

Breast cancer surgery feasible for most fit older women

23 October 2020



(~2 percent). Wound complications were fairly common (19 percent). In the propensity-matched analysis, all-cause mortality was 20.8 percent for PET versus 16.3 percent for surgery. Breast cancer-specific mortality was 5.3 percent for PET versus 5.4 percent for surgery. After four years, survival divergence occurred, suggesting that an estimated four years of predicted life expectancy is the cutoff for PET having noninferior survival outcomes compared with surgery.

"These findings suggest that for older, less fit, frailer women with hormone-positive [breast](#) cancer, [hormone therapy](#) alone is likely to be as good as [surgery](#) if their [life expectancy](#) is less than four to five years," Wyld said in a statement.

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(HealthDay)—The majority of older women can tolerate surgery for operable breast cancer, according to a study presented at the European Breast Cancer Conference, held virtually from Oct. 2 to 3.

Lynda Wyld, M.B.Ch.B., Ph.D., from University of Sheffield in the United Kingdom, and colleagues analyzed data from 3,416 women (ages 70 years and older) with estrogen receptor-positive early breast cancer seen at 56 U.K. breast cancer units between 2013 and 2018. The propensity-matched analysis included 426 surgery and 240 primary endocrine therapy (PET) patients matched for age, fitness, and frailty.

The researchers found that the median age varied by treatment allocation (surgery: 76 years; PET: 84 years). Unadjusted all-cause mortality during a median of two years was higher for PET versus surgery (28 versus 9 percent). There were no deaths reported due to surgery, and significant systemic surgical adverse events were infrequent

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APA citation: Breast cancer surgery feasible for most fit older women (2020, October 23) retrieved 15 January 2021 from <https://medicalxpress.com/news/2020-10-breast-cancer-surgery-feasible-older.html>

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