

ASSURING QUALITY BREAST CANCER CARE FOR THE ELDERLY  
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A woman has a one in nine lifetime chance of developing breast cancer, but the actual risk becomes higher as women age. Half of all breast cancer diagnoses occur in women over 50 years of age. How is breast cancer different in the elderly?

**Breast cancer in the elderly has distinctive biologic and clinical characteristics.** Older women tend to have less aggressive breast cancers than younger women according to a study reported in the April 5, 2000 Issue of the Journal of the National Cancer Institute.<sup>1</sup> The same study demonstrated that breast cancer in the elderly has distinctive biologic and clinical characteristics.

**Elderly patients are treated less aggressively.** The NCI study found elderly patients were less likely to receive systemic chemotherapy and radiation therapy and that they undergo less extensive surgery than younger patients. Another study, reported in 2003 the Journal of Clinical Oncology<sup>2</sup>, pointed out that the problem of under treatment may stem from a belief that elderly patients do not tolerate treatment, and because many women over 80 have other illnesses, sometimes doctors or the patients themselves are reluctant to consider appropriate cancer treatment.

**Elderly breast cancer patients have poorer survival rates.** A recent Swedish study<sup>3</sup> found that women aged 70 to 84 years had up to a 13 percent lower chance of surviving breast cancer than those aged 50 to 69 years, and that differences in diagnosis and treatment, rather than the presence of other illnesses, are the reason for this disparity in survival rates. The study also found that breast cancer diagnosis was often made later in older women and, once diagnosed, they were less likely to be fully investigated for their cancer and had less aggressive treatment than younger women. Older women were less likely to have their cancer detected by mammography screening and to have the stage of disease identified, they had

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<sup>1</sup> **Tumor Characteristics and Clinical Outcome of Elderly Women With Breast Cancer.** Sami G. Diab, Richard M. Elledge, and Gary M. Clark. J Natl Cancer Inst 2000; 92: 550-556.

<sup>2</sup> **Undertreatment of breast cancer in elderly women: contribution of a cancer registry.** Carol Alliot. J Clin Oncol, United States; Vol 23, No 21 (7/22/2005): pp. 4800-1; author reply 4801-2.

<sup>3</sup> **Differences in Management of Older Women Influence Breast Cancer Survival: Results from a Population-Based Database in Sweden** Sonja Eaker, Paul W. Dickman, Leif Bergkvist, Lars Holmberg, The Uppsala/Örebro Breast Cancer Group *PLoS Medicine* Vol. 3, No. 3, e25 DOI: 10.1371/journal.pmed.0030025

fewer lymph nodes examined, and older patients were less likely to be offered breast-conserving surgery. At the same time, they more likely to receive hormone treatment, such as tamoxifen, even if their tumors did not show signs of hormone sensitivity!

**Older women have some different concerns about breast cancer than younger women.** According to the Y-Me National Breast Cancer Organization<sup>4</sup>, older women tend to think about how to get the most out of their remaining years, which may affect their decisions regarding treatment, they tend not to seek a second opinion or question a doctor's judgment, they are more likely to have other medical conditions that can increase the likelihood of side effects of treatment, they may have more trouble managing insurance and paying for care, and they face concerns about who will take care of them as they go through treatment and beyond.

In 2003 the American Society of Clinical Oncology (ASCO) presented findings that showed that in women with breast cancer, treatment should be based on disease, not age, that older women appear to benefit from and tolerate chemotherapy as well as younger women, that older patients are under represented in clinical trials of cancer therapies, and that older patients are less likely than younger patients to be referred by their primary care physician to an oncologist for treatment<sup>5</sup>.

**How can elderly women be sure they receive quality breast cancer care?** The National Breast Cancer Coalition publishes a comprehensive **GUIDE TO QUALITY BREAST CANCER CARE**, available on-line<sup>6</sup>, that covers the topics of access, information, choice, respect, accountability, and improvement in the health care system. The **GUIDE** is recommended reading for all persons diagnosed with breast cancer; however, the following advice is particularly relevant to elderly women diagnosed with breast cancer:

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<sup>4</sup> [http://www.y-me.org/coping/survivorship/survivorship\\_for\\_elderly.php](http://www.y-me.org/coping/survivorship/survivorship_for_elderly.php)

<sup>5</sup> **Adjuvant endocrine therapy compared with no systemic therapy for elderly women with early breast cancer: 21-year results of International Breast Cancer Study Group Trial IV.** Diana Crivellari, Karen Price, Richard D Gelber, Monica Castiglione-Gertsch, Carl-Magnus Rudenstam, Jurij Lindtner, Martin F Fey, Hans-Jörg Senn, Alan S Coates, John Collins, Aron Goldhirsch, Aron Goldhirsch. *J Clin Oncol*, United States; Vol 21, No 24 (Dec 15, 2003): pp. 4517-23

<sup>6</sup> <http://www.natlbcc.org/nbccf/index.html>

- Understand your diagnosis. Ask for a copy of your pathology report, and request that the report be read by a pathologist in another practice or medical center to confirm the diagnosis. Treatment protocols are based on specific disease characteristics.
- Find out what your insurance, particularly Medicare, covers.
- Make sure your care is coordinated between your main health care provider, any specialists you see for other medical conditions, and the specialists who treat you for breast cancer.
- Ask to be treated as a whole person. Request for a comprehensive treatment plan in writing, with a timeline if possible, that covers all aspects of your treatment, including coordination among health care providers, complementary therapy, physical therapy, and mental health services.
- Consider traveling to a bigger care center for treatment for treatment. Breast cancer patients tend to get better care at larger hospitals, with surgeons who see more than 30-50 new cases annually and who are breast cancer specialists.
- Know your rights as a breast cancer patient: The Women's Health and Cancer Rights Act of 1998 makes most health plans and insurance companies cover certain parts of breast cancer care, including reconstructive surgery if they cover mastectomy, and surgery to balance both breasts, breast prostheses, and lymphedema care.
- Ask your health care providers to provide evidence based information to help you make treatment decisions. Evidence based medicine is based on the best medical research. The most reliable evidence comes from studies of large groups of people, however, many trials on which clinical practice is based have under-represented the elderly. Consequently there is less evidence to guide best practice in this age group.
- Learn about breast cancer clinical practice guidelines. The National Breast Cancer Coalition recommends guidelines from the National Cancer Institute, the National Comprehensive Cancer Network, and technology assessments from Blue Cross and Blue Shield.
- Ask if your doctor is basing treatment recommendations on breast cancer clinical practice guidelines, and if not, why. Ask your doctor if she is modifying treatment guidelines due to your age, and if so, why.
- Make sure your care is based on what matters to you, not on what the doctor may think is important, or what other patients want.
- In making treatment decisions, decide what kinds of side effects you are willing to accept.
- Treatment guidelines for advanced breast cancer are less clear than for early breast cancer. Doctors may propose strong combinations of drugs with the goal of trying to get a remission, or they may give fewer or less powerful

drugs with the goal of keeping the disease under control without using up treatment options too quickly and to enhance quality of life. If you have advanced cancer, tell your doctor which strategy you prefer.

- Take advantage of all the care you are entitled to, including complementary therapies, social and support services, and physical therapy.

To these practical recommendations, we would one more: take advantage of all the psychosocial support services available to breast cancer survivors in your community. Research has demonstrated that a system of social support enhances the well being of breast cancer survivors of all ages. In the Capital District, Capital Region Action Against Breast Cancer! offers free services and programs suitable for all ages. This fall, CRAAB! is sponsoring yoga and meditation classes; “Dreaming Well,” a support group based on healing imagery; gentle therapeutic dance and movement classes based on The Lebed Method; and two series of professionally facilitated life coaching workshops. All CRAAB! programs are free and open to survivors and their primary caregivers. Call 435-1055 for more information!