

Management of Older Patients with Breast Cancer

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Representing the largest segment of the worldwide population of patients with cancer, older individuals should be the first target for and the first beneficiaries from treatment optimization. This is an important part of personalized medicine.

Breast cancer is not an exception to the rule. It is the most common cancer diagnosed in older women, with a peak of incidence near 65 years in many countries. Indeed, variations do exist across borders and cultures: incidence, life expectancy, definition of old age, considerations on over versus under treatment, use of screening tool, etc. However, the management of these patients remains constantly poorly evidence-based or not enough supported by specific data. Medical conditions increase in complexity with age, frailty slithers (40-50% of signals in all comers with breast cancer after 70), requiring frequent adjustments of strategy, especially with treatments triggering important side effects as chemotherapy. More targeted treatments and interventions, improving the benefit/risk balance and not just piling up innovations to existing strategies, are highly needed.

This reinforces the value of global efforts led by the International Society of Geriatric Oncology (SIOG) and cooperative groups such as the European Organisation for Research and Treatment of Cancer (EORTC), Unicancer Breast Group (UCBG) or the Japan Clinical Oncology Group (JCOG), aiming at stimulating relevant and specific clinical research in the field. The likelihood of adverse functional and cognitive outcomes of treatment requiring explicit consideration in older ones, trials should focus more on health-related quality of life (HRQoL) as an endpoint, adjusting strategies to disease and to patient, and on competing risks for mortality. Real world data should not be used by default to fill the existing gap and replace adequate trials. Essential research aspects include treatment acceptability, patients' satisfaction, the use of decision support interventions and any simplified procedures to facilitate an inclusive participation.

Using recent specific programmes conducted at different clinical stages of breast cancer, we shall highlight several aspects of these challenges, where de-escalation rings more adequately with optimization, joining in the same models the best information from breast cancer biology and from patient.