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Breast cancer morbidity in elderly patients treated at the outpatient department - Šabac

KEYWORDS: Breast Neoplasms; Aged; Outpatients

The aim of this report was to list characteristics of breast cancer morbidity among patients older than 65 years, treated at our department from 1996 to 2000. Searching medical records, we found that 63 out of 231 breast cancer patients were older than 65 years, with female: male ratio - 60:3. We searched next parameters: resectability, tumor size (T), histology, histological gradus (HG), nodal status (N), treatment modality, disease free survival (DFS) and overall survival (OSS). The median age was 71 years (range, 65-89 years). Thirty-two patients had resectable disease, 23 non-resectable and 8 metastatic disease. We recorded 9 patients with T1, 16 with T2, 7 with T3, 18 with T4, and 13 patients without data about tumor size. Forty-six patients had carcinoma ductal invasivum, 2 had -carcinoma lobulare invasivum, 3 had carcinoma medullare, one patient had carcinoma mucinosum, 2 had carcinoma papillare, and 9 patients without definitive histology. Considering HG, 1 patient had HG1, 23 patients - HG2, 2 patients - HG3, and 12 patients had no data. Fourteen out 32 patients with resectable disease did not have nodal involvement, 12 patients had N1, and 6 patients had N2. Among patients with non-resectable disease, 3 did not have nodal involvement, 2 patients had N1, 7 patients - N2, and 7 patients were without data. The median DFI of 10 months was found in 8 patients (range, 6-36 months). Among patients with resectable disease, in 6 patients the median OSS was 36 months (range, 8-58 months), and 26 patients are still alive with OSS ranged between 39-100 months. Among patients with non-resectable disease, in 10 patients the median OSS was 12 months (range, 2-62 months) and 13 patients are still alive with median OSS of 43 months (range, 21-78 months). Forty-two patients were treated with hormone therapy and 9 with combined treatment - hormonal plus chemotherapy (particularly CMF regimen). Treatment was well tolerated in majority of patients without significant toxicity, except in one patient when chemotherapy had to be interrupted due to severe diarrhea. Approximately one third of breast cancer patients treated at our department were older than 65 years. Based on provided tumor characteristics we may point out the indolent course disease in this study population. Treatment was tolerable with mild toxicity.

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High dose rate intraluminal brachytherapy in the treatment of malignant airway obstructions in elderly patients: Preliminary results of single institution experience

KEYWORDS: Brachytherapy; Aged; Carcinoma, Non-Small-Cell Lung

Endobronchial brachytherapy has been increasingly used in an effort to improve local control and relieve symptoms of malignant airway obstructions. It has become an established treatment for major airway occlusion by inoperable carcinoma of the bronchus. Only limited objective data on its effect in elderly patients are available. Forty-four patients received HDR intraluminal brachytherapy, some of them in combination with teleradiotherapy. Three patients were lost of evidence and 14 did not finished treatment. The aim was to analyze preliminary results and acute complications in the group of 27 evaluable patients, 12 of them were 65 years old (group A) and 15 patients under 65 years of age (group B). Symptomatic improvement was achieved in 9 of 12 patients in group A, and 10 of 15 patients in group B. Objective bronchoscopic response (CR and PR) was seen in 10 of 12 patients in group A and 12 of 15 patients in group B. We observed 17 acute complications mostly in group B: 9 acute esophagitis grade 1-3, 7 acute bronchitis grade 1-3, and 2 hemorrhages from tumor, grade 1-2. Brachytherapy is an effective palliative treatment of malignant airway stenosis, but the effect on survival is not apparent, with satisfied tolerance in elderly patients with accepted rate of acute complications.