Management of Older Patients with Breast Cancer

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CASE 1

Female age 89 years. Asymptomatic lump in right breast? How long?

OE 3cm diameter central P5 M5 U5 (Axilla NAD)

Biopsy IDC Grade 2 ER +ve HER 2 -ve

Operable

What treatment would you recommend?
CASE 1 cont...

PMH
Controlled hypertension
Type 2 diabetes (BMI 30) – metformin
THR for #NoF Age 84 Post Op confusion and delayed recovery
Function: mild dementia MMSE 22
Has help bathing, cooking etc
Rarely leaves home – limited mobility and confidence

Would this information change your recommendation?
CASE 1 cont…

Patient strong preference to avoid surgery

What treatment would you offer?
CASE 1 cont...

Cochrane Review

Review: Surgery versus primary endocrine therapy for operable primary breast cancer in elderly women (70+).

Comparison: 01 Surgery versus primary endocrine therapy

Outcome: 01 Survival - overall

<table>
<thead>
<tr>
<th>Study or sub-category</th>
<th>Surgery n/N</th>
<th>PET n/N</th>
<th>Peto OR (IPD) 95% CI</th>
<th>Weight %</th>
<th>Peto OR (IPD) 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>EORTC 10851</td>
<td>60/82</td>
<td>50/82</td>
<td>1.11 [0.75, 1.65]</td>
<td>49.29</td>
<td></td>
</tr>
<tr>
<td>Nottingham 1</td>
<td>28/65</td>
<td>28/66</td>
<td>1.06 [0.59, 1.92]</td>
<td>22.15</td>
<td></td>
</tr>
<tr>
<td>St Georges</td>
<td>28/100</td>
<td>33/100</td>
<td>0.75 [0.44, 1.26]</td>
<td>28.56</td>
<td></td>
</tr>
</tbody>
</table>

Total (95% CI) 247/248
Total events: 116 (Surgery), 111 (PET)
Test for heterogeneity: Chi² = 1.50, df = 2 (P = 0.47), P = 0%
Test for overall effect: Z = 0.12 (P = 0.90)
CASE 1 - points

Frail older patients often prefer to avoid surgery based on past experience and wish to maintain independence.

Avoidance of surgery may have no impact on survival but local control inferior.

Importance of full picture including assessment of function/frailty.
CASE 2

Female age 82 years

Asymptomatic lump in right breast? How long?

O/E 4.5cm diameter UIQ P5 M5 U5 mass
Enlarged axillary nodes
Biopsy Grade 3 ER +ve Her2 +ve IDC
Axillary node positive

What would you recommend next?
CASE 2 cont…

PMH: Previous MI age 75
Mild heart failure (ACE inhibitor and Digoxin)

Function: lives independently good cognitive function
Good ADL + IADL

What treatment would you recommend?

Patient happy with surgery
Patient wishes to avoid mastectomy
Patient wishes to avoid chemotherapy
CASE 2 cont…

What treatment would you offer?

*Mastectomy/AND followed by chemo and trastuzumab and endocrine therapy?*

*Primary chemotherapy to downstage*

*Mastectomy/AND alone?*

*Other?*
“there is an appreciable mortality reduction not only at ages 50-59 but also at ages 60-69, even though the latter reduction may be somewhat smaller. At present there is very little direct information on the benefits or hazards of chemotherapy in women over the age of 70, as few older women were randomised in these trials”.

EBCCTG 2007
Adjuvant Chemotherapy in Older Women with Early-Stage Breast Cancer
Hyman B. Muss MD, Donald A. Berry PhD, Constance T. Cirrincione MS ET AL for the CALGB Investigators

CASE 2 - points

Patient choice very important but can be difficult to accommodate!

Limited reliable evidence of efficacy in this population requires extrapolation from evidence collected in younger patients
Epidemiology of breast cancer in the elderly

Adri Voogd, PhD,
Maastricht University Medical Centre, Netherlands
Antwerp, February 6, 2015
Contents

• Incidence
• Mortality and prognosis
• Treatment
Incidence of breast cancer in the elderly is stable, partly because of screening in younger age groups.
Mortality has decreased dramatically since early nineties, but less for older patients.

Source: Statistics Netherlands
Prognosis is worse for older patients, especially in Eastern Europe.

Predictions of relative survival up to 10 years after diagnosis for European women with breast cancer in 2000–2002

Prognosis is improving, but the gap between older and younger women is increasing*

*Especially for patients with regional and distant spread of disease

The majority of patients aged ≥75 years do not die from breast cancer.

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>&lt;65 Years (n = 391)</th>
<th>65-74 Years (n = 341)</th>
<th>≥75 Years (n = 311)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer</td>
<td>303 (77.5)</td>
<td>192 (56.3)</td>
<td>113 (36.3)</td>
</tr>
<tr>
<td>Second primary tumor</td>
<td>35 (9.0)</td>
<td>50 (14.7)</td>
<td>31 (10.0)</td>
</tr>
<tr>
<td>Endometrial cancer</td>
<td>1 (0.3)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cardiac disorder</td>
<td>14 (3.6)</td>
<td>25 (7.3)</td>
<td>39 (12.5)</td>
</tr>
<tr>
<td>Thromboembolism</td>
<td>0</td>
<td>2 (0.6)</td>
<td>10 (3.2)</td>
</tr>
<tr>
<td>Pulmonary disorder</td>
<td>5 (1.3)</td>
<td>12 (3.5)</td>
<td>14 (4.5)</td>
</tr>
<tr>
<td>Cerebral disorder</td>
<td>4 (1.0)</td>
<td>13 (3.8)</td>
<td>17 (5.5)</td>
</tr>
<tr>
<td>Vascular disorder</td>
<td>1 (0.3)</td>
<td>3 (0.9)</td>
<td>3 (1.0)</td>
</tr>
<tr>
<td>Other</td>
<td>17 (4.3)</td>
<td>26 (7.6)</td>
<td>57 (18.3)</td>
</tr>
<tr>
<td>Unknown</td>
<td>11 (2.8)</td>
<td>18 (5.3)</td>
<td>27 (8.7)</td>
</tr>
</tbody>
</table>

*Cause of death by age at diagnosis in postmenopausal patients from TEAM trial*

*Tamoxifen Exemestane Adjuvant Multinational randomized clinical trial*

Treatment
Older patients are much more likely not to undergo surgery, except in the US.

Omission of surgery has become more common in older patients with stage I-III breast cancer, but this has not altered overall or relative survival.

Source: Netherlands Cancer Registry
Older patients are more likely not to undergo axillary surgery.


Source: Netherlands Cancer Registry
Older patients are less likely to receive radiotherapy after breast-conserving surgery.

International differences in the use of chemotherapy in older patients.

Chemotherapy in the Netherlands and Ireland in patients aged ≥65 years.

Thank you...
Primary endocrine treatment has gained popularity in older women (≥75 years).

Source: Eindhoven Cancer Registry
Older patients (≥80 years) did not benefit from the introduction of sentinel node biopsy (SNB)

Source: Eindhoven Cancer Registry
Breast Cancer Reconstruction in Women over 70

• C A Benn
• M. Venter, E. Cloete, G. Demetriou, S. Nayler, J. Slabbert, C. Serrurier, S. Rayne
What would your team do?

- 20mm grade 3 duct carcinoma
- Node negative (sentinel)
- ER, PR strongly positive (>66%)
- Her 2 negative
- Ki 67 20%
Are we ageist when treating patients?
Methods: Background

Netcare Multidisciplinary Unit (15 specialists)
• 11000 patients;
• 3591 breast cancer patients
• over 70 years (January 2000 to June 2012)
  273 (7.6%) 

Helen Joseph Provincial Clinic
1555 Breast cancer patients (2007-2012)
• 64 in 2012; 178 in 2007-2011
• Total: 142 over 70 (5yr period)........ (9.2%)
Excluded

Patients declined surgery  55 (20%)
• 17 patient choice  (6.2%)
• 36 felt themselves medically unfit  (13%) (2 died)
• Patients who had surgery at other units 15
• Primary endocrine therapy  24 (8.8%) (16 pt choice)

3 patients unfit for surgery at presentation were fit for surgery post neoadjuvant hormonal blockade
Results: Patients

**Personal Information**

- Mean Age: 77
- Range (70-108)
- On Hormone Replacement Therapy 127 (46,5%)
- 108 unknown re HRT
- Previous Breast cancer (22) (8%)
- Previous other cancer (11)
- Family history of cancer
- Breast (51) (18,7%)
- Other (56)
Medical History

- Smokers: 37 (13.6%)
- Alcohol: 57 (20.9%)
- Cardiac: 144 (52.7%)
- Hypertension: 98 (35.9%)
- Diabetes: 24 (8.8%)
- Respiratory: 23 (8.4%)
- Significant comorbidities: 97 (ECOG 1, ASA 2) (35.5%)
Results:

- Primary chemotherapy 32 patients (11.7%)
- Surgical operability post primary chemotherapy (30/32) (93.7%)
- 24 of the 28 (90.9%) patients deemed inoperable at presentation but medically fit were operable after neoadjuvant chemotherapy.
Results:
Oncoplastic surgery
Total patients undergoing reconstruction:
115
5 advancement flaps for closure

110/179 ........ 61 %
Mastectomy and prosthetic reconstruction (36)
32%
Immediate prosthetic 21 (6 bilateral)
Expander 15
Bilateral (11) (30.6%)
Breast conservation Surgery
75 (68%)

Volume displacement techniques
• Reduction mammoplasty (21) (28%)
• Parenchymal flap (40) (53%)
• with opposite side matching (18) (24%)
• Without (22) (29%)

Volume replacement
• Latissimus flap (14) (18,7%)
Results

Average procedure length 90min
Length of hospital stay :2 days
No increase in local complications (wounds, seromas)
Discussion

- Biology dictates
- Patient selection critical
- Safety
- Strict adherence to oncoplastic principles without extended operating times or hospital stay is critical
- Allied services: psychological support, transport assist,
Conclusion

• Stop ageism in patient treatment
• Oncology treatment should not be minimized
• Individualized and personal care both to the patient and the tumour
• Offering immediate breast reconstruction is feasible in many women over 70
• Reconstruction is requested if discussed
• Medical safety is critical