

# Therapy and Survival Effects in Older Women Having Primary Breast Cancer: A Prospective Probability Scoring Rate Study

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## Abstract

Management choices for elderly women with primary breast cancer are challenging because of changes in biological characteristics and functional status. Based on current treatment approaches, our goal was to offer a summary of the clinicopathological features and survival rates of older breast cancer patients.

**Keywords:** Breast cancer • Older women • Treatment strategy • Clinicopathological • Cancer

## Introduction

The most common type of cancer in women is female breast cancer, which is also the fourth leading cause of cancer death in Chinese women. According to data, 40% of all breast cancer deaths and 30% of all cases of the disease occur in people who are 60 years or older. According to reliable data from China's National Central Cancer Registry (NCCR), 31.30% of breast cancer patients in 2015 were 60 years of age or older; by 2030, the percentage of newly diagnosed cases in this age group is projected to rise to 41.37%. A similar pattern was found in patients under the age of 65. According to research, China's breast cancer age distribution has shifted towards older age groups, with an increasing median age at diagnosis. Furthermore, NCCR data revealed that the death rate was rising among older patients. Patients over the age of 60 had a significantly greater mortality rate from breast cancer compared to younger patients, which suggests that older women may not gain as much from improvements in breast cancer diagnosis and treatment. Therefore, research on the various treatment modalities for younger and older patients would enable us to pinpoint the root causes of these mortality disparities and devise solutions. However, the majority of current research in China focuses on age-specific incidence and mortality. Previous studies found significant differences in the tumour pathological characteristics of younger and older breast cancer patients. Estrogen Receptor (ER) and human epidermal growth factor receptor 2 (HER2) negative tumours were shown to be more prevalent in older patients. Additionally, studies showed that older patients tended to have less aggressive tumours than their younger counterparts. The decision making process for older patients becomes more difficult as studies show that comorbidities, toxin tolerance, functional level, and life expectancy play more important

Cancer Network (NCCN), European Society of breast cancer specialists (EUSOMA), and International Society of Geriatric Oncology (SIOG) treatment guidelines state that breast cancer patients management decisions shouldn't be based on their chronological age. Instead, age related changes in functional status, comorbidities, mental health, and social standing should be taken into account in therapeutic strategies for older women with breast cancer. For the purpose of directing therapeutic interventions in elderly patients, geriatric assessment has been suggested as an addition to oncology assessment. Consideration must be given to whether the benefits of surgery and treatment will outweigh the risks for these individuals given the negative impact on functional status, toxicity, and poor tolerance to chemotherapy. According to the current data, surgical intervention is still the preferred treatment for both younger and older patients. Furthermore, Primary Endocrine Therapy (PET) had comparable survival outcomes to surgery in patients aged 70 years and older with ER positive tumours, although the progression free survival was worse for PET, according to a Cochrane review and another retrospective study.

## Description

According to studies, chemotherapy is less likely to be given to elderly individuals who have comorbid conditions or poor functional level. Additionally, little study has been done to examine the advantages of Adjuvant Chemotherapy (ACT) in groups of older breast cancer patients, and the results of the data that has been collected are conflicting. Muss and co suggested that receiving ACT significantly reduced breast cancer mortality and recurrence in older women aged 50-69 with Lymph Node (LN) positive breast cancer, but that the benefit diminished over time in patients older than 70. Another study that used data from the Surveillance, Epidemiology, and End Results (SEER) programme showed that ACT was linked to a benefit for survival in patients with ER negative, LN positive breast cancer, but not in those with ER positive disease. The survival benefit of chemotherapy was recently shown to persist for both LN negative and LN positive patients, as well as for patients with high comorbidity scores, according to a retrospective study involving 16,062 patients with Triple Negative Breast Cancer (TNBC). Additionally, a study found that ACT improved survival in older patients with ER negative disease, while its negative effects on quality of life subsided after 18 months. Given that older women have historically been underrepresented in many breast cancer clinical trials, there is a dearth of data regarding the best course of treatment for these patients, particularly in China. In this study, we compared the clinicopathological characteristics of patients who were older (>65 years) and younger (65 years) and evaluated the impact of current therapies on overall survival in older breast cancer patients.

In the current study, we showed that older women with primary invasive breast cancer differed significantly from their younger counterparts in terms of clinicopathological characteristics and treatment patterns. According to our data, ACT was independently linked to an apparent survival benefit in patients under the age of 65.

## Conclusion

We gave a succinct overview of the unique clinicopathological characteristics, more aggressive surgical options, and preference for moderate chemotherapy of breast cancer patients aged 65 years compared with their younger counterparts. Our findings back up the use of ACT, particularly in elderly patients with large tumour sizes and LN involvement.