

Worse outcomes for older breast cancer patients with other health problems

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Older breast cancer patients with certain other health problems have higher mortality rates than patients without these problems according to a study published online June 30 in the *Journal of the National Cancer Institute*. The other health problems, or 'comorbidities', include heart attack and other heart-related problems, chronic obstructive pulmonary disease, diabetes, and others.

Previous studies have shown that comorbidities as a group are associated with poorer overall survival and higher overall death rates among [breast cancer](#) patients. In this study, Jennifer L. Patnaik, Ph.D., of the University of Colorado Denver, Aurora, and colleagues looked at the association between each of 13 individual conditions and survival.

Using the Surveillance, Epidemiology, and End Results-Medicare database, the researchers identified 64,034 women age 66 years and older who were diagnosed with breast cancer between 1992 and 2000. Of these, 42% had a history of one or more of 13 conditions—stroke, [chronic obstructive pulmonary disease](#), chronic renal failure, congestive heart failure, dementia, diabetes, liver disease, heart attack, paralysis, peripheral vascular disease, previous cancer, rheumatoid arthritis, and ulcers.

Each of these conditions was independently associated with increased overall mortality (deaths from any cause including cancer) and lower overall survival rates. When the researchers looked at each comorbid condition in patients age 66-74, they found that patients with stage 1

tumors and the comorbidity had overall survival rates the same as or worse than patients with stage II tumors and no comorbidities.

The authors conclude that comorbidities are important in predicting survival of breast cancer patients. They write that the study suggests that "careful attention to the effective management of comorbid conditions, as well as to the management of a patient's cancer, may result in longer overall survival for older breast cancer patients."

In an accompanying editorial, Worta McCaskill-Stevens, M.D., and Jeff Abrams, M.D., of the National Cancer Institute, Bethesda, Md., discuss the importance of studying older [breast cancer patients](#), who account for a large proportion of women with the disease and who often have comorbidities. They conclude that the findings of this study "are provocative, suggesting that care should be individualized in patients with comorbidities and the diseases should be co-managed between oncologists and primary care physicians."

More information: jnci.oxfordjournals.org/

Provided by Journal of the National Cancer Institute

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