

# Management of Breast Cancer in Older Women



Malcolm W.R. Reed  
Riccardo A. Audisio  
*Editors*

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ISBN 978-1-84800-264-7                      e-ISBN 978-1-84800-265-4  
DOI 10.1007/978-1-84800-265-4  
Springer London Dordrecht Heidelberg New York

British Library Cataloguing in Publication Data  
A catalogue record for this book is available from the British Library

Library of Congress Control Number: 2009942232

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Printed on acid-free paper

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# Foreword

I was looking at Mrs T – all 45 kilos of her – with somewhat puzzled thoughts. I had prescribed her capecitabine at very prudent doses, in view of her 91-year-old kidneys and physiology. She had reduced my treatment even further, “because it was making her tired.” As a result, she was taking a grand total of 500 mg of capecitabine a day. Yet, her metastatic, ER/PR-negative, Her2-positive breast cancer was undoubtedly responding. Her pain was improving and her chest mass was shrinking, as were her lung metastases... What was the secret of that response? Were Mrs T’s kidneys eliminating even less drug than predicted by her creatinine clearance? Was her sarcopenia altering drug distribution? Was she absorbing more drug than average? Or was her tumor exquisitely sensitive to fluoropyrimidines? “Physicians,” said Voltaire, “pour drugs they know little for diseases they know even less into patients they know nothing about.” Medicine has made tremendous progress since the eighteenth century. Yet, there are fields where quite a lot remains to be learned. In developed countries, 25% of breast cancers occur in patients aged 75 years and older. Yet, these patients represent only 4% of the population of traditional clinical trials. That ought to let us wonder how relevant data acquired in patients in their 60s are to a nonagenarian. Fortunately, geriatric oncologists have been stepping up to the task and have generated data to help us to treat such patients.

Drs. Reed and Audisio have assembled in this book the results of their work. The readers will find in a condensed format data to help them to treat this important subgroup of breast cancer patients. They will find in this book data ranging from the impact of age on the biology of breast cancer to the psychosocial considerations. Two well-developed treatment sections will help the readers to practice personalized cancer care for our senior patients. The editors have assembled a remarkable panel of experts in breast cancer and geriatric oncology to contribute their knowledge in their respective field of expertise. This book will no doubt earn a well-deserved place as a reference in the office of oncologists treating older women with breast cancer. May it help us to know more about the drugs, the diseases, and the patients we treat.

Martine Extermann  
Florida, USA

# Preface

The aim of this book is to provide the readers with a comprehensive review of the important topic of the management of breast cancer in elderly women. The increasing prevalence of breast cancer in the aging population and the extended availability of screening have huge implications for health care services around the world. In the United Kingdom alone, these factors will contribute to an increased incidence of breast cancer of 20% over the next 10 years, representing a huge challenge for clinicians and researchers alike.

Although over half of the patients diagnosed with breast cancer are over the age of 70, there is a major lack of evidence based on randomised clinical trials to guide clinicians and patients in the selection of the best treatment options. Largely because of this failure to include these patients in clinical trials, there are very few evidence-based guidelines to guide treatment. All too often, older patients are managed in accordance with guidelines based on research trials that incorporated exclusively younger women. This deficiency often results in older patients failing to receive appropriate management in all aspects of their care, from screening through diagnosis, therapy, and follow-up.

Despite the real and recognised changes in physiology and functional status with age, assumptions are often made about treatments based on misconceptions in relation to patient's preferences and suitability for such therapies. This can result in under staging and inappropriate under- ,or in some cases, overzealous treatment.

In the face of this background, there is increasing recognition that this issue needs to be addressed and that there exists within the field of geriatrics the appropriate specialist skills to help oncologists to select the appropriate treatment for patients. The editors have an established research and clinical interest in this topic and have brought together a multidisciplinary team of contributors from the fields of epidemiology, oncology, and geriatrics to provide the readers with a comprehensive review of the field. The editors' and contributors' aim is to provide a detailed background to each topic along with clear and useful guidance based on the best available evidence. All the contributors are acknowledged experts in their field and the editors are grateful to them for the time and effort they have committed to this project. We have included relatively new areas such as breast reconstruction and the interpolation between age and race/ethnicity in order to cover the subject area comprehensively.

The editors acknowledge the support of SIOG (International Society of Geriatric Oncology) and the efficient and enthusiastic editorial support from Barbara Lopez-Lucio and our publisher, Springer.

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# Contents

## Part I Background and Epidemiology

- 1 **Basic Science of Breast Cancer in Older Patients** ..... 3  
Irmgard Irminger-Finger
- 2 **Tumor Biology and Pathology** ..... 21  
Virginie Durbecq and Denis Larsimont
- 3 **Clinical Epidemiology and the Impact of Co-Morbidity on Survival** ..... 37  
Adri C. Voogd, Marieke J. Louwman, and Jan Willem W. Coebergh

## Part II Special Considerations in the Management of Older Women

- 4 **Comprehensive Geriatric Assessment** ..... 53  
Margot A. Gosney
- 5 **A Practical Mini-Guide to Comprehensive Geriatric Assessment** ..... 65  
Siri Rostoft Kristjansson
- 6 **Impact of the Physiological Effects of Aging on the Pharmacokinetics and Pharmacodynamics of Systemic Breast Cancer Treatment** ..... 75  
Paul Hamberg, Maja J.A. de Jonge, and Caroline M. Seynaeve
- 7 **Impact of Hormone Replacement Therapy on Breast Cancer** ..... 101  
Toril Gathani and Valerie Beral
- 8 **Experiences of a Multidisciplinary Elderly Breast Cancer Clinic: Using the Right Specialists, in the Same Place, with Time** ..... 109  
Anne Stotter, Mohammad Tahir, Robert S. Pretorius, and Thompson Robinson



### Part III Therapeutics

<b>9</b>	<b>Mammographic Breast Screening in Elderly Women</b> .....	127
	Lynda Wyld	
<b>10</b>	<b>Primary Endocrine Therapy for the Treatment of Early Breast Cancer in Older Women</b> .....	143
	Lynda Wyld and Daniel Hind	
<b>11</b>	<b>Peroperative Radiotherapy</b> .....	165
	Roberto Orecchia, Giovanni Battista Ivaldi, and Maria Cristina Leonardi	
<b>12</b>	<b>General and Local Anesthetics</b> .....	183
	Bernadette Th. Veering	
<b>13</b>	<b>The Surgical Management of Breast Cancer in Elderly Women</b> .....	197
	Malcolm W.R. Reed, Lynda Wyld, and Riccardo A. Audisio	
<b>14</b>	<b>Breast Reconstruction</b> .....	213
	Marcus J.D. Wagstaff, Malcolm W.R. Reed, and Christopher M. Caddy	
<b>15</b>	<b>Adjuvant Endocrine Therapy</b> .....	231
	Laura Biganzoli	
<b>16</b>	<b>Adjuvant Chemotherapy</b> .....	249
	Sumanta Kumar Pal, Nilesh Vora, and Arti Hurria	
<b>17</b>	<b>Adjuvant Radiotherapy</b> .....	263
	Pierre G.M. Scalliet	
<b>18</b>	<b>Prevention and Treatment of Skeletal Complications</b> .....	275
	Matthew C. Winter, Helen L. Neville-Webbe, and Robert E. Coleman	
<b>19</b>	<b>Medical Management of Advanced Disease</b> .....	299
	Hans P.M.W. Wildiers	
<b>20</b>	<b>The Use of Chemotherapy in Elderly Cancer Patients: Dose Adjusting, Drug Interactions, and Polypharmacy</b> .....	315
	Lazzaro Repetto and Claudia Di Bartolomeo	

### Part IV Psychosocial Considerations

<b>21</b>	<b>Delayed Presentation of Breast Cancer in Older Women</b> .....	333
	Lindsay J.L. Forbes and Amanda J. Ramirez	

**22 Patient Decision Making** ..... 343  
Martine Extermann

**23 Culture, Ethnicity, and Race: Persistent Disparities  
in Older Women with Breast Cancer** ..... 349  
Antonella Surbone and Marjorie Kagawa-Singer

**24 Supportive, Palliative and End-of-Life Care for Older  
Breast Cancer Patients** ..... 371  
Elaine Cachia, Ruth Broadhurst, and Sam H. Ahmedzai

**Index**..... 405

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**Part I**  
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