2017
 BOLTON ET AL. NAT GENET, 2020
 GIBSON ET AL. J CLIN ONCOL, 2017

STUDY #2:

Clonal Hematopoiesis

- Adult cancers (n=10,138)
- Cancer therapy exposed (n=5,978)
- Cancer therapy naïve (n=4,160)

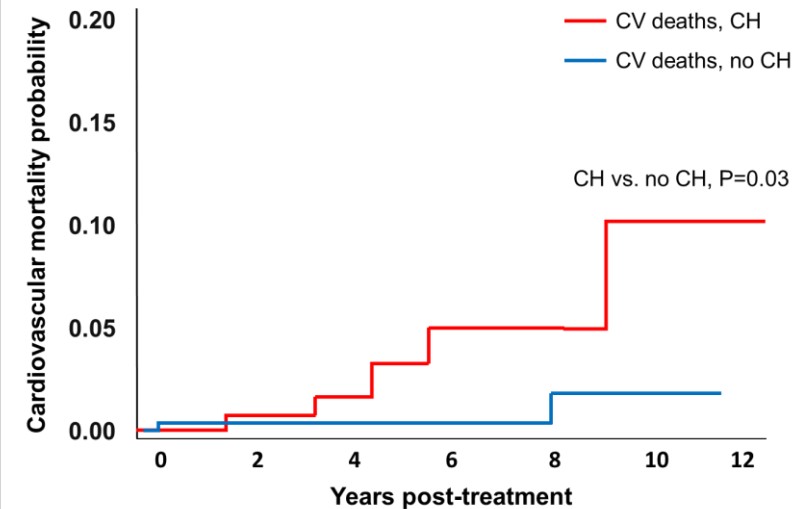


MSK EXERCISE ONCOLOGY SERVICE

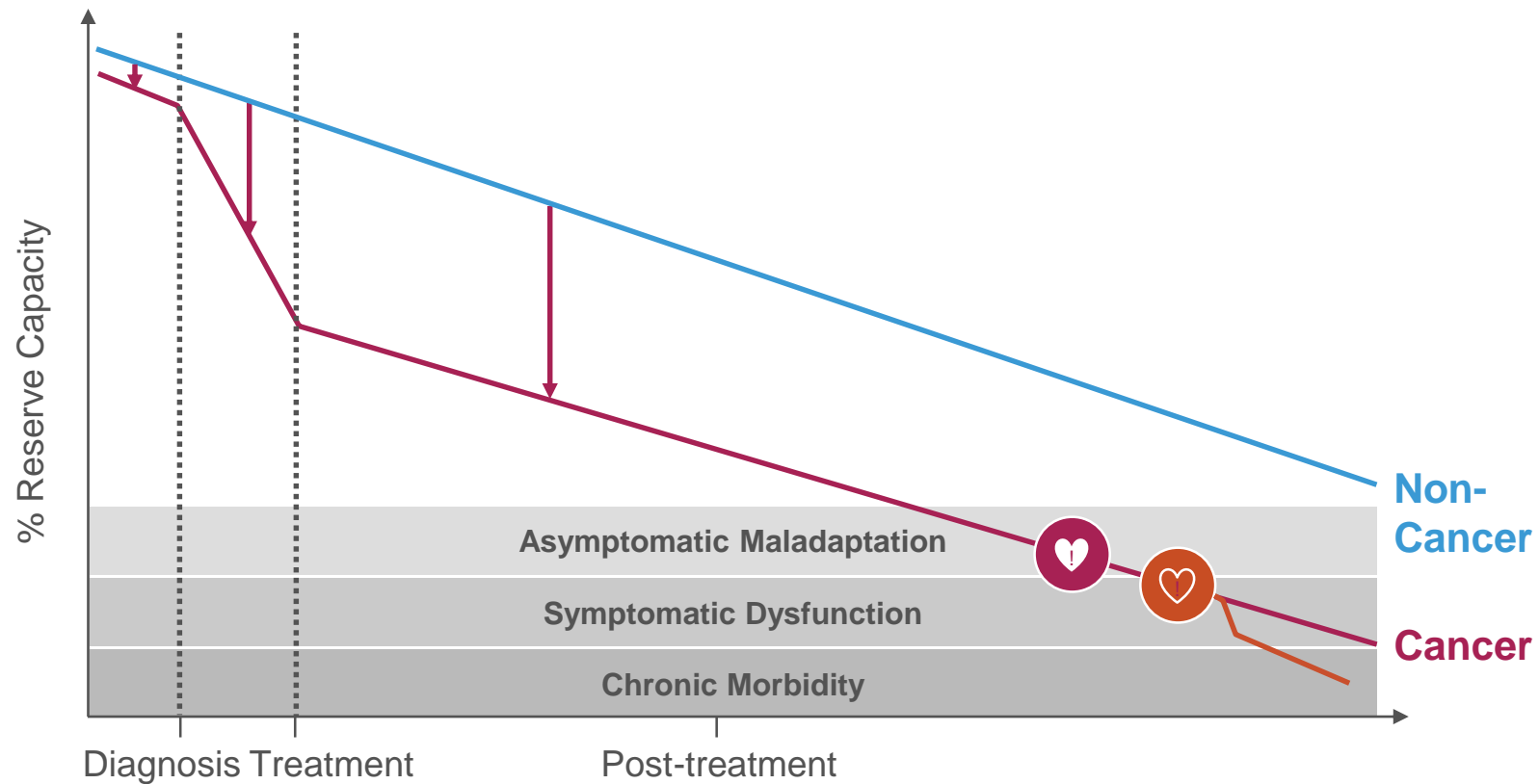
STUDY #3:

Clonal Hematopoiesis

- Non-Hodgkin lymphoma (n=401)
- With CH (n=120)
- Non-CH (n=281)



Summary: Aging Across the Cancer Continuum



Pre Treatment

~17% lower

During Treatment

↓ 10%-20%

Acute Post Treatment

~30% lower

Chronic Post Treatment

↑ 20%-50%
IN EVENTS

High Risk at Diagnosis

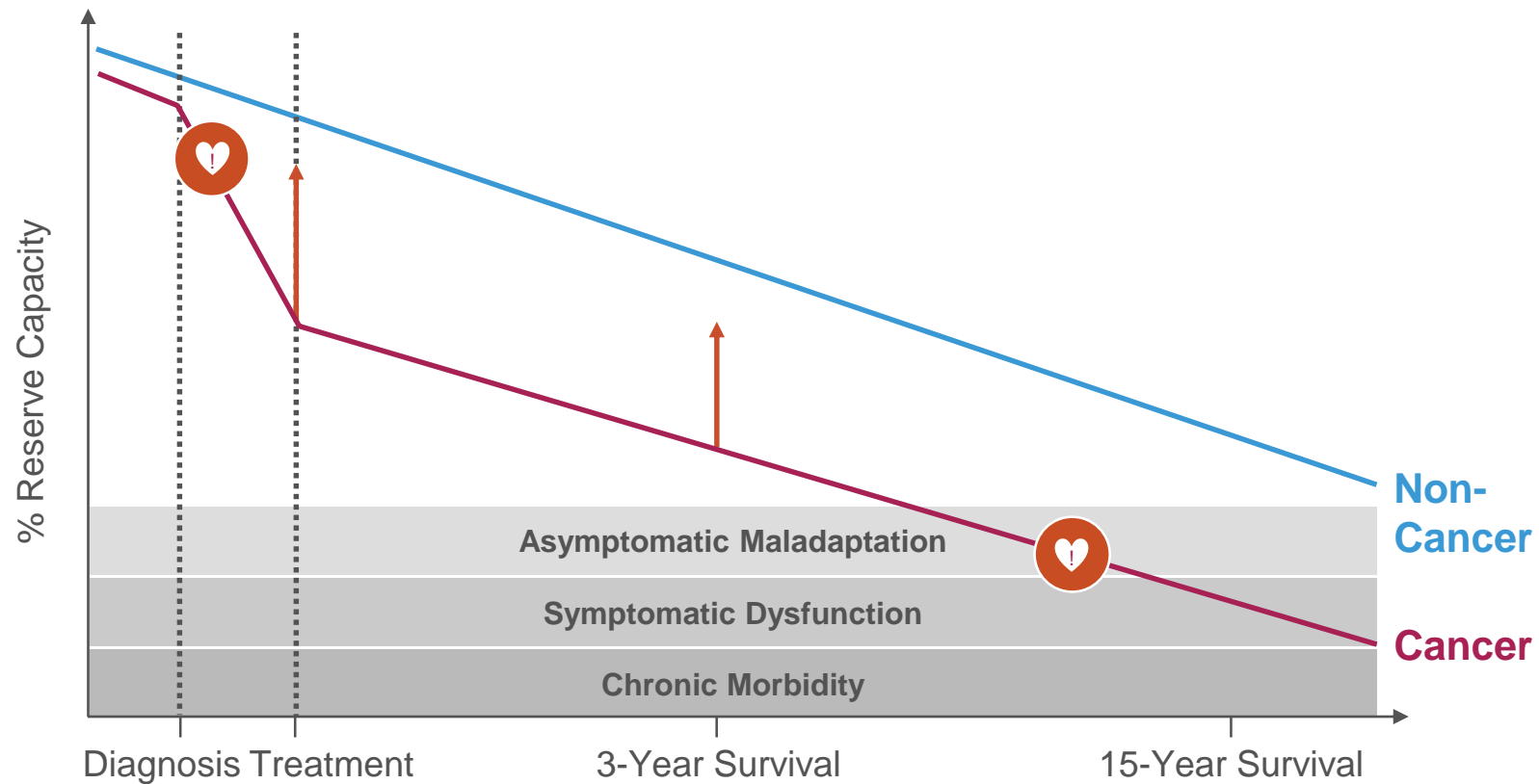
↓ Reserve

—

Interventions



Exercise Training Across the Cancer Continuum



Pre Surgical

↓ **~40%**
POST-OP EVENTS RISK

During Treatment

↑ **5%-10%**
VO2 PEAK

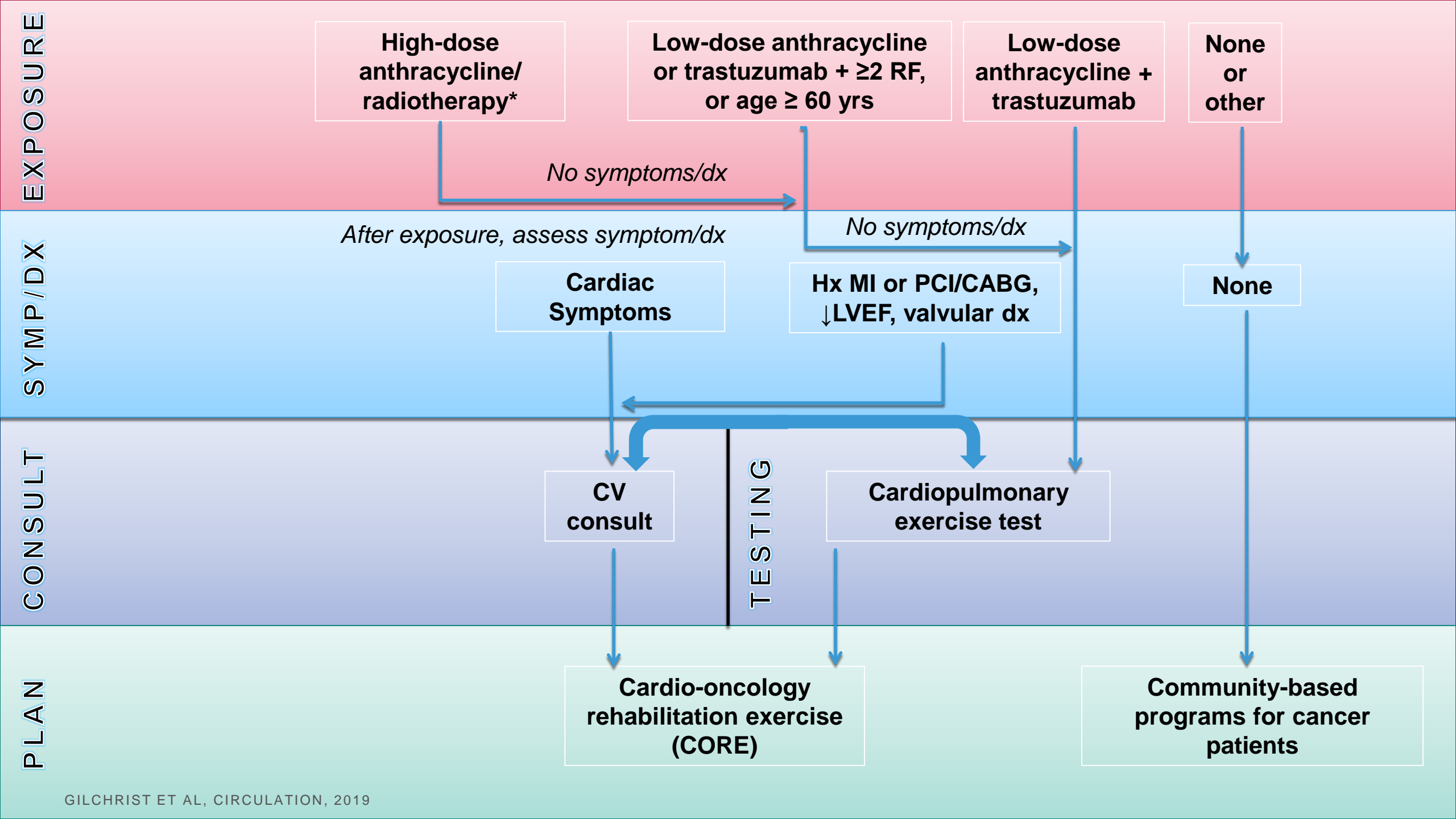
Acute Post Treatment

↑ **10%-20%**
VO2 PEAK

Chronic Post Treatment

↓ **20%-40%**
CVD EVENTS RISK

SCOTT ET AL. JAMA ONCOL, 2018
SCOTT ET AL., J CLIN ONCOL. 2018



Randomized Exercise Trial in Chronologically Older Breast Cancer Survivors

Stretching vs. Resistance and Aerobic Exercise

- n=114 breast cancer survivors
- >2 years post-therapy
- Mean age: 71 years (64-87 years)

Randomized to 12 months supervised + 6 months unsupervised of:

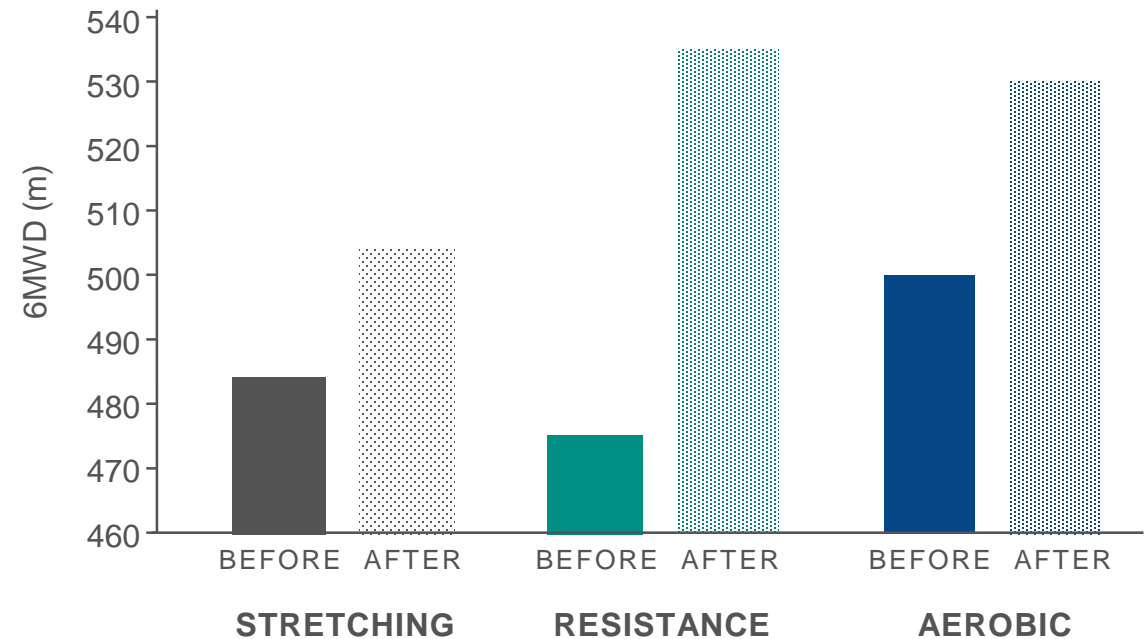
STRETCHING CONTROL (N=38)

RESISTANCE EXERCISE (N=39)

AEROBIC EXERCISE (N=37)



Study results



Randomized Exercise Trial in Phenotypically Older Breast Cancer Survivors

Stretching vs. Linear and Non-Linear Aerobic Exercise

- n=174 breast cancer survivors
- 1-5 years post-therapy
- Mean chronological age: 58 years
- Mean physiological age: 73 years

Randomized to 16 weeks of:

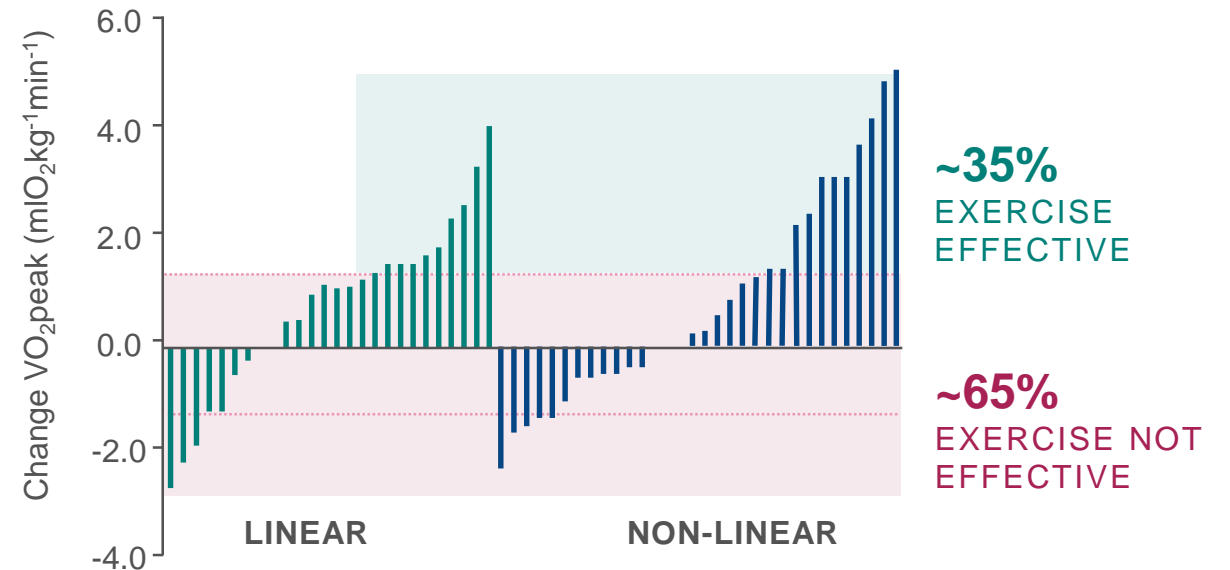
STRETCHING CONTROL (N=57)

LINEAR EXERCISE (N=58)

NON-LINEAR EXERCISE (N=59)



Individual Patient Response



Randomized Exercise Trial in Older Lung Cancer Survivors

Stretching vs. Aerobic, Resistance, and Combined Exercise

- n=90 lung cancer survivors
- 1-10 years post-therapy
- Mean chronological age: 65 years
- Mean physiological age: >80 years

Randomized to 16 weeks of:

STRETCHING CONTROL (N=23)

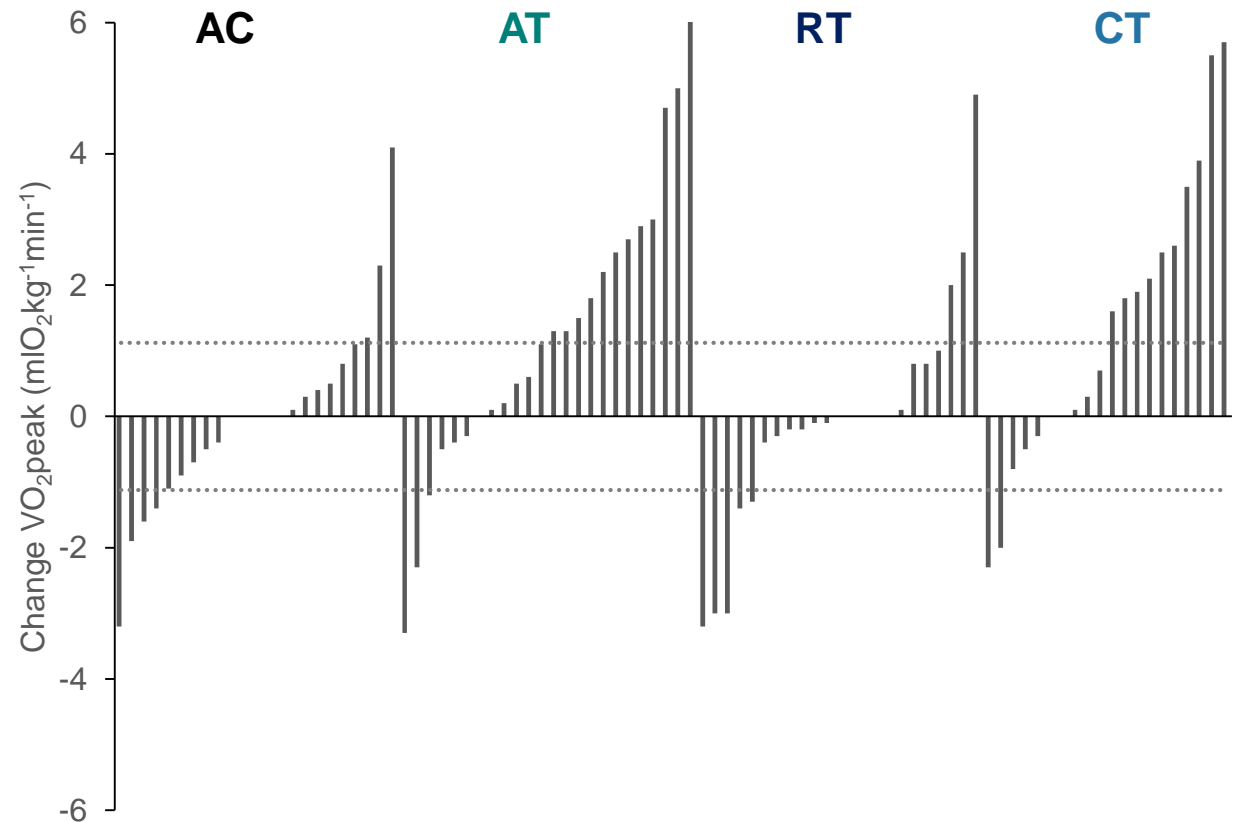
AEROBIC EXERCISE (N=24)

RESISTANCE EXERCISE (N=23)

COMBINED EXERCISE (N=20)



Individual Patient Response

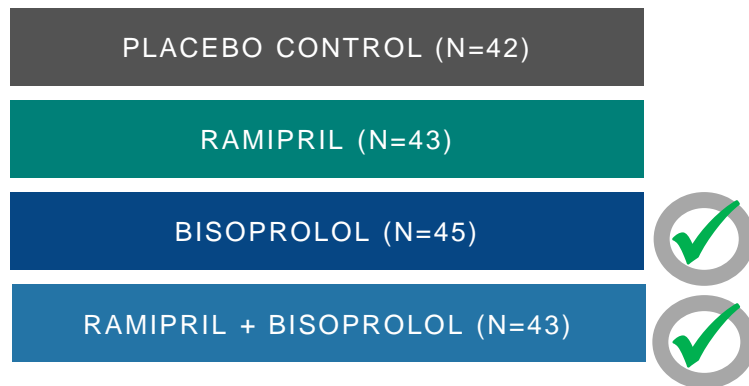


Randomized Pharmacological Cardioprevention Trial in Breast Cancer

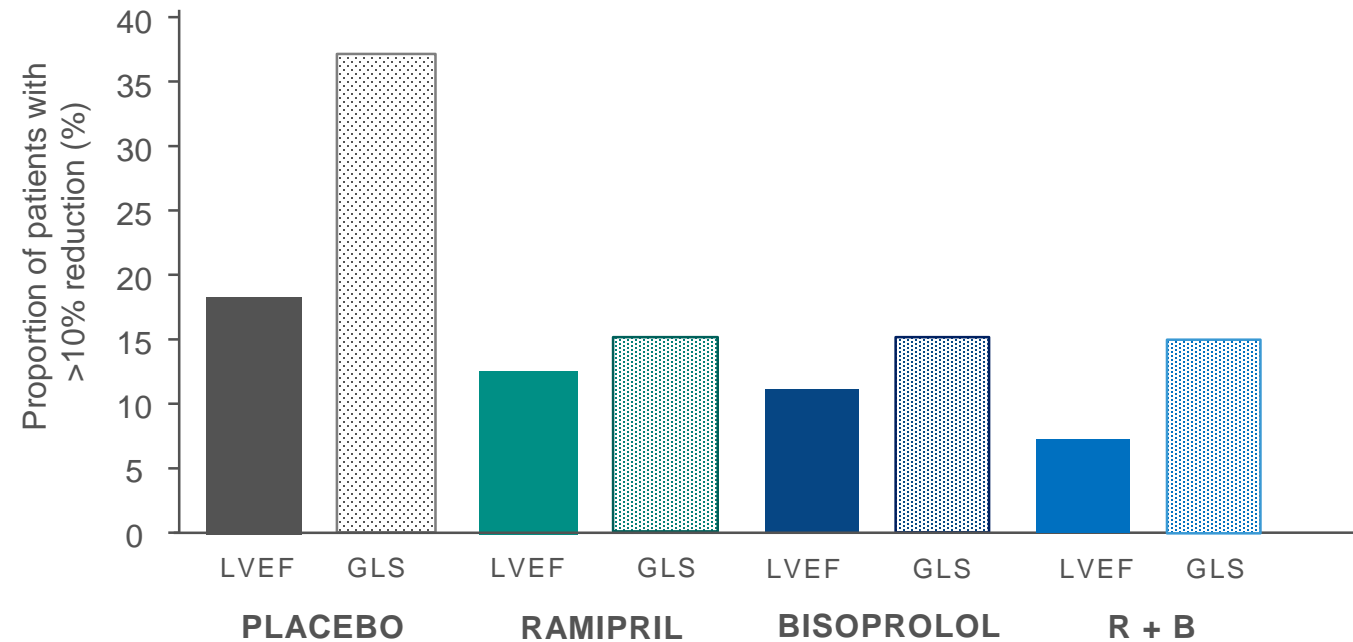
Placebo versus ramipril, bisoprolol, or ramipril plus bisoprolol

- n=174 breast cancer patients
- Initiating anthracyclines +/- trastuzumab
- Mean chronological age: 48 years

Randomized to 1 year of:



Study results



Phase I Senolytics Trial in Diabetic Kidney Disease

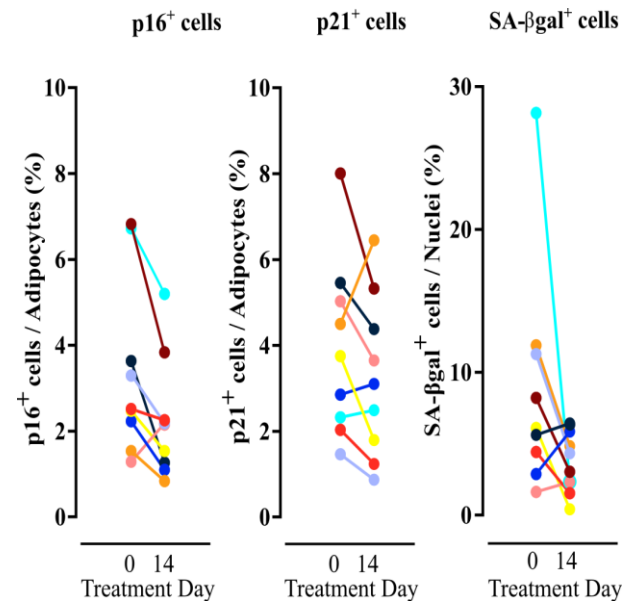
Dasatinib and Quercetin (D + Q)

- n=9 diabetic kidney disease
- Mean chronological age: 68 years

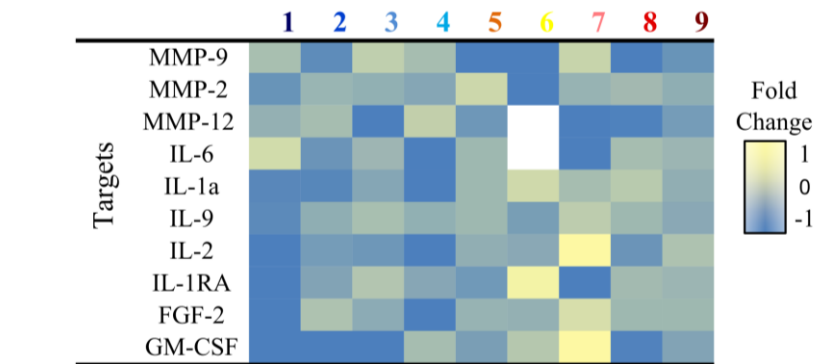
3 days of oral D 100 mg + Q 1000 mg

Adipose tissue, skin biopsies, and blood collected before and 11 days post-treatment

Individual Patient Response



SIGNIFICANT REDUCTION IN ABDOMINAL SUBCUTANEOUS ADIPOSE TISSUE SENESCENT CELLS



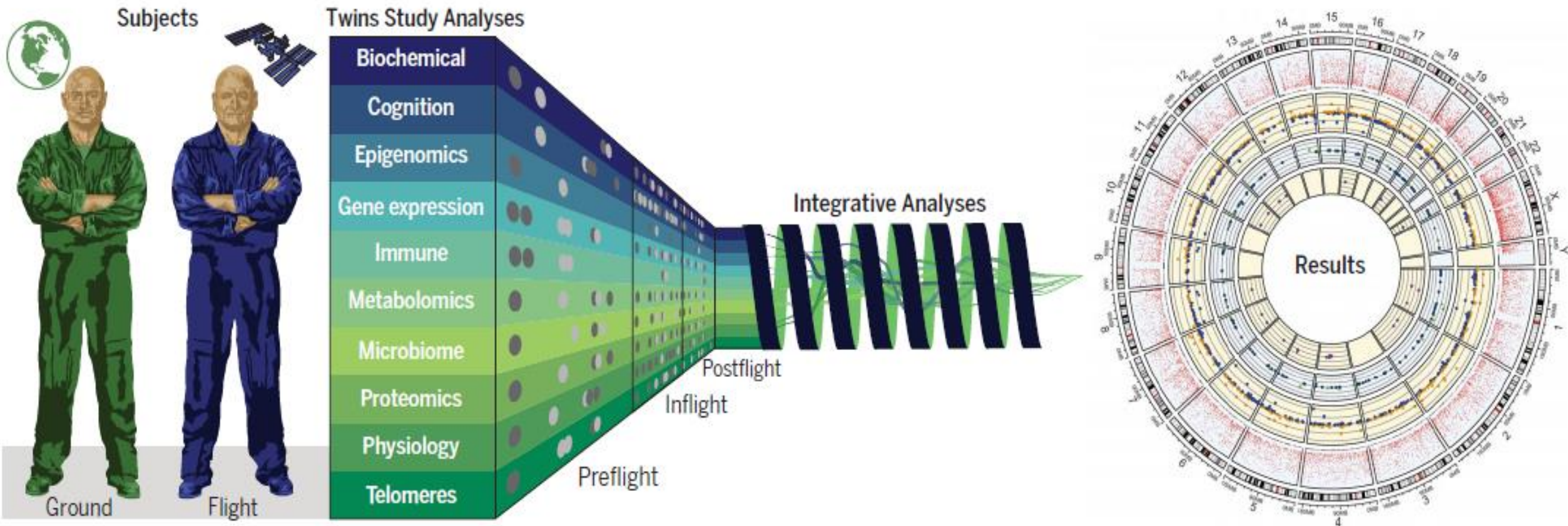
SIGNIFICANT REDUCTION IN PLASMA SASP FACTORS

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Future Directions



Spaceflight: Dense and Dynamic Phenotyping



Multidimensional, longitudinal assays of the NASA Twins Study. (Left and middle) Genetically identical twin subjects (ground and flight) were characterized across 10 generalized biomedical modalities before (preflight), during (inflight), and after flight (postflight) for a total of 25 months (circles indicate time points at which data were collected). (Right) Data were integrated to guide biomedical metrics across various “-omes” for future missions (concentric circles indicate, from inner to outer, cytokines, proteome, transcriptome, and methylome).

Targeted Intervention Strategies to Optimize Response

Data Driven Approaches

INPUT

DATA INTEGRATION / RISK STRATIFICATION

OUTPUT: INTERVENTIONS

BEHAVIORAL / SOCIAL
(PHYSICAL ACTIVITY, DIET, SLEEP)



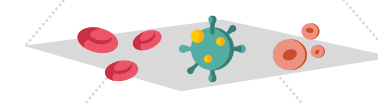
INTEGRATIVE FUNCTION
(CRF)



ORGAN NETWORKS



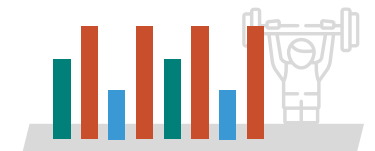
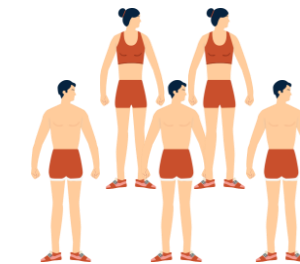
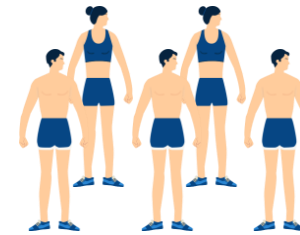
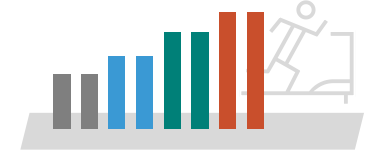
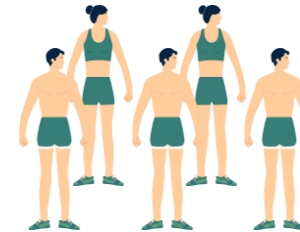
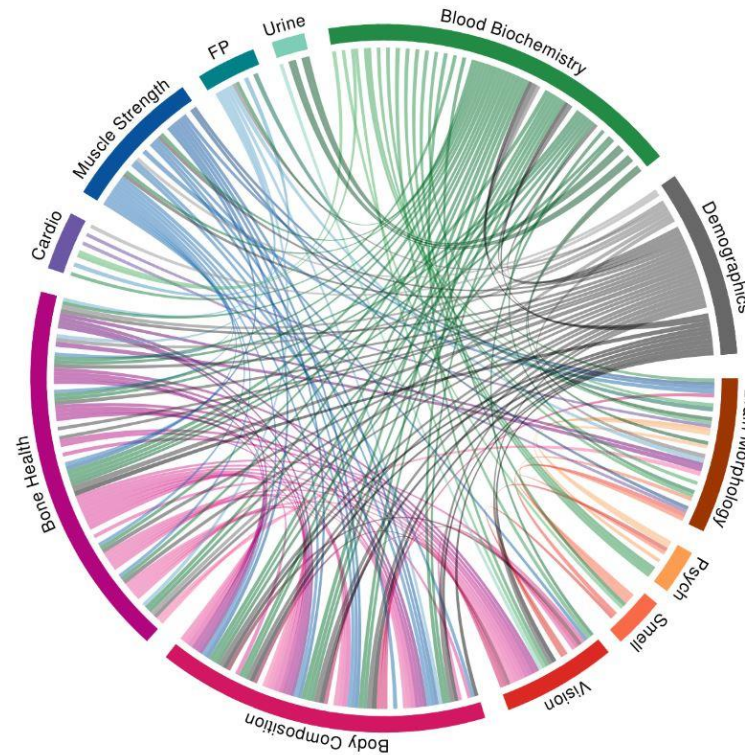
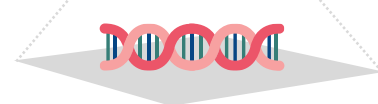
CELLULAR NETWORKS



MOLECULAR NETWORKS

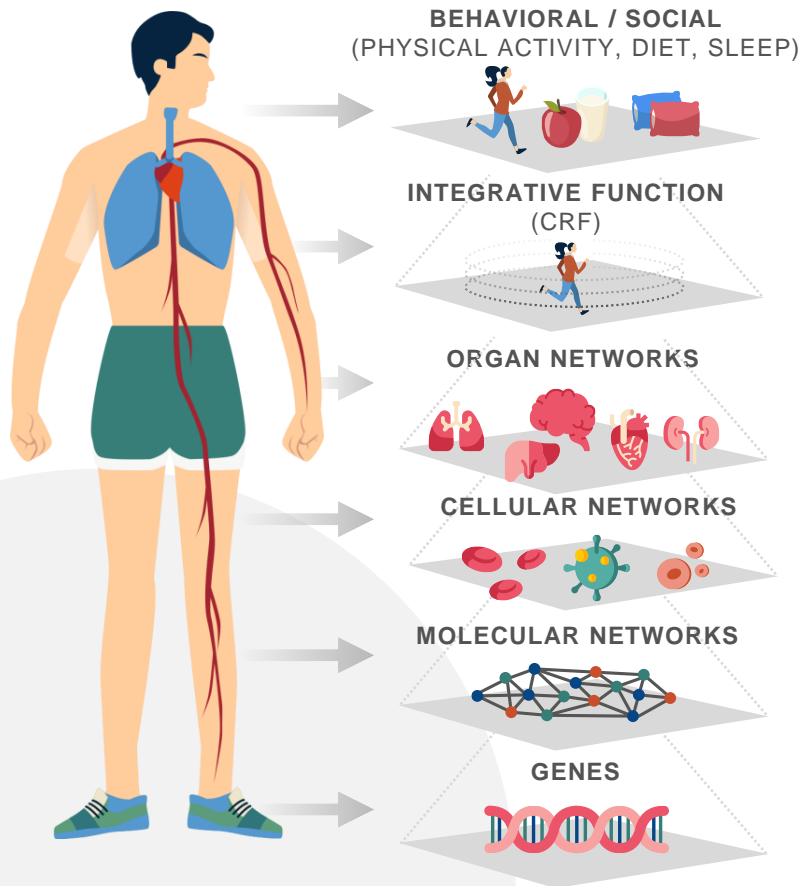


GENES



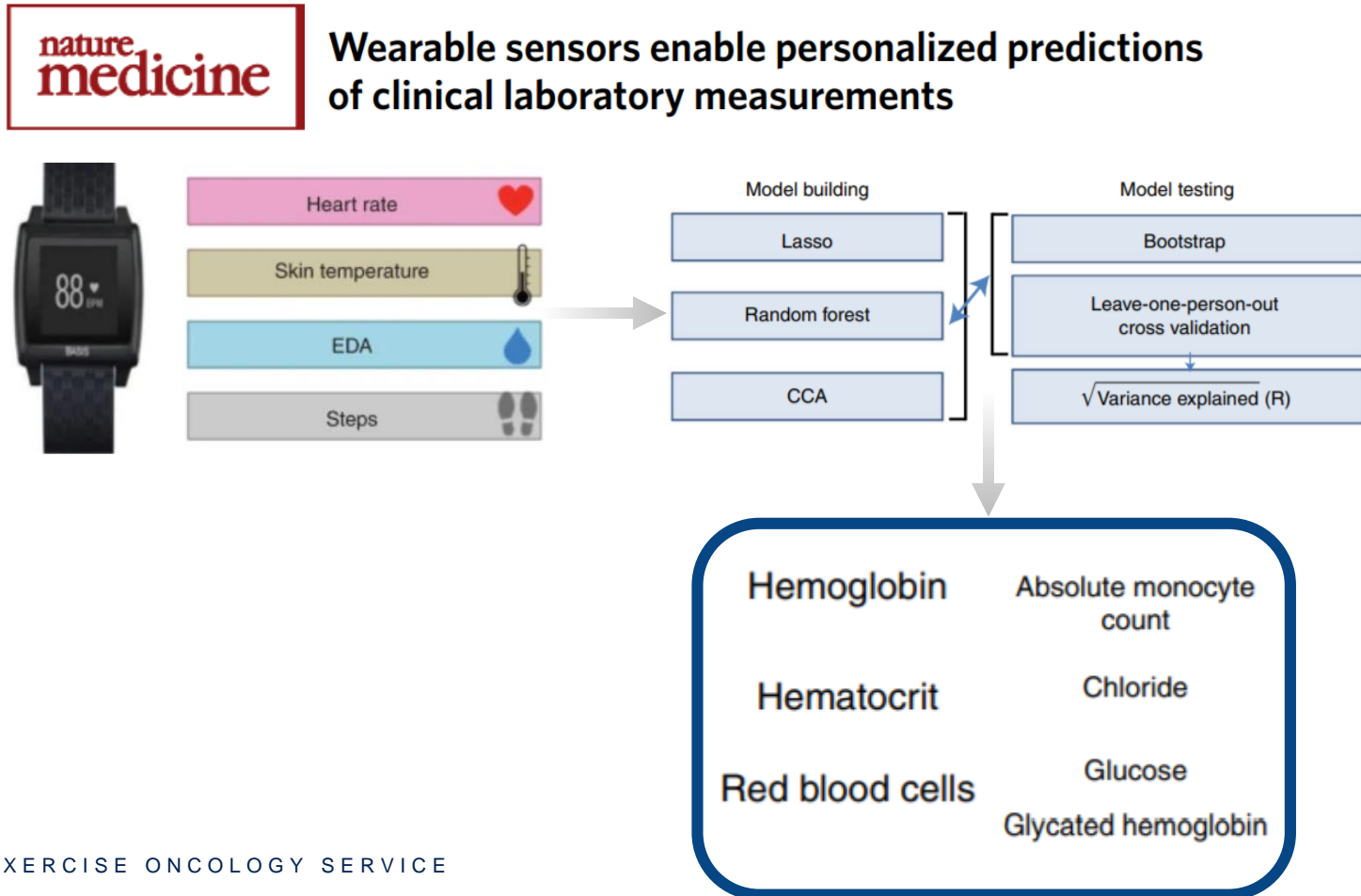
Digital Phenotyping

CURRENT PHENOTYPING: CENTER-BASED



SCOTT ET AL. J CLIN ONCOL, 2020
DUNN ET AL. NAT. MED, 2021

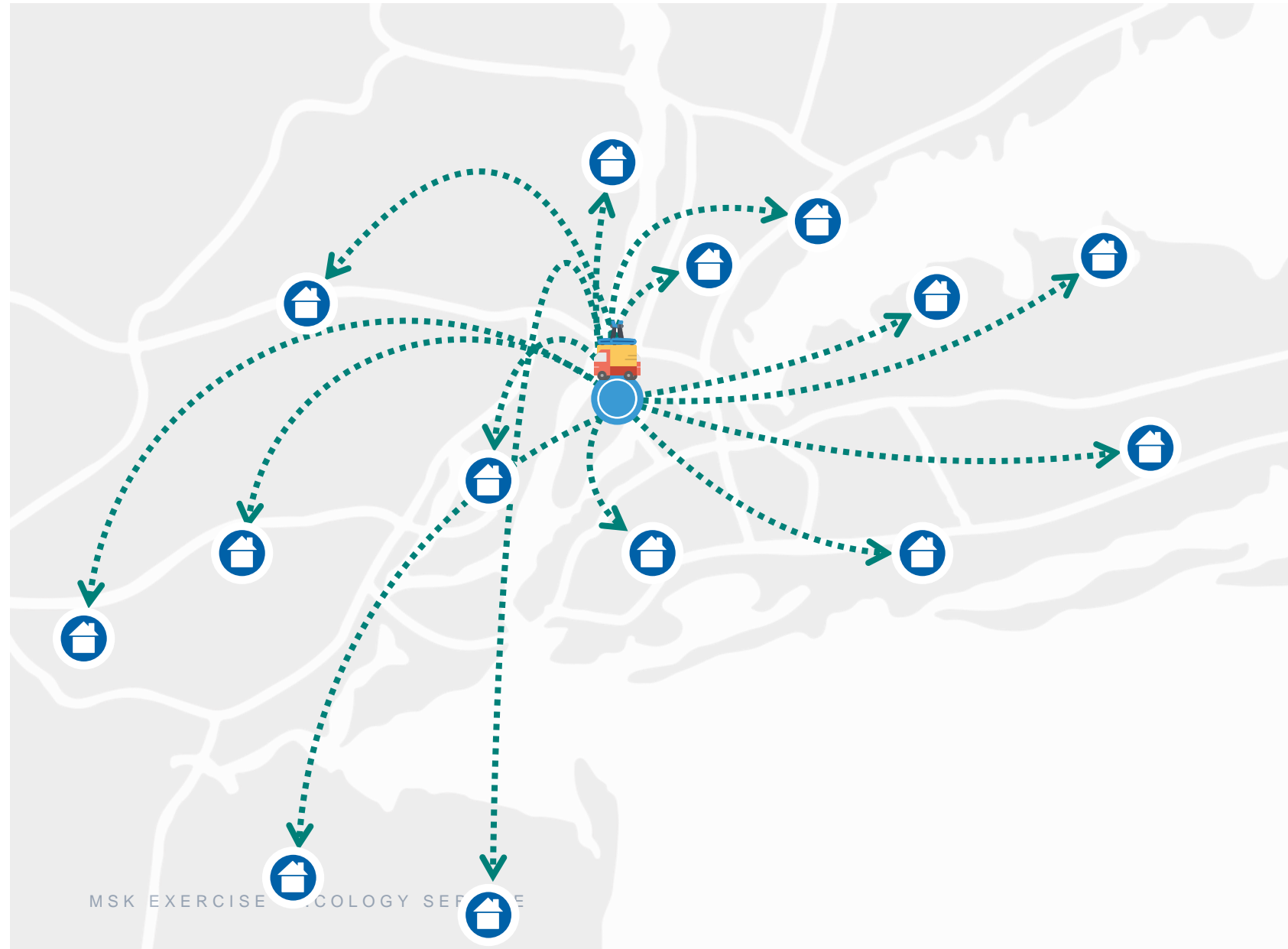
NEXT FRONTIER: DIGITAL DYNAMIC PHENOTYPING



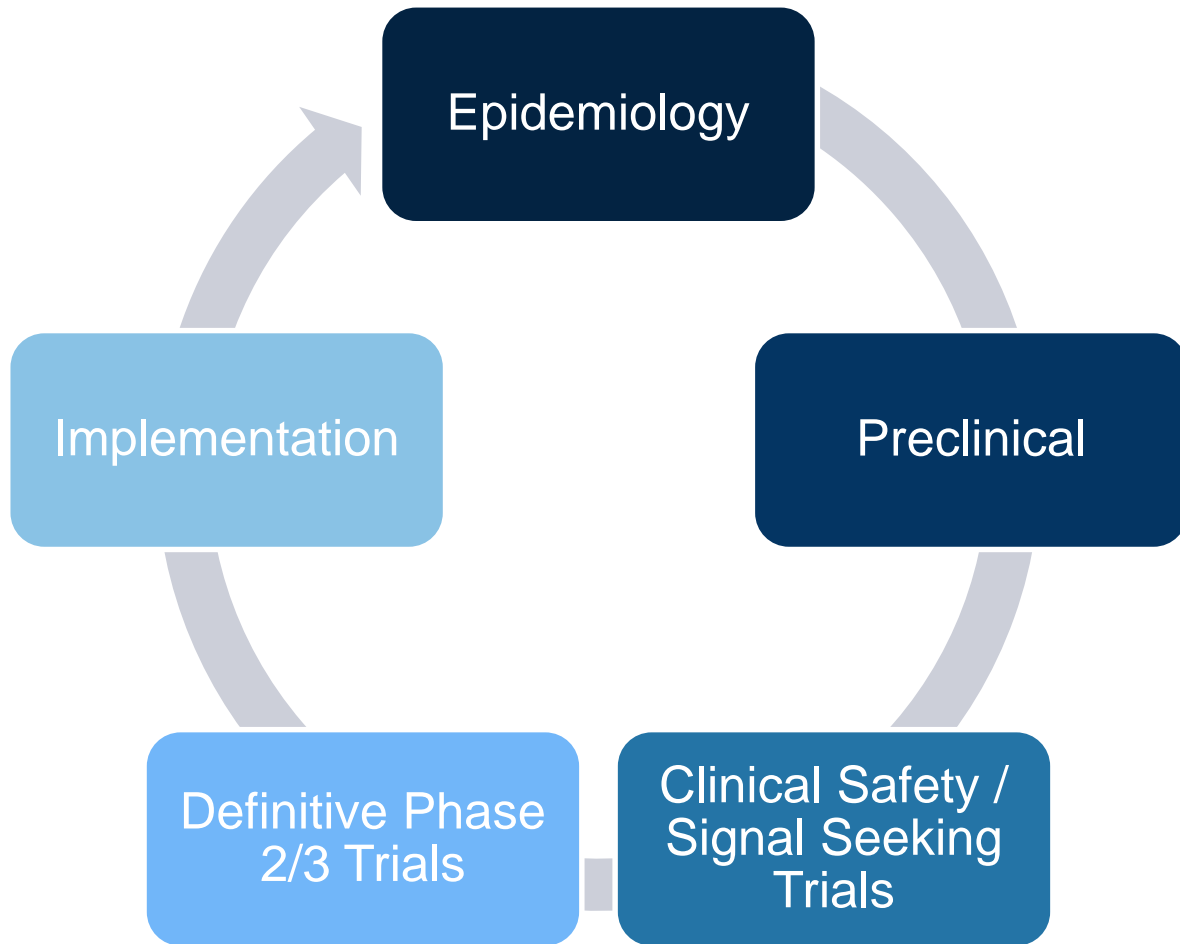
MSK EXERCISE ONCOLOGY SERVICE

Digital Interventions

TELE-EX SOLUTION

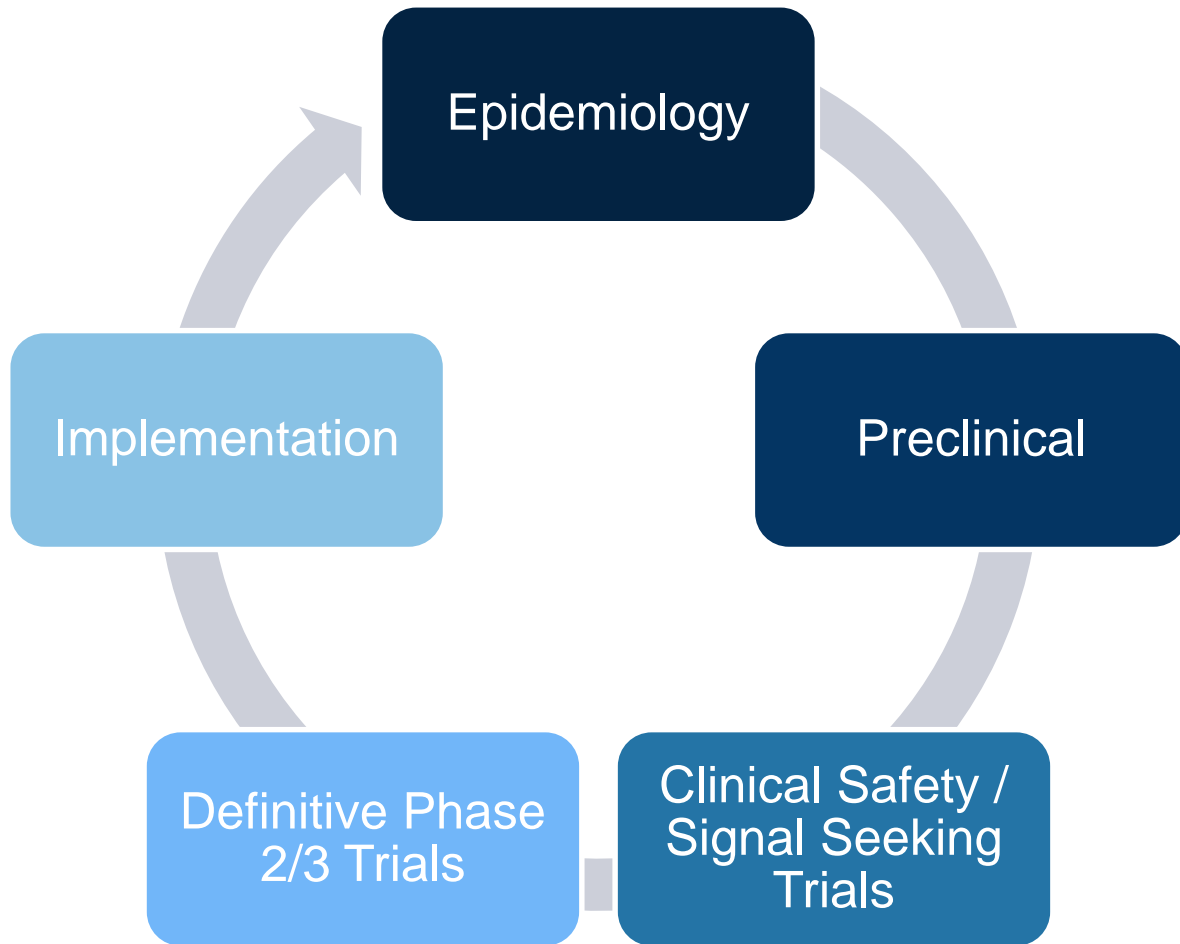


Knowledge Gaps



- EPIDEMIOLOGY**
 - Prognostic importance of biomarkers
 - Risk stratification using dense and dynamic phenotyping
- PRECLINICAL**
 - Mechanisms of multi-disease across the lifespan
 - Intervention effects in appropriate models
- CLINICAL SAFETY / SIGNAL SEEKING**
 - Phenotype-guided clinical care / interventions
 - Individual patient responses
- DEFINITIVE PHASE 2/3**
 - Effects of interventions on hard endpoints
 - Multi-site trials
- IMPLEMENTATION**
 - Patient / Clinician uptake
 - Cost

Research Opportunities



- EPIDEMIOLOGY**
 - Leverage existing sources (CCSS, CRDC) for 'systems' epidemiology
- PRECLINICAL**
 - In vitro and in vivo models based on human data
 - iPSC, organoids for modeling and interventions
- CLINICAL SAFETY / FEASIBILITY**
 - Sequential multiple assignment randomized trials (SMART)
- DEFINITIVE PHASE 2/3**
 - Leverage clinical trials networks
 - Digitized trials with centralized cores
- IMPLEMENTATION**
 - Multiphase optimization strategy (MOST)

Research Gaps

Leverage ongoing trials

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)

PAR-21-055:

- Time-sensitive mechanistic ancillary studies to ongoing clinical projects
- Identify novel targets for diagnosis, treatment, and prevention of disease
- Collaboration between basic and clinical investigators
- Collaborations in which a senior investigator from the parent study supports a junior investigator to serve as PI on an ancillary study are encouraged

1

Standard measures



Optimized, minimal set of core measures:

- Costs of standard measures covered
- Single data repository

2

Cross-cutting programs

MoTrPAC

The Molecular Transducers of Physical Activity Consortium



3

Acknowledgments



MSK Exercise Oncology Team

COLLABORATORS

- **MSK:** Lee Jones, Neil Iyengar, Anthony Yu, Chaya Moskowitz, Richard Do, Helena Furberg-Barnes
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- **Queens University:** Amber Simpson
- **University of British Columbia:** Neil Eves
- **UCLA:** Paul Boutros
- **Mayo Clinic:** Nathan LeBrasseur
- **Duke University:** Svati Shah, Michel Khouri

