

Approach and Management of Breast Cancer in the Elderly



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KEYWORDS

- Curative surgery • Axillary staging • Endocrine therapy • Adjuvant chemotherapy
- Adjuvant radiation • Palliative chemotherapy

KEY POINTS

- The population of patients aged 65 years and older is growing rapidly, with breast cancer representing a common disease in older women.
- The treatment decision processes in older women with breast cancer should take into account functional reserve, tolerance to antineoplastic therapies, competing causes of morbidity and death, and patient goals of care.
- Further research investigating the role of geriatric assessment in treatment selection and tolerance, tumor biology, and specific clinical interventions/therapeutics in a clinical trial setting.

INTRODUCTION

In 2015, breast cancer will remain the most common cancer in women with an estimated 232,000 new cases and 40,000 deaths (**Fig. 1**).¹ Despite the fact that most new breast cancer diagnoses occur in women less than 65 years of age (58%), most breast cancer deaths (60%) occur in women aged 65 years and older (37% in women aged 75 years and older). Furthermore, of the approximately 3 million survivors of breast cancer in the United States, most are aged 65 years and older.² These alarming demographics coupled with the aging of the US population portend for a tsunami of older women with breast cancer.

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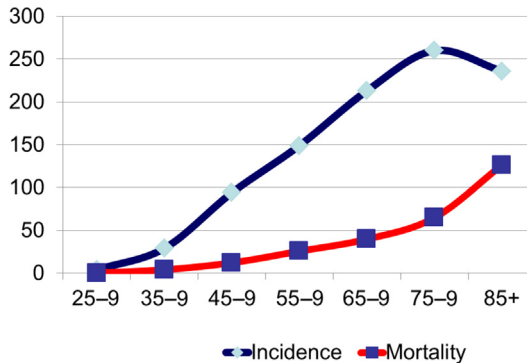


Fig. 1. Surveillance, Epidemiology, and End Results' incidence and mortality rates for breast cancer by age. X-axis is age in years. Y-axis is number of cases \times 1000 per year. (Data from SEER cancer statistics factsheets: breast cancer. Bethesda (MD): National Cancer Institute; 2015. Available at: <http://seer.cancer.gov/statfacts/html/breast.html>.)

Although the mortality rates for breast cancer have decreased substantially over the last 2 decades, older patients have not shared as well in these successes when compared with younger ones.^{3,4} In one study, the absolute risk of breast cancer death decreased by 15.3% for women aged 50 to 64 years but only 7.5% for women 75 years and older.³ These major improvements in mortality have likely resulted from the more widespread use of mammographic screening as well as adjuvant therapy: the use of radiation therapy, chemotherapy, endocrine therapy, or a combination of these modalities. Then why do older women make up most of those who die of breast cancer? Some suggest that poorer survival may be associated with diagnosis at a higher stage; if older women had the same stage distribution as their younger peers, their survival would be better.^{5,6} Additionally, adjuvant therapy has not been as frequently given to older patients as compared with younger patients, mainly because of age bias, concerns of toxicity, and the effects of treatment on quality of life.^{7,8} Such underuse, especially of chemotherapy, may be largely responsible for reduced improvement in breast cancer-specific survival in older patients.⁸ An increasing amount of data show that older women in good health tolerate state-of-the-art breast cancer treatments as well as younger women and derive the same disease-free and overall survival (OS) benefits.⁹ Several excellent reviews addressing the use of adjuvant therapy in older women are available.^{10,11}

Older patients tend to have more favorable breast cancers at diagnosis and when compared with younger patients are more likely to have smaller tumors, less lymph node involvement, more tumors that express both estrogen and/or progesterone receptors, more lower-grade tumors, and more tumors that are human epidermal growth factor receptor (HER-2) negative (Fig. 2).^{12,13} These more favorable phenotypes in older women are reinforced by new studies using molecular genetics to characterize breast cancer subtypes, which show that more favorable subtypes (luminal A and luminal B) increase with increasing age.¹⁴ Nevertheless, older women also present with unfavorable breast cancer subtypes (basal type and HER-2 overexpressed) that are best managed with more aggressive therapy, especially chemotherapy. The small but significant increase in more favorable tumor characteristics and molecular subtypes in older patients, however, has not translated into major improvements in survival. Generally speaking, approach to treatment is determined by the identification of the breast cancer phenotype: (1) hormone receptor positive (estrogen and/or

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