226P: Elderly Breast Cancer Treated with Standard Curative Intent : An Analysis of Predictors of Disease free Survival

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Introduction

- Management of older breast cancer patients is challenging due to a lack of good quality evidence regarding the treatment
- Treatment decisions should be based not on chronological age but on individual patient factors, including life expectancy, treatment tolerance, estimated absolute benefit, and patient goals and preferences
- The management of breast cancer in the elderly presents a dilemma to oncologists as several factors such as significant comorbidities, limited physical mobility, functional dependence, emotional and cognitive functions, and socioeconomic factors impede treatment in this group
- In addition, treatment-related guidelines specific to this age group are lacking.
- In most randomised trials elderly breast cancer patients are underrepresented
- Age related factors makee a different spectrum of toxicities and tolerance issues for elderly patients ,requiring special care and monitoring
- The lack of data on elderly patients and the specialised care required in this population makes most oncologists reluctant to treat this group of patients with the standard treatment protocols as advised for the younger patients
- In this Study we retrospectively evaluated the data on the toxicities, special precautions required, monitoring and planning for treatment of elderly breast cancer patients treated with radical intent in the year 2017.

Objectives

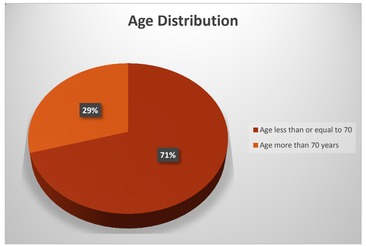
- To retrospectively evaluate the data on baseline characteristics, treatment tolerance and response to treatment in patients aged >65 years of age treated with radical intent in the year 2017
- To assess the disease free survival and its determinants

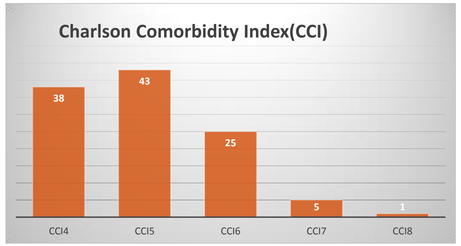
Materials and Methods

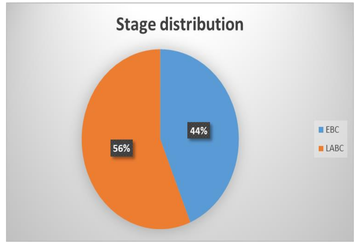
- All patients with breast cancer aged >65 years who were treated with radical intent during the year 2017 were included in the study
- Baseline patient characteristics including age , comorbidities , initial stage, pathological characteristics, etc. from those patients were recorded from their case records
- Chemotherapy, surgery and radiation treatment protocol used, toxicities, treatment interruptions and dose adjustments required , response to treatment (if neoadjuvant chemotherapy given) and toxicity data were also recorded
- Disease Free Survival was defined from the date of completion of radical treatment (excluding adjuvant hormonal therapy) to the date of detection of clinical or radiological recurrence

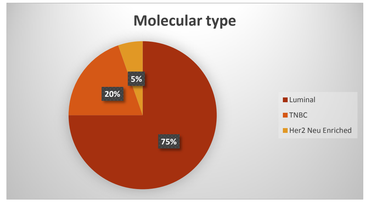
Results

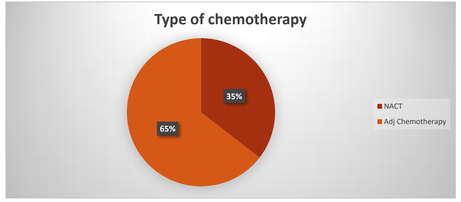
In the year 2017 we treated 112 non metastatic breast cancer patients above the age of 65 years

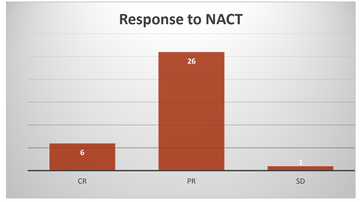












Toxicities Of NACT Grade 2 and Above	Percentage(N)
Mucositis	12.9(4)
Diarrhoea	9.6(3)
Neutropenia	9.6(3)
Hyponatremia	6.4(2)

Complications of surgery	Percentage(N)
Wound infection	5.4(6)
Delayed healing	0.9(3)
Wound re exploration for bleeding/hematoma	2.7(1)

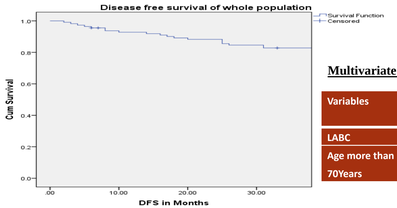
Toxicities of Adjuvant chemotherapy	Percentage (N)
Mucositis	21.6%(13)
Neuropathy	6.6%(4)
Neutropenia	10%(6)
Diarrhoea	5%(3)
Vomiting	3.3%(2)
Others	6.6%(4)

- 99 patients underwent MRM and only 11 underwent breast conservation surgery
- 49 patients received standard FEC Doci chemotherapy
- 13.3% (8)underwent dose reduction of chemotherapy due to toxicities
- 19.6%(22) underwent anti Her2 neu therapy out of which 72% (16)was FINHER
- 61.6%(69) underwent adjuvant radiation , among them 3%(9) had grade 2 and above dermatitis
- 67%(75) received endocrine therapy,46.4%(52) received bisphosphonate therapy

- In median follow up of 3 years 19.6% (22)recurrence/ mets / death events were reported
- 3 years median disease free survival was 46 months with IQR (42-48))
- In univariate analysis age and stage were the most important determinants of DFS
- In multivariate analysis only age more than 70 years was associated with inferior DFS

Univariate Analysis of factors affecting Disease free survival

Variable	3 year DFS probability (%)	P value	Hazard Ratio	95% CI	P-value
• Less than or equal to 70	87+/-3	0.01	1.00		0.013*
• More than 70 years	72+/-7		2.85	1.2-6.69	
• EBC	91.8+/-3.9	0.06	1.0	1.12-7.6	0.027*
• LABC	75.8+/-5.8		2.9		



Multivariate Analysis of factors affecting DFS

Variables	Hazard ratio	Confidence interval	P value
LABC	2.379	0.915-6.184	0.075
Age more than 70Years	2.843	1.225-6.5960	0.015

Conclusion

- Elderly patients had tolerance profile similar to general population with similar rated of complications and toxicities
- Age more than 70 years was the single most important determinant of disease free survival
- Elderly fit patients who are less than 70 years can be treated similar to general population

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We have no conflicts of interest to declare.