



Treatment recommendations for older women with breast cancer: A survey among surgical, radiation and medical oncologists[☆]

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Abstract

Purpose: As older women with breast cancer (BC) are underrepresented in trials, it is often unclear what represents the best treatment option for this patient group. To understand how oncologists approach the management of BC in older patients, we assessed their treatment recommendations.

Methods: In an online survey, 106 surgical, 37 radiation and 31 medical oncologists provided a treatment recommendation for hypothetical patients aged >70 years. Scenarios included loco-regional therapy with patient age varying at 76 and 84 years; systemic therapy with Karnofsky performance score varying at 90 and 50%; neo-adjuvant therapy; and adjuvant chemotherapy in triple-negative BC.

Results: Participants would less often recommend breast-conserving surgery plus radiotherapy for an 84 versus a 76-year-old patient (56% versus 73%, $p = 0.001$). They would more often accept omission of radiotherapy after breast-conserving surgery in older than in younger patients, if the patient wished to avoid this therapy (26% versus 4%, $p < 0.001$). All participants would propose systemic therapy for a high-recurrence risk patient with a good performance score, and 92% would still recommend therapy if the patient had a poor score ($p < 0.001$). Neo-adjuvant hormonal therapy followed by breast-conserving surgery for a large tumour was recommended by 27% of the participants. Adjuvant chemotherapy for an otherwise healthy woman with triple-negative BC was considered by 83% of the participants.

Conclusions: Patient age and performance status influenced specialists' treatment recommendations. The observed recommendations for the treatment scenarios under investigation differ from older women's actual treatment. This discrepancy highlights the need for studies specifically targeting older patients.

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Keywords: Breast cancer; Physician preference; Geriatric oncology; Treatment decision-making

Introduction

With over 14,000 new cases in 2013, breast cancer (BC) is the most common malignancy among women in the Netherlands.¹ Approximately 30% of the cases are in women over 70 years of age.¹ Although BC in older women is a common health problem, optimal treatment of this patient group remains unclear, since older patients are often excluded from clinical trials.² Besides, those enrolled in

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trials are usually in better than average health, and therefore may not be representative for all older BC patients.³ Elderly patients comprise a heterogeneous group due to differences in comorbid conditions, functional capacity, and social support.⁴ The large variety in characteristics within this population, together with the lack of evidence on treatment approach and the limited data on older patients' preferences⁵ make treatment decision-making for these patients generally difficult.

The Dutch treatment guidelines for BC make little or no age-specific recommendations.⁶ This provides room for variation in the treatment of older patients. Studies have demonstrated that older patients are less likely than younger patients to undergo breast-conserving surgery and radiotherapy after breast-conserving surgery. They also less often receive adjuvant chemotherapy compared to younger patients with similar disease severity.^{7,8} The reasons for these age-differences in treatment are unclear and could result from either patients' or clinicians' preferences. It has been shown that individual patient's treatment preferences vary greatly,⁵ whilst others have suggested that clinicians play a notable role in treatment decision-making, particularly among older patients.^{9,10}

Currently, it is unknown how clinicians weigh treatment options for patients aged ≥ 70 years. Previous surveys using hypothetical scenarios explored how patient age or health status influenced clinicians' treatment recommendations,^{11–19} but most only focused on adjuvant systemic therapy.^{11–15,18} Furthermore, their recommendations were seldom compared for scenarios only involving patients aged over 70.^{12–15,19} Of these latter studies, none compared the recommendations of oncologists of different specialties, despite multidisciplinary team decision-making becoming the norm in BC. Surgical, radiation and medical oncologists are ought to decide together what could be the best treatment for the patient. With the increasing incidence of BC in older women,² a better understanding of clinicians' recommendations and influencing factors become increasingly relevant.

This study aimed to examine the treatment recommendations of BC specialists for loco-regional and (neo-)adjuvant systemic therapy in older patients, and to explore whether the recommendations are influenced by patient age and performance status, and by clinician speciality.

Materials and methods

Participants

Eligible participants were surgical, radiation, and medical oncologists (including doctors in training) involved in BC treatment. Between October 2013–February 2014, members of the Dutch Society of Surgical Oncology ($n = \sim 550$), the Dutch Society of Radiotherapy and Oncology ($n = 525$) and the Dutch Society of Medical Oncology ($n = 418$) received an emailed newsletter of their

society which contained an invitation to participate. As it was not possible to select BC specialists only, the emailed newsletter was sent to all members, irrespective of their cancer type specialism. The invitation was addressed to BC specialists only, and briefly described the study and provided a link to the anonymous online questionnaire. Four weeks after, all members were once again informed via a newsletter. Between July–November 2014, collaborating partners (Comprehensive Cancer Centre Leiden Region, The Netherlands, and three medical oncologists) forwarded our invitation directly to medical oncologists within their network to increase their response. Consequently, 37 oncologists of the regional medical oncology working party, and a random sample of 40 medical oncologists were approached. As the study did not involve patients, no ethical approval was required for this study.

Questionnaire

The two-part questionnaire consisted of participants' socio-demographic and work-related characteristics and of hypothetical scenarios, which resembled situations for which there is currently little or no consensus about the best treatment for patients aged ≥ 70 years (Supplementary material 1). The scenarios were based on the Dutch treatment guidelines for BC⁶ and previous work.^{2,8} We pilot-tested the scenarios for clarity among seven health professionals and five BC researchers. Minor modifications to the phrasing of the questions and lay-out of the questionnaire were made. We used NetQ software (NetQuestionnaires Nederland BV, Utrecht, The Netherlands) to create the questionnaire.

Participants were presented the scenarios and asked to choose a treatment recommendation from a list of options. Each scenario included a description of patient (e.g., age and Karnofsky Performance Status [KPS]) and clinical characteristics (e.g., hormone receptor status) that would usually be available at decision-making. Scenario 1 explored whether a patient's chronological age influenced the recommendation for loco-regional therapy. Two identical sub-scenarios (1A and 1B) were developed, except the age of the patient differed (76 versus 84 years). Scenario 2 examined whether a patient's performance status influenced the recommendation for adjuvant systemic therapy, by decreasing the KPS score from 90% (2A) to 50% (2B), keeping all other characteristics identical. Scenario 3 focused on neo-adjuvant hormonal therapy. The guidelines state that this therapy should only be prescribed to old and frail patients who are unsuitable for neo-adjuvant chemotherapy or surgery.⁶ In recent years, neo-adjuvant hormonal therapy gained interest, because it increases the feasibility of breast-conserving surgery in patients who would otherwise undergo a mastectomy. This therapy could be appropriate for older patients, as most have hormone receptor-positive BC.² Scenario 4 concerned adjuvant chemotherapy for hormone receptor-negative and HER2-

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