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 years\(^1\). Ageing is frequently associated with an increasing number of comorbidities and the risk of death from another cause that is unrelated to breast cancer (\textit{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 age\(^2\). Under biological age and life expectancy related to existing comorbidities, this may explain this age-specific worst outcome.

Several studies have shown the risk of death from another cause that is unrelated to lower odds of receiving breast cancer \textit{(competing risk standard care and increased of death)} may be particularly age at diagnosis predicts present in elderly populations deviation from international and it has been found that treatment guidelines. But within deceased breast cancer importantly, evidence based patients, the percentage of medicine in elderly breast deaths attributed to breast cancer patients is lacking as cancer is decreasing with age\(^2\). Elderly are often excluded This may have led to the false from randomized clinical interpretation that prognosis of older women with breast specific studies to obtain cancer is relatively good. However, in a study published recently in \textit{JAMA}\(^3\) exploring breast cancer outcome in this population. In the meantime it is recommended to discuss treatment decisions in a multidisciplinary setting, account that breast cancer risk of mortality from other individualized treatment incidence increases with causes, increasing age was should be decided taking into increasing age. Unfortunately, associated with a higher account the risk of disease in contrast to younger patients, disease-specific mortality. It recurrence along with survival of elderly breast was suggested that under biological age and life cancer patients did not treatment, in particular with chemotherapy or radiotherapy, comorbidities.

\section*{References}
\begin{enumerate}
\item van de Water W, Markopoulos C, van de Velde CJ, et al. \textit{JAMA} 307:590;2012
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