



Breast cancer in elderly women features in Tunisian women
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Introduction:

Breast cancer is one of the most common types of cancer affecting women, accounting for about 6500 new cases annually in the Czech Republic. Almost one-half of the newly diagnosed breast cancers occur in women older than 65 years. The aim of this study was to describe patient socio-demographic characteristics and clinical features of breast cancer in women aged 65 years old or more.

Methods:

this was a retrospective and descriptive study. We reviewed files of 60 women aged 65 years at least and treated for breast cancer the gynaecology and obstetrics department of Ben Arous Regional Hospital between January 2015 and December 2022. Data on patient characteristics, cancer presentation were collected and analyzed.

Results:

The mean age of our population was 70±5 years. Among them, 10.1% were older than 80 years old. Thirteen percent of these patients had a medical history of breast cancer in their family and just one patient had a medical history of endometrial cancer. In all, 12% of patients in the old population did not have comorbidities. Cardiovascular diseases, predefined as hypertension, thromboembolic, valvulopathy, pulmonary embolism, previous myocardial infarction, and previous ictus, were present in 42 women (70%). The age at first menarche was 12 years old in 40% of cases. Thirteen percent of the patient were nulliparous and 85% had breastfed their babies. Pregnancy was noticed in 88.3% of cases and 16.7% used oral contraceptive method. 32 patients out of 60 (53.3%) discovered a lump in the breast by self-examination. Conversely, diagnosis through periodic screening occurred in 17% of cases. Occasional diagnosis, predefined as diagnosis done during medical procedures for different reasons, occurred in 29.7% of cases. Sixty percent of patients were diagnosed with stage 2 disease and 33.4% with stage 4. Pathological subtype was invasive ductal carcinoma in 71% of cases and 13% were lobular. Treatment strategy was mainly based on a radical surgery with radiotherapy and chemotherapy. During the follow up period, metastatic disease occurred in 18.3% of cases. Twelve patients died due to disease progression. Overall survival after treatment was about 53.3%.

Discussion:

GERIATRIC ASSESSMENT AND ESTIMATING LIFE EXPECTANCY: An estimation of life expectancy should be done for all older patients before making a treatment plan. In an analysis of 52,000 Medicare beneficiaries, Cho et al developed a comorbidity-adjusted life expectancy tool to predict estimated survival. Of note, for patients age 80 years and older with no or low/medium comorbidities, average life expectancy was ≥ 5 years. (2)
Breast Cancer Phenotypes: Breast cancer is more than one disease, and treatment decisions are based on stage, histologic subtype, grade, and phenotype. The three major phenotypes are hormone receptor (HR; estrogen and/or progesterone receptor) positive and human epidermal growth factor receptor 2 (HER2) negative, HR negative and HER2 negative (so-called triple negative), and HER2 positive (with any receptor status). At least 75% of patients age 80 years and older will present with HR-positive and HER2-negative tumors, whereas more aggressive triple-negative and HER2-positive lesions account for the remainder.(3)
Primary Endocrine Therapy: The majority of patients age 80 years and older will have HR-positive, HER2-negative tumors at diagnosis. A subgroup of these patients will have substantial comorbidities and life expectancies of only several years. Such patients can be successfully managed with primary endocrine therapy. In addition, those with HR-positive, HER2-negative unresectable primary lesions are likely to benefit from preoperative endocrine therapy with the goal of shrinking the tumor to allow them to be candidates for either mastectomy or breast preservation. We favor aromatase inhibitor therapy in this setting because the adverse effects are more favorable in older adults,(4)
Surgery: Patients age 80 years and older generally tolerate surgery well, with low complication rates. In one study of 120 women age 80 years and older of whom 32% had a simple mastectomy, 27% breast conservation, and 6% axillary dissection, major complications that mainly involved wound healing were noted in 6%.(5)
Radiation: In one randomized trial of women age 70 years and older with T1N0M0 tumors, those who received breast conservation and tamoxifen alone had a local-regional recurrence rate of 10% compared with 2% of those who received tamoxifen and radiation. Ten-year overall survival was almost identical, with the majority of patients dying of non–breast cancer causes.(6)
ADJUVANT SYSTEMIC THERAPY:Endocrine therapy with an aromatase inhibitor or tamoxifen for 2 to 3 years followed by an aromatase inhibitor should be considered for most women age 80 years and older unless they have small (< 1 cm) low-grade, node-negative tumors or an extremely short life expectancy. Both tamoxifen and aromatase inhibitors usually are well tolerated in older patients, but adherence to endocrine therapy is a major issue.(7)

Conclusions:

Optimal approach to elderly women with breast cancer is still a major challenge. Elderly patients with cancer should have at least a brief geriatric assessment to detect potentially treatable problems not always adequately evaluated by the oncologists.

References:

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