Adjuvant tamoxifen therapy in older patients with operable breast cancer

KEYWORDS: Breast Neoplasms; Tamoxifen; Aged

Tamoxifen (TAM) is standard adjuvant therapy in steroid receptor-positive (SR+) breast cancer patients. It is well known that the effect of TAM is better in older women and in those with longer duration of menopause. The aim of this study was to analyze relapse rate in postmenopausal breast cancer patients treated with adjuvant TAM therapy in respect to age, menopausal duration and SR content. The analysis included 111 postmenopausal women with early breast cancer, with ER+ and/or PR+ status, who were mastectomized, treated with adjuvant TAM alone (2-5 years), with or without postoperative RT, in the Institute of Oncology and Radiology of Serbia. All of patients were postmenopausal, aged 47-78 years, and 10 patients were ≥70 years. Metastatic disease had been registered in 26 patients (23%). The most frequent sites of the first relapse were bones (27%). No difference was observed in relapse rates between younger (<60, n=47) and older group of patients (≥60, n=64). In respect to menopausal duration (<5 vs. 5-9 vs. ≥10 years), patients with menopause ≥10 years had significantly lower relapse rate than the other two groups. There were no differences between rates of relapse according to SR content, either in the ER, or in the PR level. These results confirmed data that effectiveness of TAM is better in older patients with longer menopause.

"Lost time" in the treatment of breast cancer

KEYWORDS: Breast Neoplasms; Time Factors; Aged

It is observed that older women come for the first clinical visit in the advanced stage of breast cancer. The purpose of this study was to estimate the influence of time between the onset of symptoms and the first clinical visit and the time between the first clinical visit and the beginning of treatment, on the clinical stage of the disease (CS) and on "disease-free" survival period (DFS). Sixty patients were included in the study, average age of 71.2 (range 65-84). They were treated in our department from 1994 to 2001. Median of the follow up period was 47 months. When the diagnosis was established 35% (21/60) of patients had CS-II while 65% (39/60) of patients had CS-III. The average "lost time" period between the onset of symptoms and first clinical visit for CS-II was 6.1 month and for CS-III was 32.1 month. Average time between first clinical visit and the beginning of treatment was 1.1 month. General survival for the whole group was 25% while "disease free" survival was 18.3%. Survival for patients with CS-II and CS-III was 43% and 18%, while DFS was 23.8% and 15.3%, respectively. Median for the first relapse for the whole group was 21.5 months, for CS-II group 35 months and 6 months for CS-III group. Patient survival difference between CS-II and CS-III group was highly significant (p<0.01) and showed that "lost time" had marked influence on CS and survival period. Older age may be associated with decreased motivation for treatment and may represent a bad prognostic indicator in the treatment of breast cancer.