

594

POSTER

### Arm morbidity after primary breast cancer treatment in elderly women

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**Purpose:** To study the incidence of arm morbidity after primary breast cancer treatment in elderly women.

**Methods:** Arm volume and shoulder mobility was measured in 91 women 70 years of age or more. Lymphoedema was defined as an increase in arm volume >10% and impaired mobility as a decrease >15°. 50 patients were operated with modified radical mastectomy (MRM), 12 of them had adjuvant radiation (RTR), 25 patients with breast conserving operation (BCO), 16 had RTR.

**Results:** 19 patients developed lymphoedema, with a median increase in volume of 19%. 75% of the patients operated with MRM receiving RTR had lymphoedema and 19% of the patients treated with BCO and RTR. The patients not receiving RTR had lymphoedema in 16% in the MRM group and 11% in the BCO group. Impaired mobility after RTR was observed in 83% of MRM patients and in 25% in BCO patients. Figures for the patients not given RTR were 37% and 11% respectively. Median decrease in mobility was 25°.

16 patients reported trouble with swollen arm. 34 patients suffered from pain and 15 patients had numbness and pricking in the arm.

**Conclusion:** Arm morbidity after breast cancer treatment in elderly women is considerable especially when postoperative RTR is given. The most common troubles are impaired shoulder mobility, lymphoedema of the arm, pain and numbness and pricking in the arm.

595

POSTER

### A 5-year audit of breast cancer treatment in the very elderly (85+ years)

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**Introduction:** Discrimination on the grounds of age alone in the management of breast cancer is no longer justified, in view of the low morbidity/mortality associated with breast surgery, and the difficulties in managing the inevitably older patient, when they escape endocrine control, but is this reflected in practice?

**Methods:** A 5 year retrospective study of all new breast cancer referrals, aged 85 or older at presentation, and their subsequent management.

**Results:** There were 48 referrals. Only 33% of patients received triple assessment. 40% underwent surgery, which included axillary surgery in 53%. Of those managed conservatively, there was no reason given other than age in 38%. 42% of those treated surgically had conservation surgery, but in 75% this was not followed by DXT. 76% of those managed surgically had inadequate treatment of their axillae. 21% of new referrals were for recurrent disease or those who had escaped endocrine control. 90% of these had received inadequate primary treatment.

**Conclusion:** There was a substantial discrepancy between the treatment of these patients and the accepted standard for their younger counterparts. A significant proportion of referrals were as a direct result of previously inadequate treatment. This study highlights the need for equality of care regardless of age, which is now our practice.

596

POSTER

### Breast cancer in old Romanian women

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**Purpose:** Identification of the causes delaying the diagnosis of breast cancer in the women aged 70 years and assessment of the performed surgery.

**Material and Methods:** This is a retrospective study of 909 cases of breast cancer diagnosed and treated during January 1989–December 1997. The clinical, anatomic-pathological and therapeutic aspects in 59 breast cancer cases aged 70 years or more were analyzed.

**Results:** In 72 percent of the cases the diagnosis was made by clinical examination of the breast and in 28% by breast self-examination. In 15 cases (25.4%) the breasts were overlooked at a previous incomplete clinical examination. In 22% of the cases the disease was in stage III and IV, this percentage being significantly higher than that recorded in the group <70 years. Breast-feeding has not been found to protect against breast cancer.

The most common anatomic-pathologic forms were the ductal and/or lobular infiltrating carcinoma. Despite the fact that the frequency of conservative surgery has increased with time, Madden or Patey's modified mastectomies with respect for oncological radicality still prevail.

**Conclusions:** As life span has increased, a careful and thorough clinical examination and mammography every year after the age of 70 years are required. The elderly patients with breast cancer require surgical treatment as much as the young ones.

597

POSTER

### Characteristics of breast cancer in elderly women

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The aim of our study was to evaluate characteristic of breast cancer in 188 women older than 65 years of age, of total 1095, treated at Surgical Clinic University of Niš during the 10 year period from 1983–1992 and compare this with seen in young patients (less than 50 years old) during the same 10 year period.

The disease in elderly was similar to that seen in young patients. The most frequent observed histological type in elderly was ductal carcinoma in 156 pts (82.9%), lobular in 15 pts (7.98%) and medullar in 11 pts (5.85%). Of 188 patients primary tumor detection was made by patient in 51 pts (27.1%), by physician when cancer related symptoms were present in 12 pts (6.9%) and by physician incidental in 124 pts (66%). The most frequent clinical stages were II in 103 pts (54.8%) and III in 55 pts (29.3%). Halsted mastectomy and radical modified mastectomies Madden and Patey were undertaken in 113 pts (60.1%) older than 65 years of age. Conservative surgery was less frequently carried out in elderly patients compared to young patients (12% and 21% respectively). Local recurrence we seen in 7 pts (3.75%). Five-year survival is less than in West European countries related to advanced stage of disease.

We can conclude that more aggressive surgery in elderly patients reflects the opinion of old surgeons that elderly patients are not candidates for conservative surgery because of their comorbidity and preoccupation that final outcome of local underestimation of the importance of cosmetic result in elderly patients. Furthermore, all elderly patients examined by a physician for breast cancer unrelated symptoms should routinely undergo clinical breast examination.

598

POSTER

### Elderly breast cancer in Chinese women

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**Purpose:** The incidence of breast cancer increases with age. It is expected that most women presented to the symptomatic breast clinic have cancer. The mode of treatment however might be influenced by the concomitant illnesses associated with old age as well as by cultural reasons. The present study aims to evaluate, among Chinese population, (1) the pattern of presentation; and (2) the choice of treatment for elderly (>= 70 years) women with breast cancer.

**Methods:** After confirming the diagnosis of cancer by fine needle aspiration cytology with or without core biopsy, medically fit women with primary breast cancer were offered mastectomy. For women with metastatic cancer or inoperable locally advanced primary cancer and for women who refused surgery, tamoxifen was given and the response was assessed using UICC criteria. All data were prospectively collected.

**Results:** In a series of 52 women (mean age: 74 years; range: 70–89 years) presented to a single specialist breast surgeon, 89% of the clinical diagnosis of the breast condition were accurate. Forty-one women (79%) were found to have cancer, mainly presented with a lump (95%). Most cancers were <5 cm in size (73%) while eight women had locally advanced primary cancer. One had advanced cancer with distant metastasis and two had recurrence in the mastectomy flap. Among these 41 women with cancer, 29 (71%) either chose or were offered tamoxifen while 12 had surgery. For the 29 women receiving tamoxifen treatment, 76% had non-progressive disease at 6 months.

**Conclusion:** Breast cancer is common in elderly Chinese women. Although early primary cancer still forms the main portion, there is a tendency for a delayed presentation with more advanced disease at the time of diagnosis. Tamoxifen seems to be the favoured choice of treatment which gives reasonably good control of the disease.