

Study Day on primary breast cancer in older women

15th March 2013

I took the opportunity of registering to attend a study day on primary breast cancer in older women which was put on by the University of Nottingham at the East Midlands Conference Centre, Nottingham University Campus. This was essentially a clinical meeting attended by breast surgeons and their teams and oncologists from across the UK and was run under the auspices of SIOG, the International Society of Geriatric Oncology. <http://www.siog.org> I was sponsored by the East Midlands Cancer Network to attend this meeting as a patient representative. I was the only patient representative out of approximately eighty attendees.

The programme consisted of 4 sessions aimed at biology and clinical reference, local therapies, the patient's perspective, and challenges and future directions. Speakers included Professor Robert Leonard, Professor Riccardo Audisio, Mr Kwok-Leung Cheung, Professor Jean-Claude Horiot, Professor Sarah Pinder, Ms Karen Scanlon (Breast Cancer Care).

Points arising from the sessions:

- Management of older women often copied from younger patients, is that a good policy ?
- Survival not so good in older women
- An increase in mucinous cancers 3-6% and decrease in medullary-like cancers up to 4%
- Fewer grade 3, less lymphatic invasion
- Often increase in tumour size after screening age group – more T4
- ER+ 80-91%
- Fewer HER2+ (8-10%)
- DCIS 4% >70
- Density – declines with age
- Majority luminal type

Professor Robert Leonard, Chair of Cancer Studies, Imperial College, London discussed different types of chemotherapy and their toxicities, advantages and disadvantages and said he has observed that side effects take longer to clear up in older patients, and that there are no policies for chemotherapy in the elderly. And that funding is difficult to achieve for a clinical trial for older patients and chemotherapy. Not of interest to drug companies. USA spends one and a half to twice as much as UK on cancer.

“There is a need to get better at choosing the treatment we give to patients” (Professor Robert Leonard).

Data lacking – biology not the same in the elderly patient, there is a great need for more data.

“Most elderly patients under-treated”.

Some elderly patients do not want treatment, one patient did not want to come to clinic as she had never left her husband alone.

So many elderly patients present with locally advanced breast cancer(fungating) who are in residential care homes.

Professor Ricardo Audisio, St Helens & Knowsley Hospitals and University Professor, University of Liverpool, President of the International Society of Geriatric Oncology, - key points, enhancing awareness and promoting research. Older women should receive same options as younger women. However in real life problems raised are not that simple. There should be no age limit for gold standard treatment but individual evaluation, with specific geriatric assessment scales.

Professor Jean-Claude Heriot, Professor of Radiation Oncology, Institut Multidisciplinaire d’Oncologie, Service de Radio-Oncologie, Genolier, Switzerland - key points, elderly are often less well managed. Local recurrence greater in the elderly, they are less likely to be treated according to accepted treatment guidelines and under treatment has a strong negative effect on survival.

Reasons: physician and patient bias, relatives and carers, elderly less likely to receive breast conserving therapy.

Factors affecting decision making: Children, relatives can change the mind of the patient. Lack of knowledge, fear and anxiety, change in routine of daily activities, concern regarding elderly spouse, family members if not good support network. Impact on QoL, more likely to go for non-surgical intervention.

Older women value and trust information from Healthcare Professionals and tend to seek less additional information and support.

In summary, this was an excellent study day, a day I would not want to have missed ! Those present acknowledged that a greater awareness is required for this rather neglected group of patients, and the thought that the next generation (the current 50-70 year olds), because of the internet and other electronic media, will want more answers and better choices.



Patients being interviewed by a breast care nurse.

Patricia Fairbrother

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