

# 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 P<sub>5</sub> M<sub>5</sub> U<sub>5</sub> (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...**

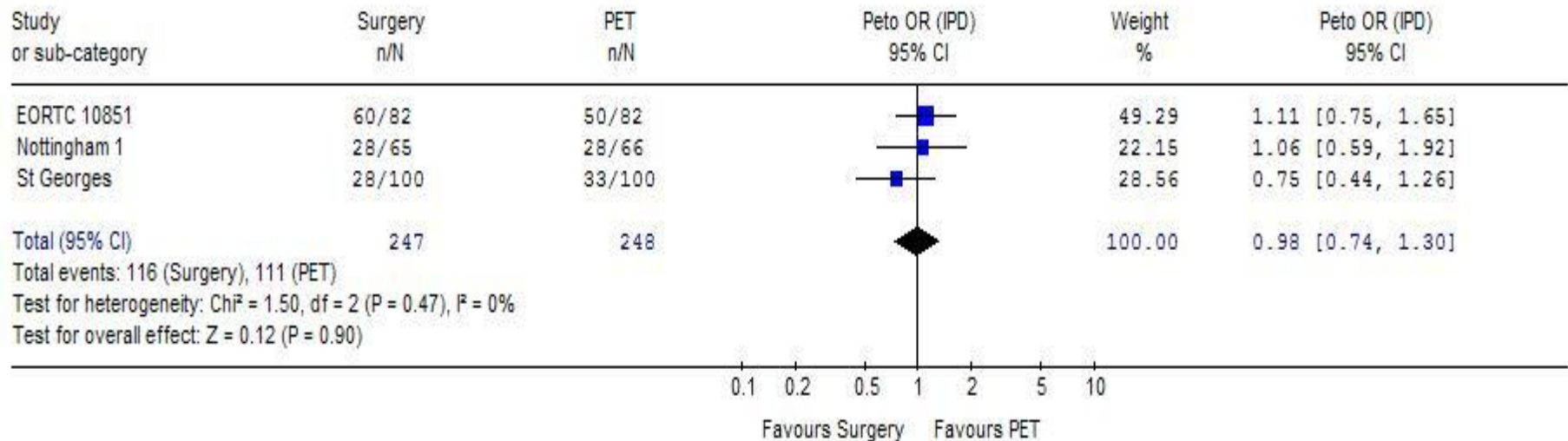
**Patient strong preference to avoid surgery**

**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





## **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?**

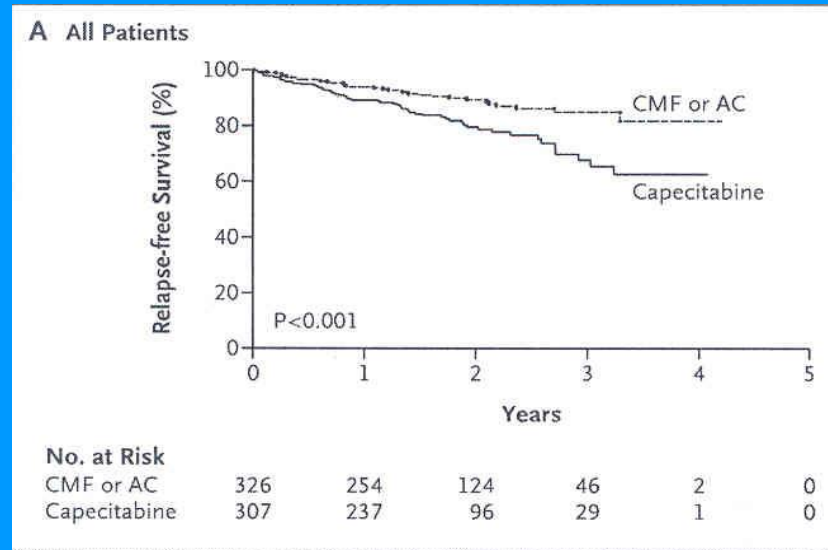


**“there is an appreciable mortality reduction not only at ages 50-59 but also at ages 60-69, even though the latter reduction may be somewhat smaller. At present there is very little direct information on the benefits or hazards of chemotherapy in women over the age of 70, as few older women were randomised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

**EBCCTG 2007**

The NEW ENGLAND JOURNAL of MEDICINE

**Adjuvant Chemotherapy in Older Women with Early-Stage Breast Cancer**  
Hyman B. Muss MD, Donald A. Berry PhD, Constance T. Cirincione 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

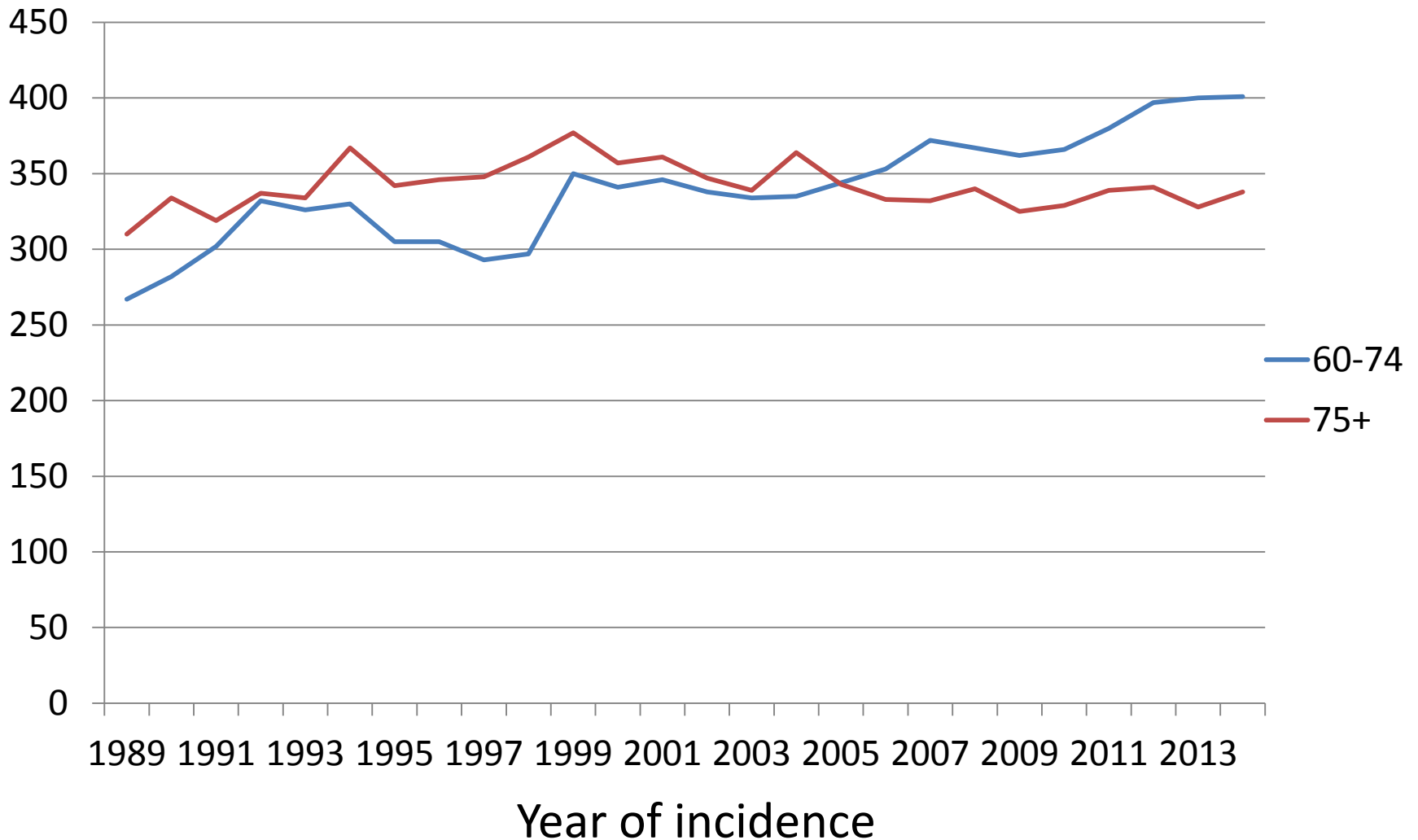
# Contents

- Incidence
- Mortality and prognosis
- Treatment



# Incidence of breast cancer in the elderly is stable, partly because of screening in younger age groups

Per 100,000

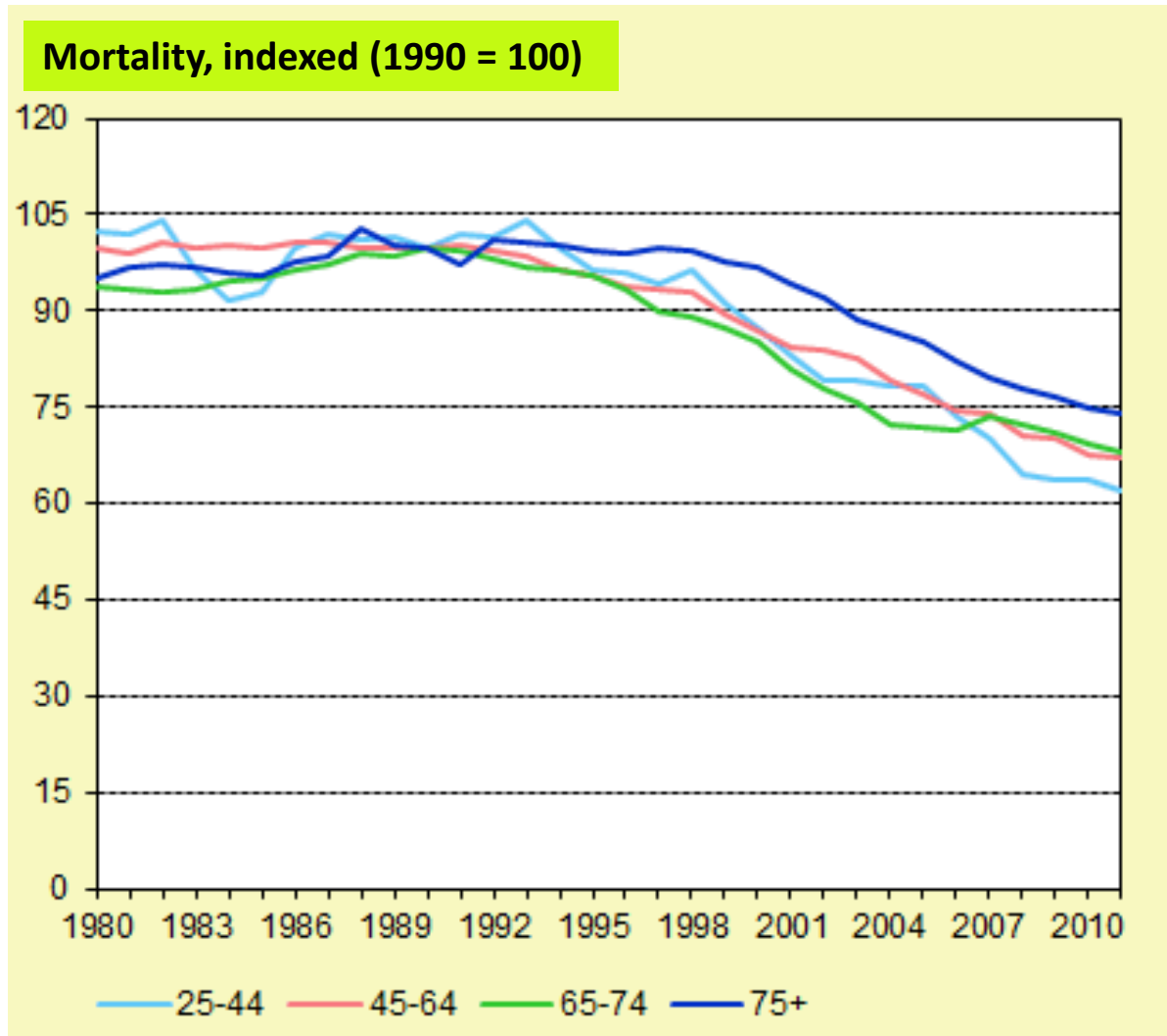


# Mortality and Prognosis

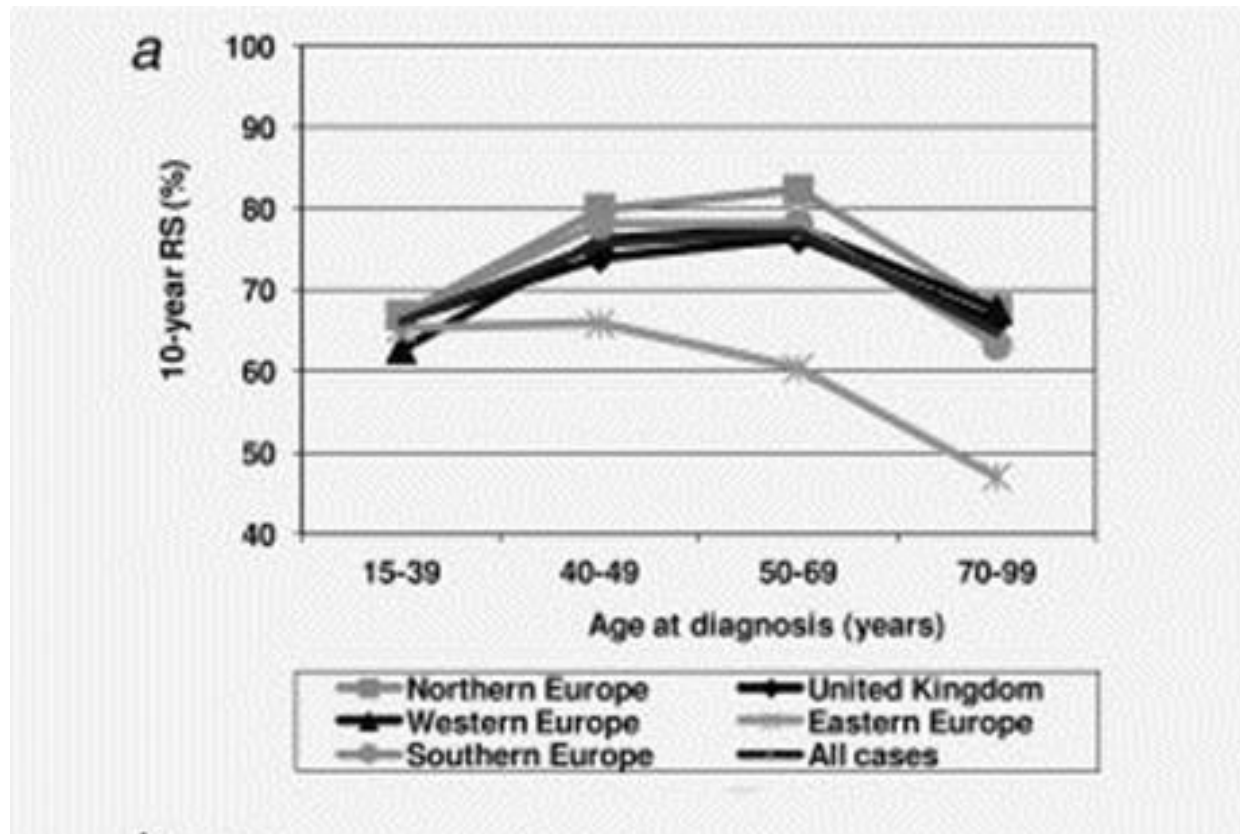




Mortality has decreased dramatically since early nineties, but less for older patients.

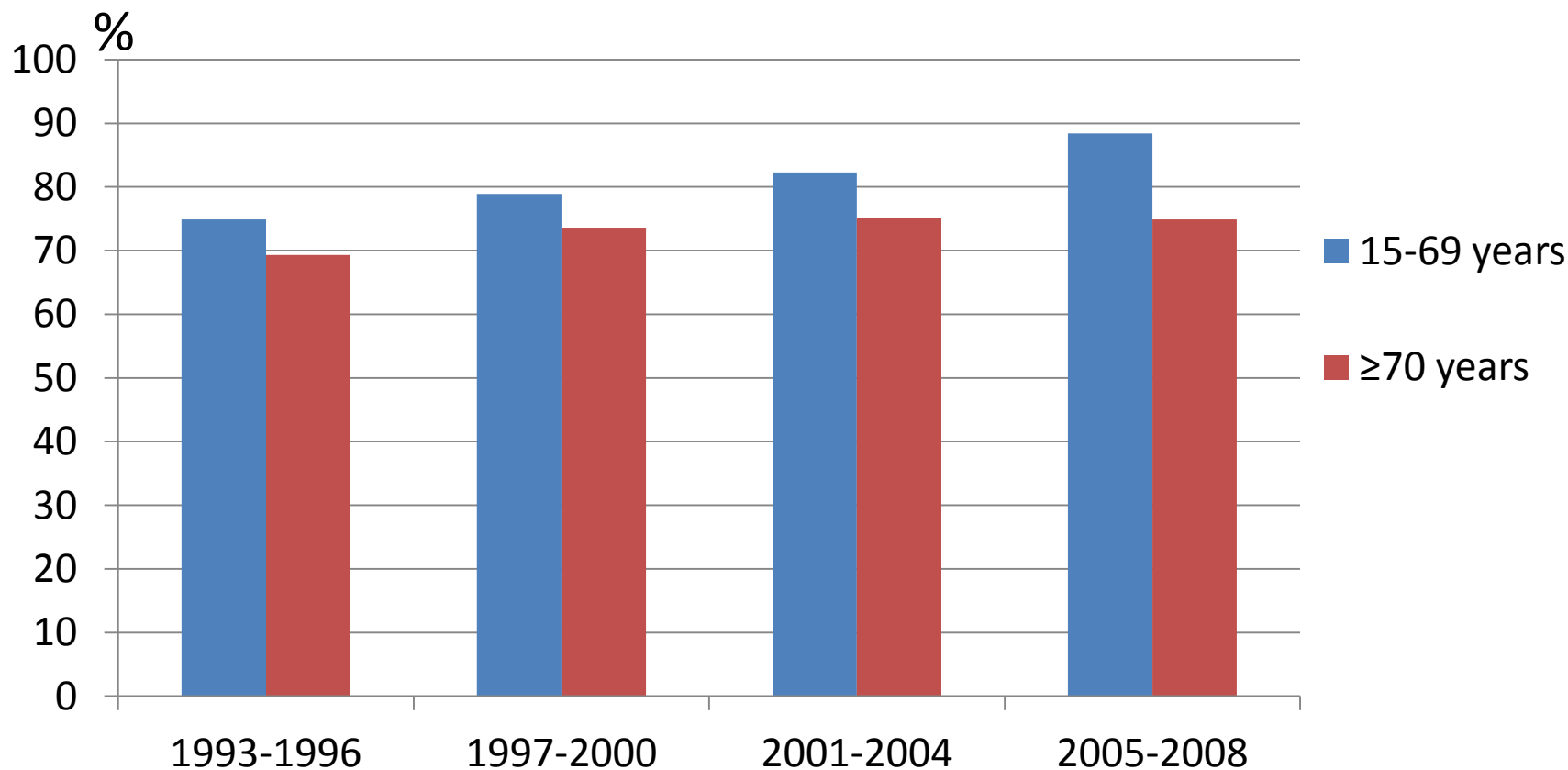


Prognosis is worse for older patients, especially in Eastern Europe.



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\*



5-year relative survival of breast cancer patients (all stages) from Germany (Saarland)

\*Especially for patients with regional and distant spread of disease

# The majority of patients aged $\geq 75$ years do not die from breast cancer.

	No. (%)		
	<65 Years (n = 391)	65-74 Years (n = 341)	$\geq 75$ Years (n = 311)
Breast cancer	303 (77.5)	192 (56.3)	113 (36.3)
Second primary tumor	35 (9.0)	50 (14.7)	31 (10.0)
Endometrial cancer	1 (0.3)	0	0
Cardiac disorder	14 (3.6)	25 (7.3)	39 (12.5)
Thromboembolism	0	2 (0.6)	10 (3.2)
Pulmonary disorder	5 (1.3)	12 (3.5)	14 (4.5)
Cerebral disorder	4 (1.0)	13 (3.8)	17 (5.5)
Vascular disorder	1 (0.3)	3 (0.9)	3 (1.0)
Other	17 (4.3)	26 (7.6)	57 (18.3)
Unknown	11 (2.8)	18 (5.3)	27 (8.7)

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

\*Tamoxifen Exemestane Adjuvant Multinational randomized clinical trial

# Treatment

**THE LONGER THE SURGERY, THE LONGER IT TAKES TO HEAL**  
**EVERY HOUR UNDER ANESTHETIC**  
= **1 FULL DAY OF RECOVERY**

**AFTER SURGERY KEEP A PILLOW IN THE CAR**  
PLACE PILLOW IN BETWEEN SEATBELT & SCARS

**CHEW ICE CHIPS DURING THE FIRST 5 minutes OF CHEMO INJECTION**

**WEAR A BUTTON-DOWN SHIRT**  
YOU DON'T WANT TO STRUGGLE PULLING YOUR SHIRT ON & OFF AFTER TREATMENT

## BREAST CANCER TREATMENT

QUICK TIPS TO GET THROUGH TREATMENT

**HAIR**  
IF YOU'RE GOING TO LOSE YOUR HAIR GET A SHORT, *STYLISH* HAIRCUT BEFORE

**WEAR A SPORTS BRA OR CAMISOLE WHILE HEALING FROM BREAST SURGERY**

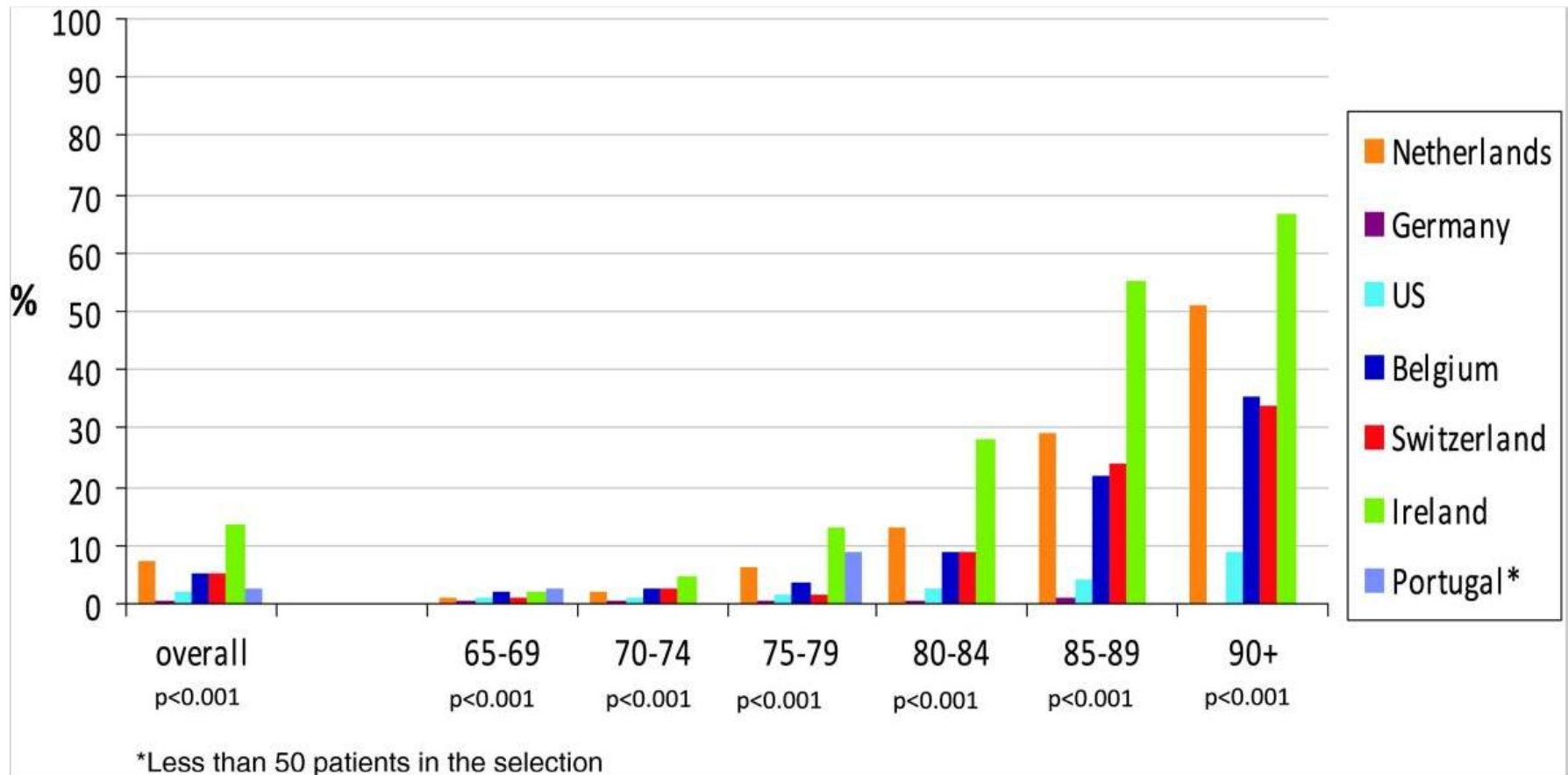
**AVOID SPICY FOOD DURING CHEMO**  
THEY IRRITATE YOUR

**WIG**  
IF YOU WORE A WIG DURING CHEMO CONSIDER GETTING TRIMMED LITTLE BY LITTLE WHEN YOU REMOVE IT IT'LL LOOK LIKE A NEW HAIRCUT

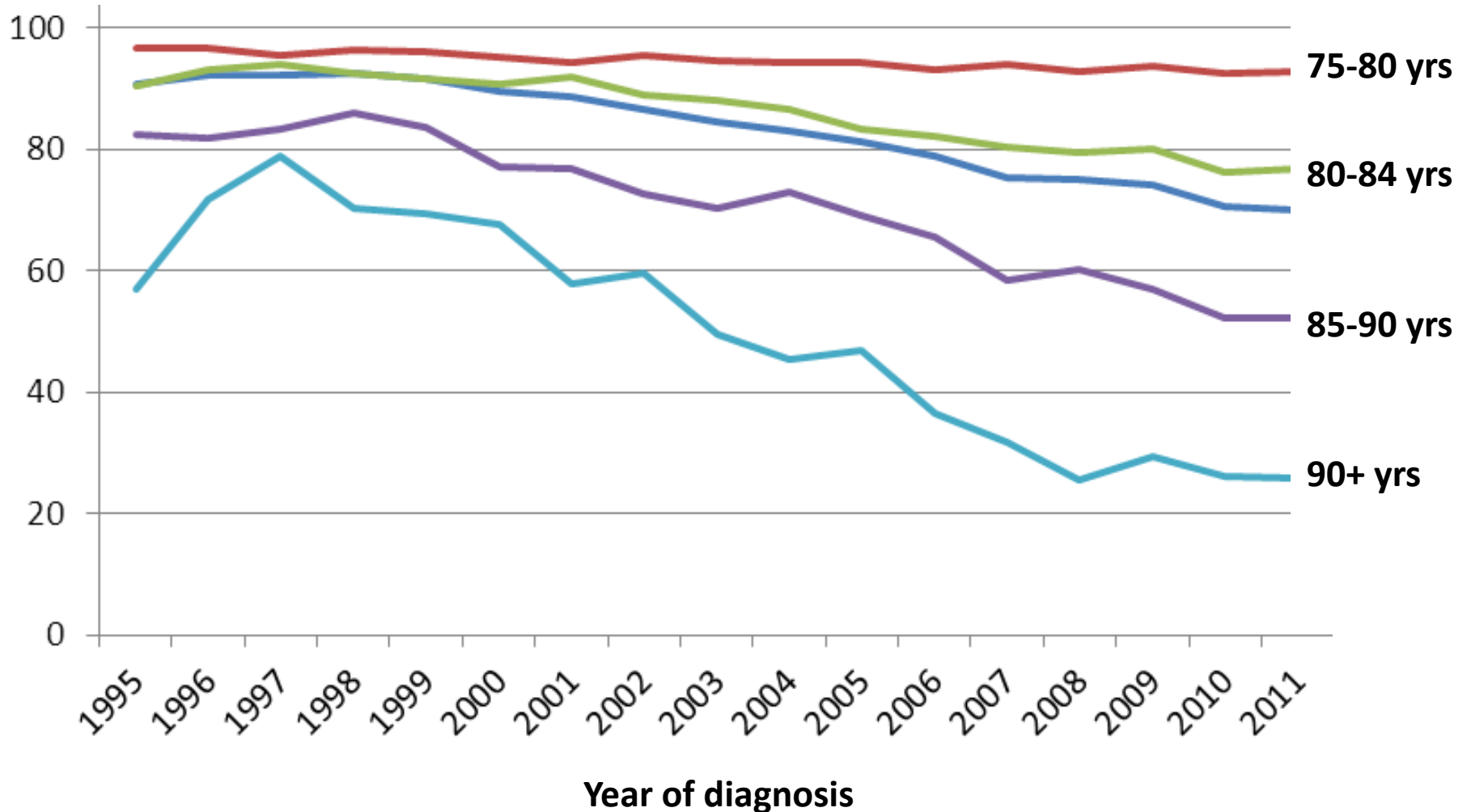
**RADIATION ROOM IS COLD!**  
GRAB AN OLD TURTLENECK, CUT THE SLEEVES OFF AND WEAR THEM

by c.robles **HealthCentral**<sup>®</sup>

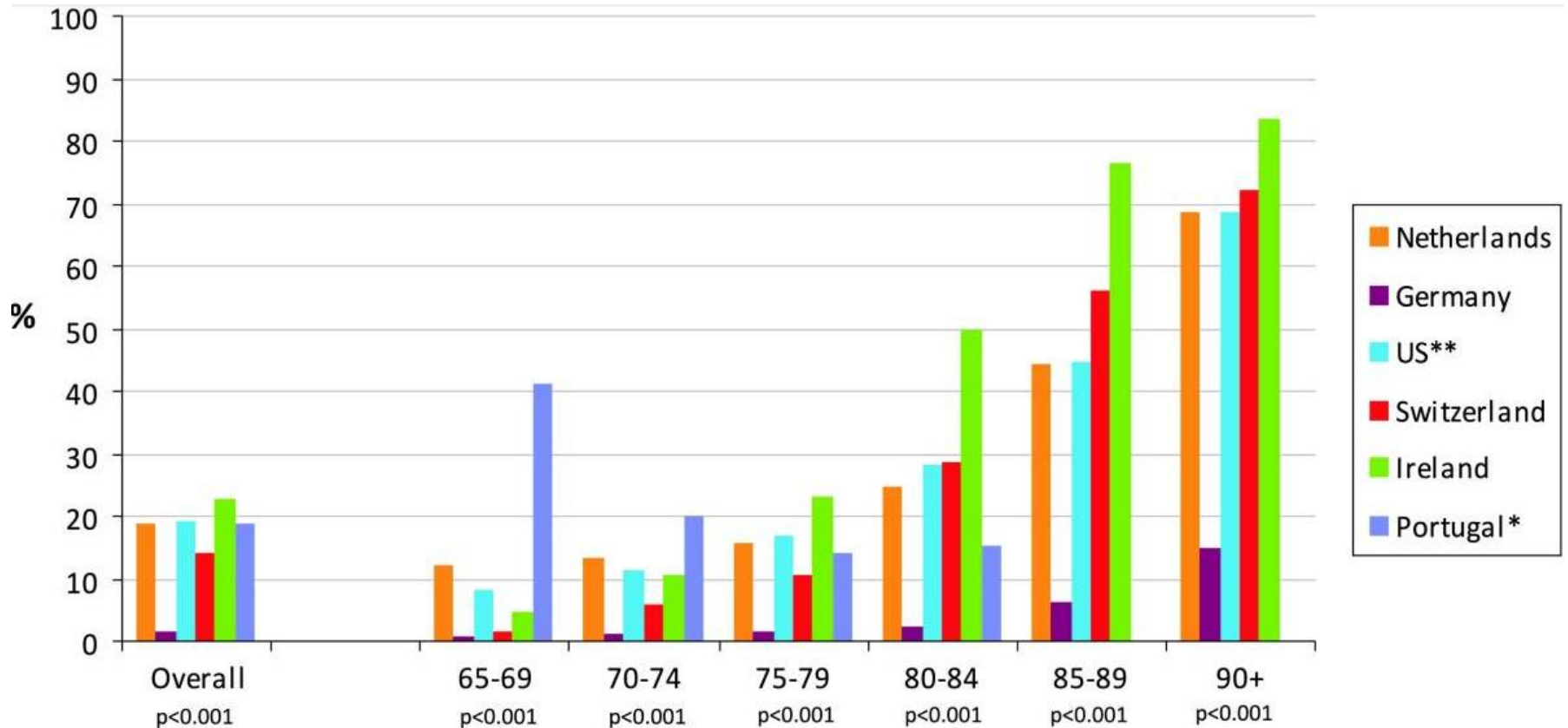
# Older patients are much more likely not to undergo surgery, except in the US.



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.



# Older patients are more likely not to undergo axillary surgery.



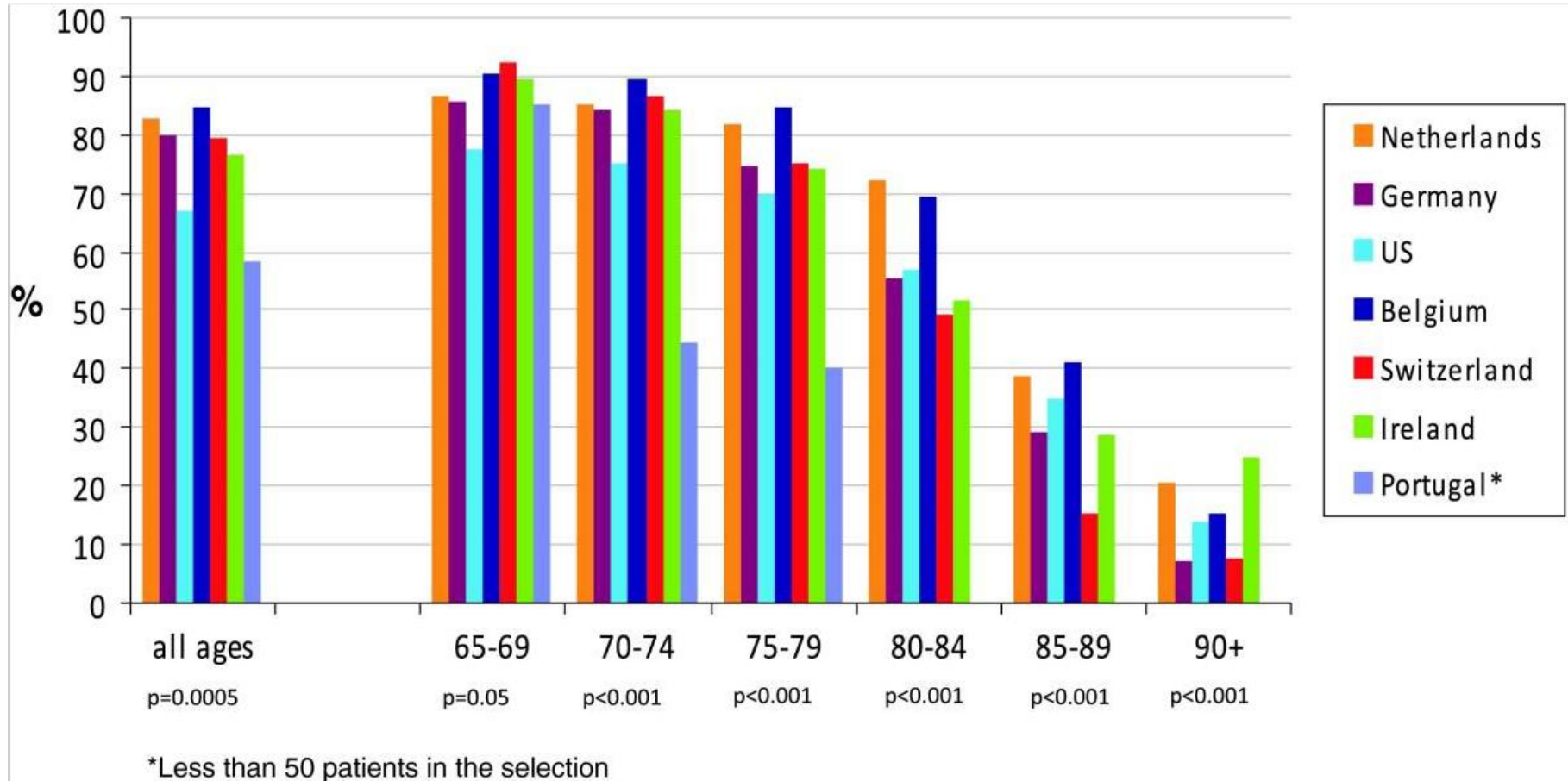
\*Less than 50 patients in the selection

\*\*Missing 9.8%

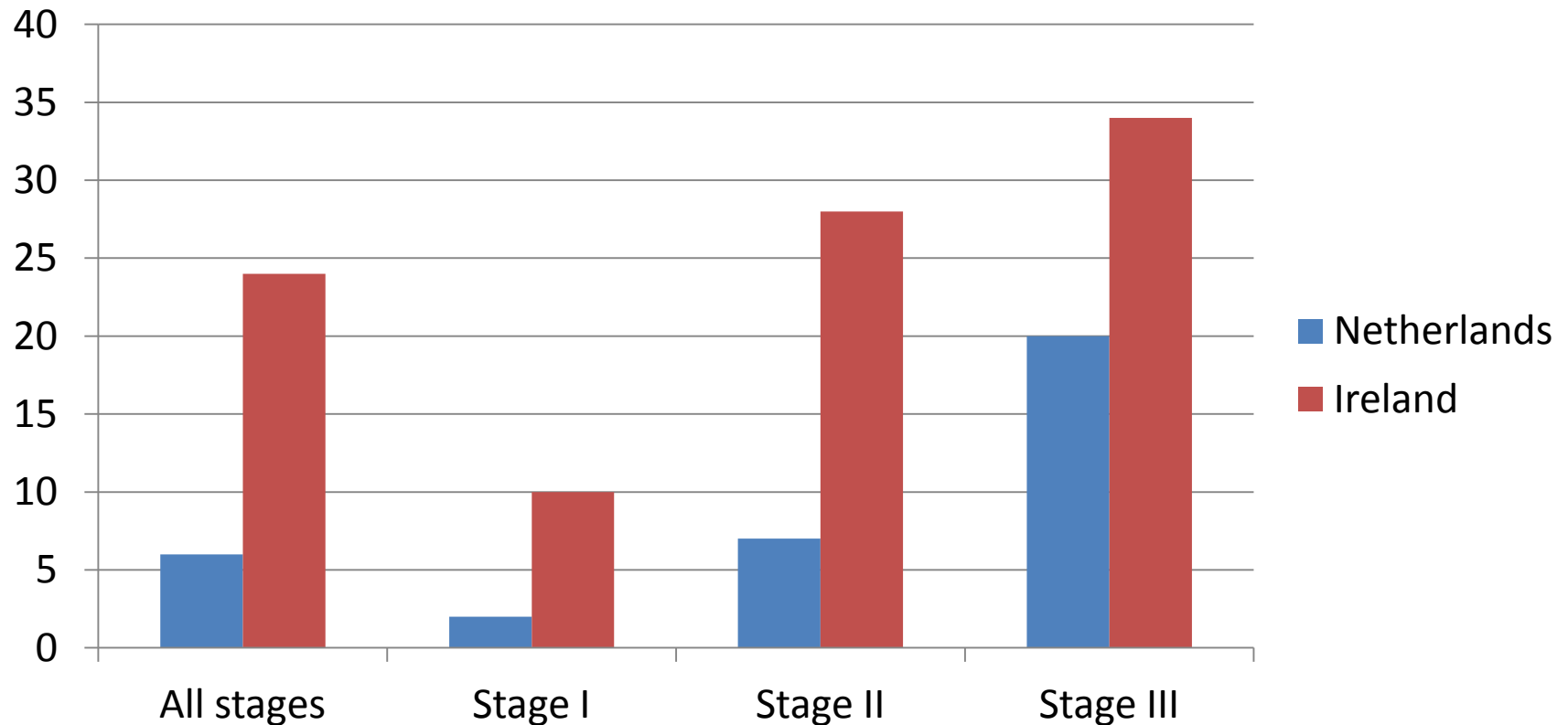
Kiderlen et al. Breast Cancer Res Treat. 2012 Apr; 132(2): 675–682.



# Older patients are less likely to receive radiotherapy after breast-conserving surgery.



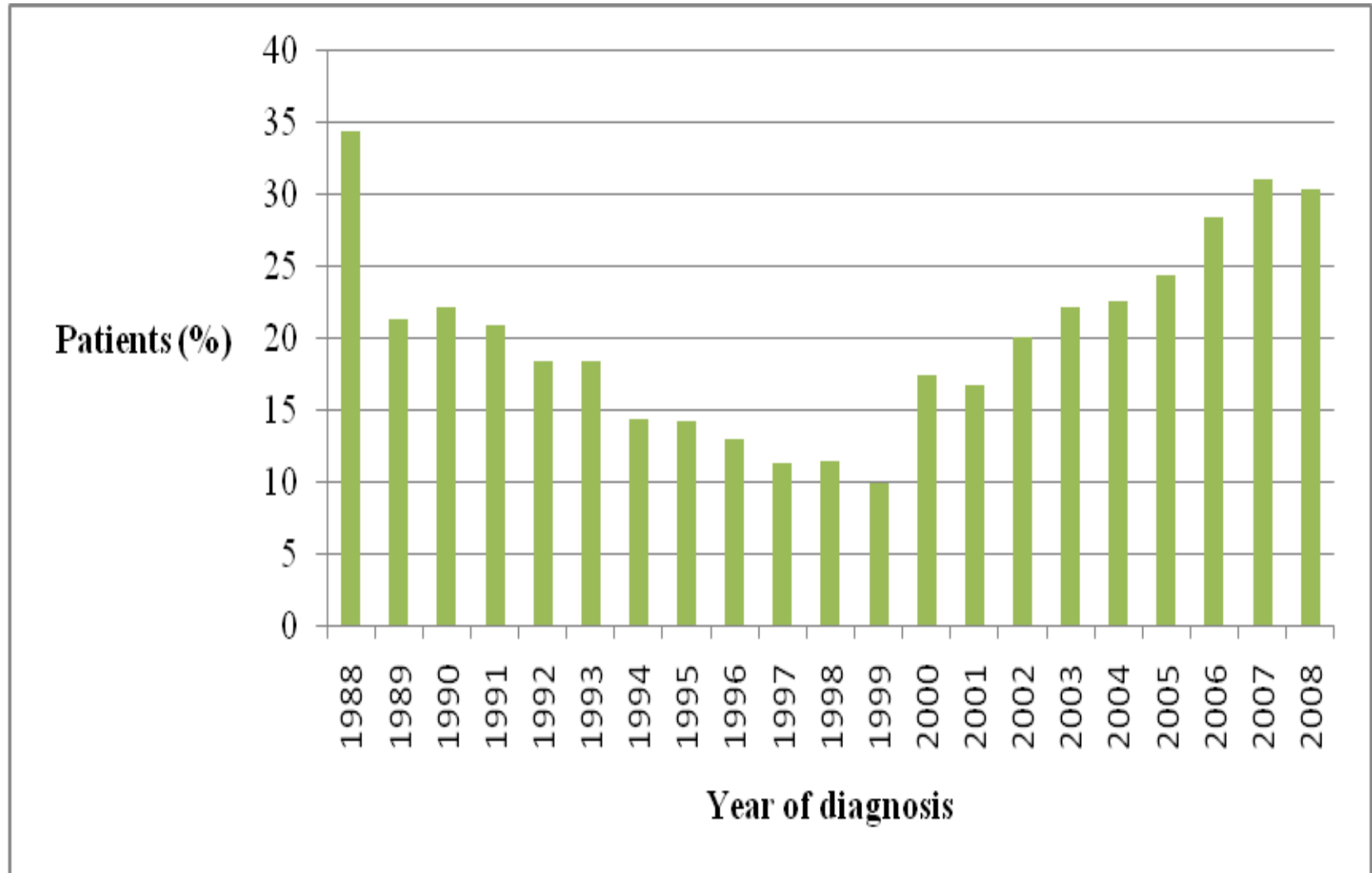
# International differences in the use of chemotherapy in older patients.



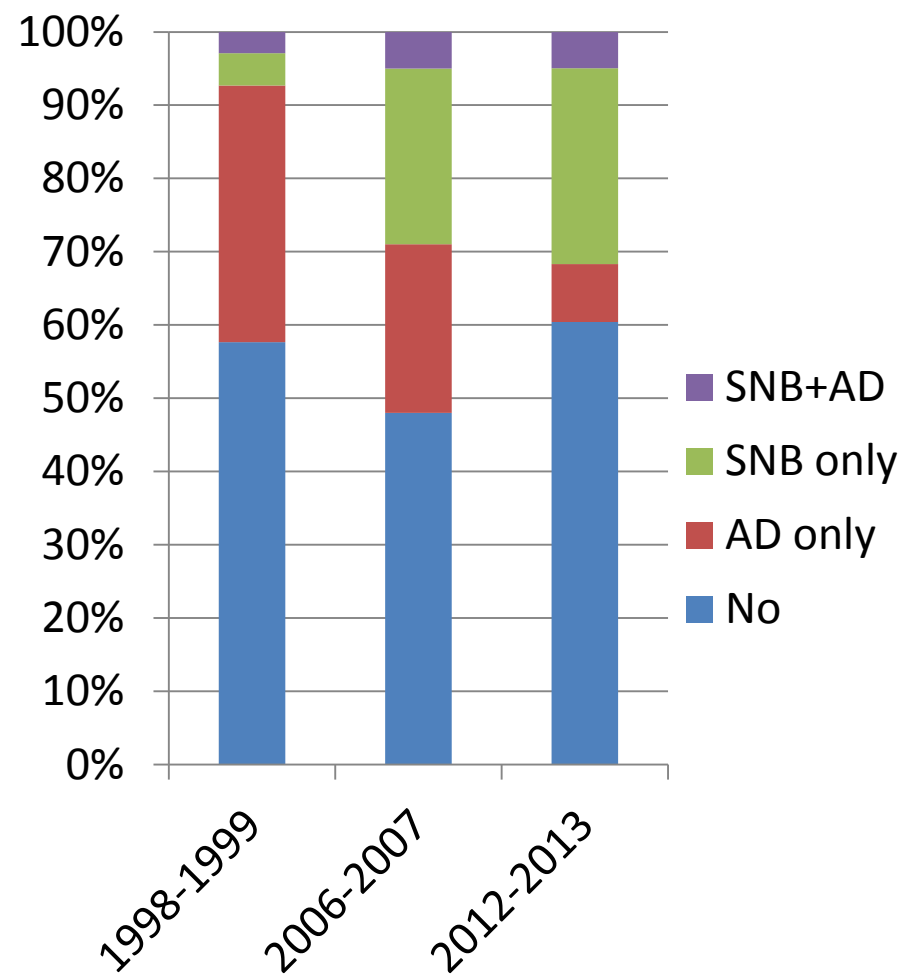
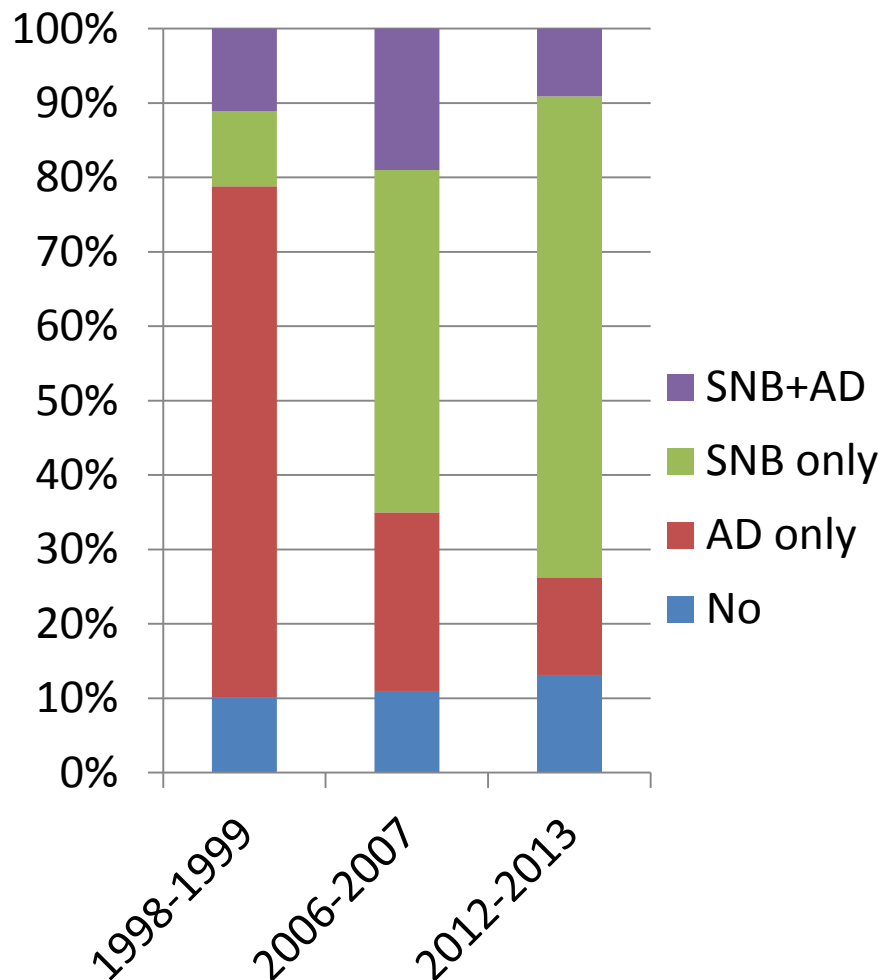
Chemotherapy in the Netherlands and Ireland in patients aged  $\geq 65$  years.



# Primary endocrine treatment has gained popularity in older women ( $\geq 75$ years).



# Older patients ( $\geq 80$ years) did not benefit from the introduction of sentinel node biopsy (SNB)



# Breast Cancer Reconstruction in Women over 70



You're in safe hands



- C A Benn
- M. Venter, E. Cloete, G. Demetriou, S. Naylor, J. Slabbert, C. Serrurier, S. Rayne

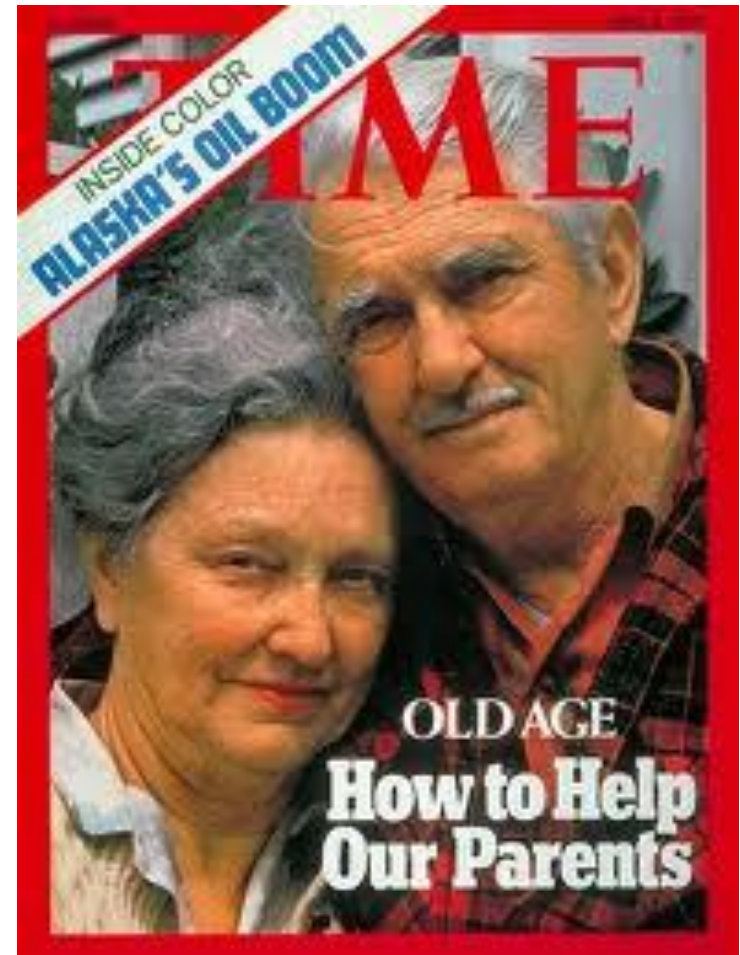


## What would your team do?

- 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

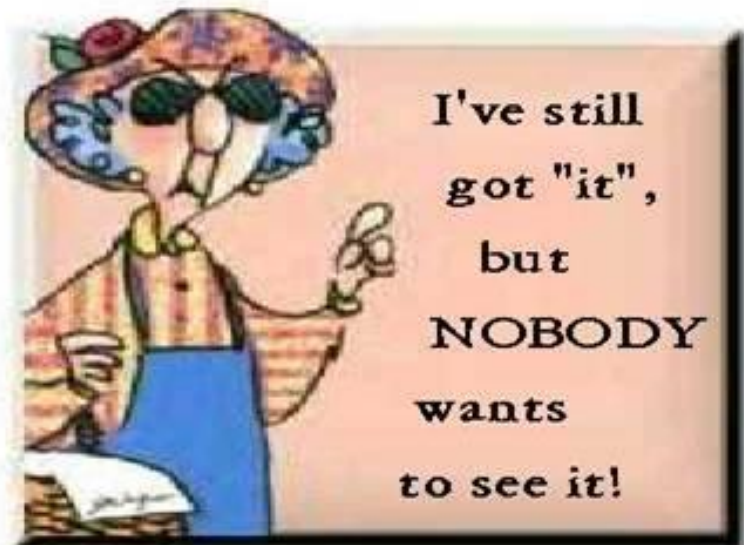
## Personal Information

- 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.



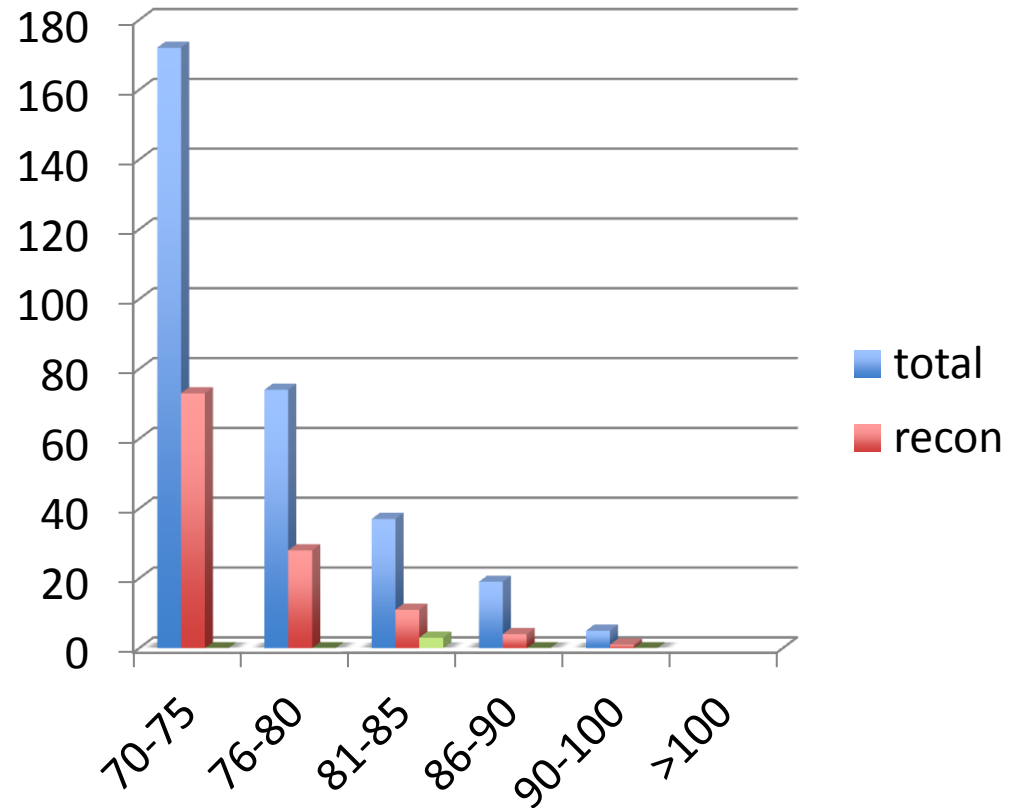
# Results:

## 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

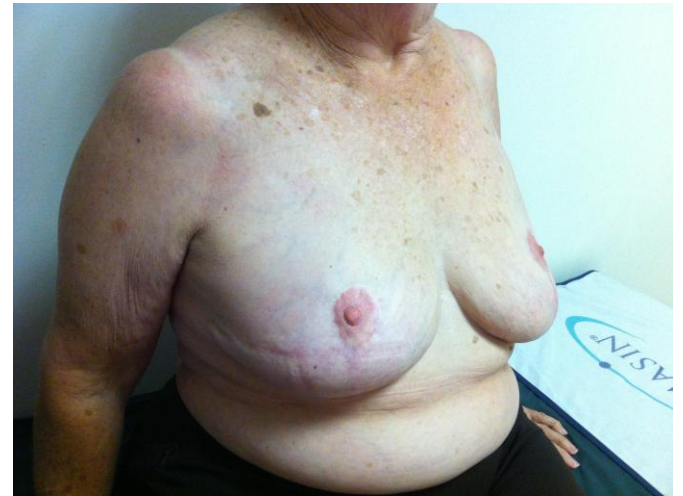
## 75 (68%)

### 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

# 70 the new 50.....Questions

