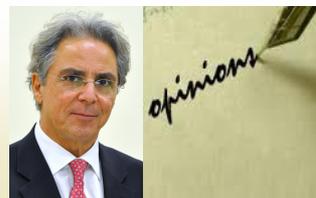


THE OPINION OF THE EXPERT

Are we treating elderly to the same standard as younger patients with breast cancer

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The absolute number of elderly women diagnosed with breast cancer is constantly increasing due to worldwide changing demographics and increasing life expectancy, taking into account that breast cancer incidence increases with increasing age. Unfortunately, in contrast to younger patients, survival of elderly breast cancer patients did not improve significantly in recent years¹. Ageing is frequently associated with an increasing

number of comorbidities and the risk of death from another cause that is unrelated to breast cancer (*competing risk of death*) may be particularly present in elderly populations and it has been found that within deceased breast cancer patients, the percentage of deaths attributed to breast cancer is decreasing with age². This may have led to the false interpretation that prognosis of older women with breast cancer is relatively good. However, in a study published recently in JAMA³ exploring

the association between age at diagnosis and mortality due to breast cancer among postmenopausal women with ER+ breast cancer, it was shown that, despite a higher risk of mortality from other causes, increasing age was associated with a higher disease-specific mortality. It was suggested that under treatment, in particular with chemotherapy or radiotherapy, may explain this age-specific worst outcome.

Several studies have shown that elderly patients have lower odds of receiving standard care and increased age at diagnosis predicts deviation from international treatment guidelines. But importantly, evidence based medicine in elderly breast cancer patients is lacking as elderly are often excluded from randomized clinical trials. There is need for age specific studies to obtain specific guidelines for elderly patients, in order to improve breast cancer outcome in this

population. In the meantime it is recommended to discuss treatment decisions in a multidisciplinary setting, ideally in combination with geriatric assessment. Optimal, individualized treatment should be decided taking into account the risk of disease recurrence along with biological age and life expectancy related to existing comorbidities.

References

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