
MULTIMORBIDITY AND BREAST CANCER

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OBJECTIVES: *To examine the significance of multimorbidity in breast cancer survivors, to explore multimorbidity in treatment decisions, and survivorship, and to consider multimorbidity assessment in clinical practice.*

DATA SOURCES: *Literature review; clinical practice guidelines.*

CONCLUSION: *Multimorbidity influences treatment decisions. Breast cancer survivors report greater multimorbidity compared with other cancer survivors. Multimorbidity increases with age; there may be racial and ethnic differences. Multimorbidity is associated with symptom burden, functional decline, low adherence to surveillance, and early retirement.*

IMPLICATIONS FOR NURSING PRACTICE: *Clinical practice guidelines do not refer to multimorbidity and patient outcomes. Comprehensive geriatric assessment combined with survivorship care plan may be considered.*

KEY WORDS: *Breast cancer, multimorbidity, comprehensive geriatric assessment, survivorship care plans, geroscience*

INTRODUCTION

A major increase in the aging cancer survivor population is projected in the next two decades in the United States based on the expected upward

trend of the aging population coupled with improved cancer survival.¹ Since 2012 about 59% of cancer survivors are older than 65 years of age and by 2020 it is projected that more than 66% of all cancer survivors will be 65 years or older.¹

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Among breast cancer survivors (BCS), currently 72% or 2.3 million women are age 60 years and older.² As they age, BCS become vulnerable to developing a range of multimorbid conditions including hypertension, diabetes, cardiovascular disease, chronic obstructive pulmonary disease, and other chronic diseases of aging. Thus, the “double whammy” of increased multimorbidity and functional decline in aging is expected to occur among increasing numbers of BCS.³

Multimorbidity is the coexistence of more than one chronic condition in an individual.⁴ Multimorbidity and comorbidity are often used interchangeably. Multimorbidity commonly occurs in older adults compared with younger adults.^{3,4} Multimorbidity in breast cancer combined with declines in physical function often lead to increased vulnerability among BCS.⁵ While much of the focus of breast cancer survivorship has been late effect management, survivorship care plans (SCP), and cancer surveillance activities, less attention has been given to multimorbidity in this population. Further, increased attention to ‘geroscience’, which examines the interaction between aging biology and chronic disease,⁶ strongly supports a new look at multimorbidity and breast cancer. Thus, the purpose of this review article is to (a) examine multimorbidity in BCS, (b) explore current data on the influence of multimorbidity on breast cancer treatment decision-making, treatment modification, symptom burden, and survivorship, and (c) consider clinical practice and assessment implications in managing and reducing vulnerability among BCS with multimorbidity.

BACKGROUND AND SIGNIFICANCE

In 2014 the Annual Report to the Nation on the Status of Cancer included prevalence data of comorbidity at the time of first cancer diagnosis among patients with mixed cancer diagnoses, including breast cancer.⁷ The prevalence of comorbidity among cancer patients diagnosed between 1992 and 2005 who were living in one of 11 SEER (Surveillance, Epidemiology, and End Results) areas were estimated and compared with the prevalence in a 5% random sample of Medicare beneficiaries without a diagnosis of cancer. The Annual Report concluded that while cancer death rates continue to decline in the United States, both advancing age and comorbidity

contribute to deaths among cancer survivors because of causes other than cancer.⁷

A literature search via PubMed was conducted using the key words *breast cancer*, *survivors*, *multimorbidity*, *comorbidity*, and *geriatric assessment*. The search yielded 749 papers. After excluding non-English papers, duplicates, and brief reports, a total of 27 papers were selected for review of factors associated with multimorbidity and breast cancer.

Number of Multimorbid Conditions

Leach et al⁸ examined cancer case data from two California cancer registries to determine medical conditions among 1,527 mixed cancer survivors, including breast cancer. They found that survivors reported an average of five multimorbid conditions, of which 1.9 conditions were diagnosed after cancer. Compared with other survivors (including prostate, lung, and colorectal), BCS reported the highest multimorbidity with 5.8 conditions. Furthermore, nearly three of the multimorbid conditions were diagnosed *after* breast cancer.

Age

Older age is consistently identified as a factor in multimorbidity and in cancer survivors. Azuero and colleagues⁵ evaluated comorbidity and predictors of health status among older rural BCS. Using baseline self-report data of 331 BCS age 55 to 90 years enrolled in the Rural Breast Cancer Survivors Study, the investigators used the number of prescription medication categories as a proxy for multimorbidity. The mean number of prescriptions reported was 3.68 (standard deviation = 2.3; range, 0 to 12), and the most common prescriptions were anti-hormonals, anti-hypertensive, and cholesterol-reducing agents. More than 69% of BCS reported being overweight or obese. A body mass index (BMI) greater than 31 was significantly associated with poor physical and mental health. Azuero’s team concluded that assessment of comorbidity among this at-risk population of rural BCS could better inform cancer survivorship and geriatric care.

Racial and Ethnic Differences

Ashing and colleagues⁹ explored comorbidity among 88 African-American and Latina BCS (both groups reported English and Spanish languages preferred) identified by case ascertainment from the California Cancer Registry and selected

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