

Elderly breast cancer patients denied life-saving drugs, says new study

March 4 2013, by Maggie Clune

(Medical Xpress)—Just 14 per cent of patients aged over 70 with early breast cancer are offered standard chemotherapy after surgery, says a new study by researchers from the University of Sussex and Brighton and Sussex Medical School.

The study, led by Professor Lesley Fallowfield, Director of Sussex Health Outcomes Research & Education in Cancer, University of Sussex, found that many elderly patients (an average age of 78.5yrs) who had previously had surgery to remove a breast tumour were not being offered adjuvant (ie, additional treatment) [chemotherapy](#) – the standard of care in younger patients.

The study "Adjuvant Chemotherapy in Elderly Women with [Breast Cancer](#)," also highlighted that in nearly a third (29 per cent) of the 803 case studies examined, clinicians made a decision on what treatment to give a patient without recording their fitness or understanding their HER2 status.

HER2 is a receptor found on the surface of all cells. Like a satellite dish, it sends messages or 'signals' into the cell telling it to survive and multiply. In HER2-positive breast cancer, there are too

many HER2 receptors on the surface of cancerous cells. As a result, the cells receive a high number of 'survive and multiply' signals – causing rapid growth and spread of the tumour. Knowledge of a patient's type, stage and HER2 status therefore plays a part in deciding the most

appropriate care for the patient.

There are many different types of breast cancer. Patients who test HER2 positive could be offered the personalised antibody treatment called Herceptin, together with chemotherapy, which significantly increases chances of survival for HER2-positive breast cancer patients compared to those offered chemotherapy alone.

Only 14 per cent of the study group, who were more likely to be younger patients (under 74 yrs), were offered chemotherapy. Further, of the 45 per cent of patients in the study who were considered at high risk of recurrence, less than a third were offered chemotherapy. If patients are not given chemotherapy then Herceptin will not be given either.

The likelihood of being offered chemotherapy also varied by hospital.

Professor Fallowfield says: "Elderly breast cancer patients should be assessed in the same way that younger patients are, based on their performance status and their HER2 status, without prejudice or unreasonably ageist perceptions. This is essential information, and without it, you may as well guess as to the most appropriate treatment.

"National guidelines need to be developed to support treatment recommendations if elderly patients are to receive fair and equal assessment of their treatment requirements in future.

"There may be legitimate reasons not to offer chemotherapy to older women with breast cancer: in some [patients](#) the benefits may be very small or the patient may not be fit enough for treatment.

"However, it is clear from this research that some clinicians are basing their decisions on perception rather than fact."

Dr Alistair Ring, a co-author of the paper and Senior Lecturer in Oncology at Brighton and Sussex [Medical School](#), which is run jointly by the universities of Sussex and Brighton, adds: "It is impossible to know what the benefits of a particular treatment regimen are compared to an alternative without knowing how fit the patient is and what type of breast cancer they have."

More information: annonc.oxfordjournals.org/content/101/17/annonc.mds642

Provided by University of Sussex

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