



Omission of surgery in elderly patients with early stage breast cancer

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Abstract *Aim:* To assess national trends over time in surgery for elderly patients with resectable breast cancer (BC) and to evaluate clinical outcome and cause of death after the omission of surgery in a regional cohort of elderly patients.

Methods: National trends in 1995–2005 were calculated using cancer registry data. In addition, a chart review was performed in a cohort of patients aged ≥ 75 years, with early stage BC but no primary surgery, diagnosed at five Dutch hospitals in 1990–2005. Patient characteristics, comorbidity and reason for the omission of surgery were collected from the chart. Cause of death was retrieved from death certificate data registered at Statistics Netherlands.

Results: Omission of surgery increased significantly over time for patients aged 80 years and older ($p < 0.05$). Of the 187 patients in the regional cohort (median age 85.9 years (range 75.0–97.7)), 174 (92%) received hormonal therapy. Omission of surgery was at the patient's request in 59 patients (32%). Of the 178 patients that died during follow-up, 60 patients (34%) died of BC. For 81 patients (45%), BC was not clinically relevant at the time of death.

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Median overall survival was 2.3 years (range 0.2–10.7) and did not differ between BC and other causes of death ($p = 0.9$).

Conclusion: Omission of surgery for elderly patients with resectable BC has increased significantly over the past decade; instead patients often received primary endocrine treatment. Although this may appear an effective alternative to surgery, the potential for a longer term negative impact on disease control and quality of life deserves further investigation.

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1. Introduction

Western societies are ageing; for example, in The Netherlands, the proportion of inhabitants aged 75 years and over will rise from its current 7% to as much as 15% by 2045.¹ As breast cancer incidence increases with age,² these demographic changes mean that the number of elderly breast cancer patients will also increase considerably over the coming decades.³

Cancer specialists are faced with the challenge of determining the appropriate treatment for these elderly patients. National guidelines are based on trials from which older patients and those with comorbidity were often excluded.^{4,5} It is uncertain if the results of these trials can be extrapolated to the elderly population, with their somatic and psychogeriatric comorbidity and decreased physiological reserves.⁶ These conditions can alter the ability of a patient to tolerate treatment and represent competing causes of death.^{7,8} The average remaining life-expectancy for a 75-year old woman in The Netherlands is 11.1, 7.9 years for an 80-year old woman and 4.7 years for an 85-year old woman.¹ However, in frail patients with multimorbidity and poor general health, the remaining life-expectancy can be compromised. Such patients may not live long enough to benefit from treatment aimed at decreasing the risk of cancer recurrence,⁸ while they may suffer the side-effects and complications of this treatment.

As a result, elderly cancer patients do not always receive standard treatment. For example, surgery may be replaced by primary endocrine therapy (PET) and adjuvant treatment may be omitted.^{6,9} In a recently published study on treatment patterns for older breast cancer patients in a single cancer clinic, we concluded that the number of patients aged 80 years and older that received surgery for resectable breast cancer decreased greatly over the last decade, from 80% to 33%.¹⁰ However, the number of patients and duration of follow-up was insufficient to ascertain the clinical outcome for these patients.

Therefore, the aim of this study was two-fold: first, to determine whether this local trend towards less surgery for elderly patients with resectable breast cancer could also be found on a national level and second, to evaluate the effect of omission of surgery by examining clinical outcome and cause of death for a multicentre cohort of elderly patients (aged 75 years and older) with resectable breast cancer that did not undergo surgery.

2. Methods

In The Netherlands, all new cancer diagnoses are collected in the National Cancer Registry, based on data from the central pathology database and the ICD-9 (international classification of disease-9) codes as registered by the hospital. Along with the cancer diagnosis, patient and tumour characteristics are recorded, as well as the primary cancer treatment. Using this national database, we examined treatment choices for all patients newly diagnosed with resectable breast cancer over a period of 10 years (1995–2005). Resectable breast cancer was defined as stage T_{1–3}N_{0–2}M₀. Primary cancer treatment was dichotomised as surgery versus no surgery, irrespective of (neo)adjuvant or alternative cancer treatment. For each incidence year and per the five-year age group, the percentage of patients receiving surgery was calculated.

To ascertain clinical outcome after the omission of surgery for elderly patients with resectable breast cancer, we examined a regional cohort of such patients in greater detail. All patients over the age of 75 years, who were diagnosed with a resectable primary breast cancer and not receiving primary surgery at five different centres in The Netherlands (Leiden University Medical Centre, Leiden; Haga Hospital, The Hague; Medical Centre Alkmaar, Alkmaar; Rijnland Hospital, Leiderdorp; and Reinier de Graaf Hospital, Delft) between 1990 and 2005 were included. For these patients, the following data were collected from their medical charts: date of birth, date of diagnosis, prior medical history, tumour stage and the oestrogen and progesterone receptor status. The human epidermal growth factor receptor 2 (Her2) was not available in The Netherlands until 2003 and was therefore not included. Comorbidity burden was assessed using the Charlson comorbidity index.¹¹ In addition, data on the primary treatment and the reason for omission of surgery were also collected.

Date and cause of death were obtained from the national database at Statistics Netherlands, based on death certificate data. In The Netherlands, when a patient has died, it is mandatory that a physician fills out a death certificate including date of death and the primary cause of death, as well as a maximum of three underlying diseases or secondary causes of death. Based on primary cause of death as registered on the death certificate, deceased patients were classified as death due to breast cancer or due to other causes.

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