Breast cancer

Missed opportunities in loco-regional treatment of breast cancer in the elderly

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Aim/Background: Factors associated with surgery, adjuvant radiotherapy, and chemotherapy, and whether there were missed opportunities for treatment in elderly patients (aged 65 years and above) in an Asian setting were determined.

Methods: All 5616 patients diagnosed with breast cancer in University Malaya Medical Centre from 1999-2013 were included. Characteristics and treatment of elders (945) were compared against younger patients (4671). Multivariable logistic regression was performed to identify factors associated with treatment. The impact of undertreatment on all-cause survival of the elderly was assessed while accounting for competing comorbidities.

Results: Older women were significantly undertreated despite having favourable tumour characteristics compared to younger patients. In elderly women with stage I-IIIa breast cancers, lack of surgery (10 per cent) was associated with Malay ethnicity, comorbidity, increasing age and tumor size. Mastectomy was preferred (85.7 per cent) in both stage I and II breast cancers. In elderly women with indications for adjuvant radiotherapy, lack of irradiation (30 per cent) was significantly associated with comorbidity, absence of any adjuvant systemic therapy, and increasing age. Hormone therapy was optimal but only 95 of 266 elderly women with ER negative tumours received chemotherapy. Lack of surgery, and radiotherapy independently affected 5-year all-cause survival. Only a fraction of the survival discrepancy between elderly women receiving loco-regional treatment and no treatment were attributed to excess comorbidities in untreated patients.

Conclusions: Locoregional management of elderly patients was suboptimal. Comorbidity alone could not explain the survival disparity between the treated and untreated elders, suggesting missed opportunities for treatment.

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