Adjuvant CMF and tamoxifen in the elderly breast cancer patients

During the period between 1997 and 2001, 18 elderly breast cancer patients were treated with adjuvant therapy (4 with CMF chemotherapy and 14 with tamoxifen) in the Oncology Dispensary in Loznica. Until 1998, modified four-day CMF regimen was used, and after that the regimen was changed to classical i.v. CMF. Median age of elderly patients, treated with chemotherapy, was 66.7. Chemotherapy was discontinued after 3rd cycle in a woman experiencing the moderate hematological toxicity. The remaining 3 patients tolerated well the adjuvant chemotherapy. In the same period, 14 elderly women were treated with adjuvant tamoxifen, 20 mg per day. Median age was 69.4 years. Disease relapse occurred in 4 women after 3.5 years on the average. After completion of adjuvant treatment, the in situ cancer of the uterine cervix developed in one of those patients. No other side effects were noted. In conclusion, both CMF chemotherapy and tamoxifen are safe and well-tolerated adjuvant therapies in operable elderly breast cancer patients.

Influence of age to the therapy and prognosis of the patients with breast cancer

Predictive and prognostic influence of age at the breast cancer patients is based on the fact that the most aggressive forms of disease are more common at the younger ones. On the other hand, aging is connected with accumulation of chronic diseases that can limit the application of some of the therapeutic procedures. We tried to explore age-dependent differences in the initial status, therapy and the further course of the disease at the 80 patients that were first-time treated at the Clinic of oncology in Kruševac during 1997. They were separated in three age categories of age (aged 50 years, aged 51 through 65 years, and older than 65 years). Most (36 patients - 45%) of them were in the middle-age group. In the oldest group (17 patients - 21%) metastatic and unresectable stadiums of disease were almost twice infrequent than in case (12:19-22%) of younger groups. All patients with limited disease were operated curatively, so the age should not be considered as a limited factor to surgery. From the medical, but also psychological and other reasons, breast-conserving procedures were double frequently (26:13%) applied in the patients younger than 50 years than in the others. Treatment was terminated with operation (and possibly irradiation) in 7% of youngest, 14% of middle-aged and 24% of oldest patients. Adjuvant medical treatment of the youngest patients is the most aggressive, therefore it is based on the chemotherapy (71%) with anthracyclines (60%) and followed (41%) with hormonotherapy which is the most common mode (65%) of the treatment of patients older then 65 years. At the middle-age group chemo- and hormonotherapy are approximately equally (61%: 72%) represented, and the doxorubicin was implemented rarely (33%). Relapse was observed double more frequently (19%:9%) and 9 (14.8:23.7) months earlier in patients older than 50 years then in younger patients. This indicates possible induration of the disease in older women aged 51 to 65 years, respectively. For 36% patients from this group (and less then 20% from others) the overall duration of disease was less then 5 years.