

Breast Cancer in the Elderly



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KEYWORDS

- Screening • Axillary staging • Endocrine therapy • Radiation therapy
- Chemotherapy • Surgical outcomes • Ethics

KEY POINTS

- The incidence of breast cancer in the elderly is high; with increasing life expectancy, screening and treatment methods are evolving for this population.
- Functional status, comorbidities, and treatment side effects are becoming the determining factor in deciding screening and treatment options.
- Additional research in elderly patients with breast cancer needs to determine screening recommendations, ethical considerations, and best practice treatment options.

INTRODUCTION

In 2016, the incidence of breast cancer in women older than 65 years was 436.9 per 100,000 per year.^{1,2} More than 50% of breast cancers are diagnosed in patients older than 60 years (**Fig. 1**).³ The World Health Organization and Medicare define the elderly as individuals older than 65 years.^{4,5} Although the average life expectancy of women older than 65 years is 86.6 years, 1 out of 4 will live to more than 90 years of age and 1 out of 10 will live to more than 95 years of age.^{2,6} This article attempts to summarize current topics pertaining to breast cancer in the elderly.

PRESENTATION

Presentation varies among the elderly population. Some elderly women are more likely to present later with breast cancer because of their lack of awareness.⁷ Yet, some studies show the elderly can present at earlier stages.⁸ Many patients older than 85 years self-refer because screening is not provided to them.⁹ In general, the older the patients, the more likely their initial presentation of breast cancer will be a palpable mass and less likely to be screen detected.¹⁰

Some studies show the elderly present with a more favorable characteristic malignancy than their younger counterparts.¹¹ Other studies show patients with earlier-stage cancer had more poorly differentiated cancer with a higher tumor grade and Ki67 similar to their younger counterparts.⁸ Recent studies show estrogen receptor

Disclosure: The authors have nothing to disclose.

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Surg Clin N Am 98 (2018) 819–833

<https://doi.org/10.1016/j.suc.2018.04.002>

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New Cases of Breast Cancer by Age Group

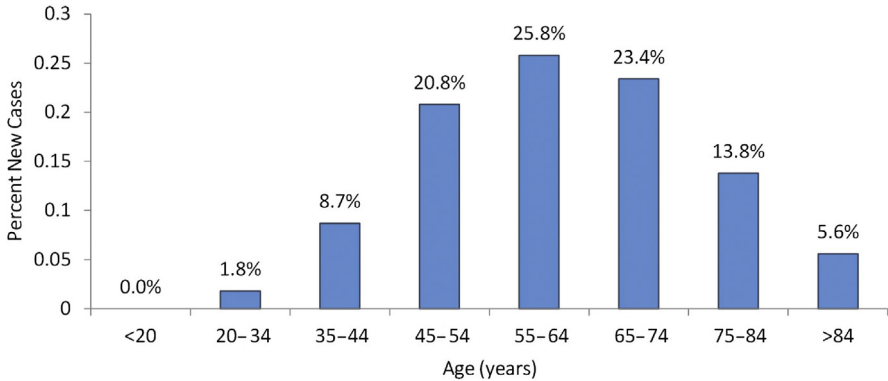


Fig. 1. Surveillance, Epidemiology, and End Results' percent of new cases of breast cancer by age. (Data from National Cancer Institute. SEER 18 2010–2014. Available at: <https://seer.cancer.gov/statfacts/html/breast.html>. Accessed October 9, 2017.)

tumors increase in occurrence with age and human epidermal growth factor receptor 2 (Her2) status decreases with age.^{12,13}

Invasive ductal cancer (76%) makes up most breast cancers in the elderly. Invasive lobular carcinoma makes up 5.6%, and ductal carcinoma in situ alone was 10.0% of elderly breast pathology.¹⁴ Overall, the most common presentation for elderly patients is higher-grade, hormone receptor-positive invasive ductal cancer.¹¹

SCREENING

Among national organizations, mammography is the imaging modality of choice for screening.¹⁵ Many randomized and case-controlled trials have evaluated the costs and benefits of screening. The Health Insurance Plan trial of New York in 1963 revealed mammographic screening reduced breast cancer mortality by 30%. Recent meta-analysis has shown a 15% to 20% relative risk reduction in mortality with breast cancer screening.¹⁶ Yet, with about 11 trials evaluating screening, the US Preventative Services Task Force, the American Cancer Society, the American Geriatric Society, the American College of Obstetrics and Gynecology, and other organizations have not converged on a single recommendation for screening guidelines in the elderly.¹⁷ Many of these trials did not include patients who were older than 60 years.

Critics of overscreening the elderly cite higher incidence of breast cancer in the elderly, increased risk of death from other disease, and the slow growth of most tumors.¹⁸ The United Kingdom conducted an independent review to evaluate the benefits and harms of screening and concluded that there is an 11% to 19% overdiagnosis.¹⁶ A Cochrane review of 7 randomized trials concluded there is a 15% reduction of breast cancer risk with screening mammogram but a 30% overdiagnosis and overtreatment. Only 6 of the 11 trials included women older than 60 years, and only the Swedish Kopparberg trial included patients older than 65 years.¹⁹ This Swedish trial concluded that reduction in mortality was 34% in women aged 50 years and older with 0.66 odds ratio breast cancer mortality and, therefore, a greater benefit (Table 1).¹⁹

Currently, routine screening for breast cancer in patients older than 74 years is controversial. Some advocate continued clinical breast examinations over mammography in this age group.²⁰ The National Cancer Institute (NCI) has deferred recommendations

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