

Breast cancer in the elderly - is there a role for the geriatrician?

Workshop in Breast Cancer Surgery
Aarhus 18 May 2016

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Geriatricians?

- Internal medicine specialists
 - Diagnose, treat, and prevent acute and chronic disease and disability in older adults
- Interdisciplinary setting
 - Nurses, physio & occupational therapists
 - Nutrition experts
 - Pharmacologists
 - Other departments and primary care

Patients we see

- Often +80 years
- Multi-morbidity
- Poly-pharmacy
- Social and functional impairments
- Decline in physiological reserve

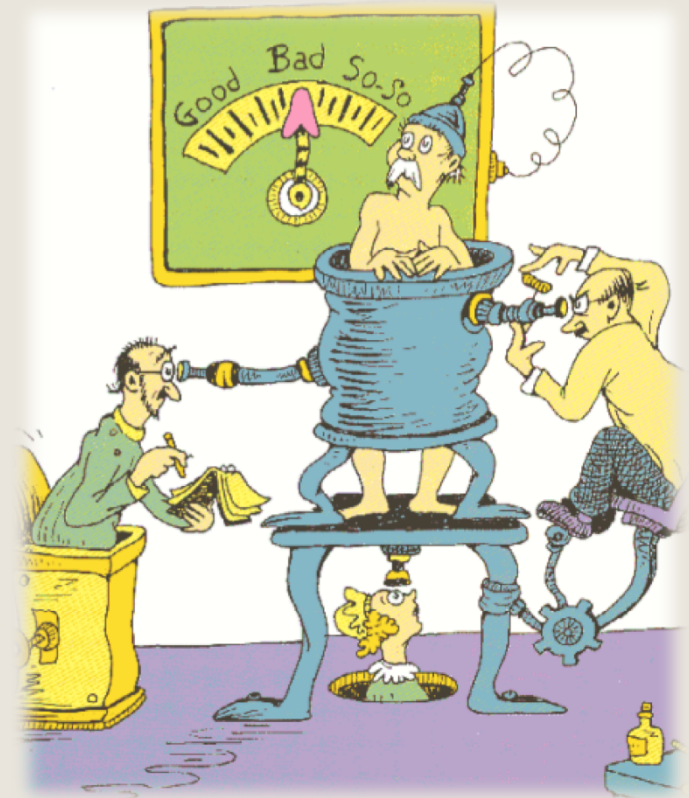
= Complex medical situation

Comprehensive Geriatric Assessment (CGA)

Multidimensional, interdisciplinary, and holistic assessment of patients

For example

- medical issues/comorbidities
- nutritional status
- functional level
- social challenges
- frailty



Frailty

- Lack of physiological reserve across multiple organ systems
- Predictor of mortality, morbidity, and institutionalization after surgery

Partridge *et al.* Age and Aging 2012

No consensus about how to measure frailty
Fried criterias, Mobility indexes (e.g. Time-Up-Go)
Geriatric Assessment, Biomarkers (e.g. CRP, TNF-alfa, IL-6)

Can frailty be modified?

WHAT MATTERS TO YOU?

List of needs and issues to handle

Individualized care and support plan

Tailor it to patients needs and priorities

Comprehensive Geriatric Care

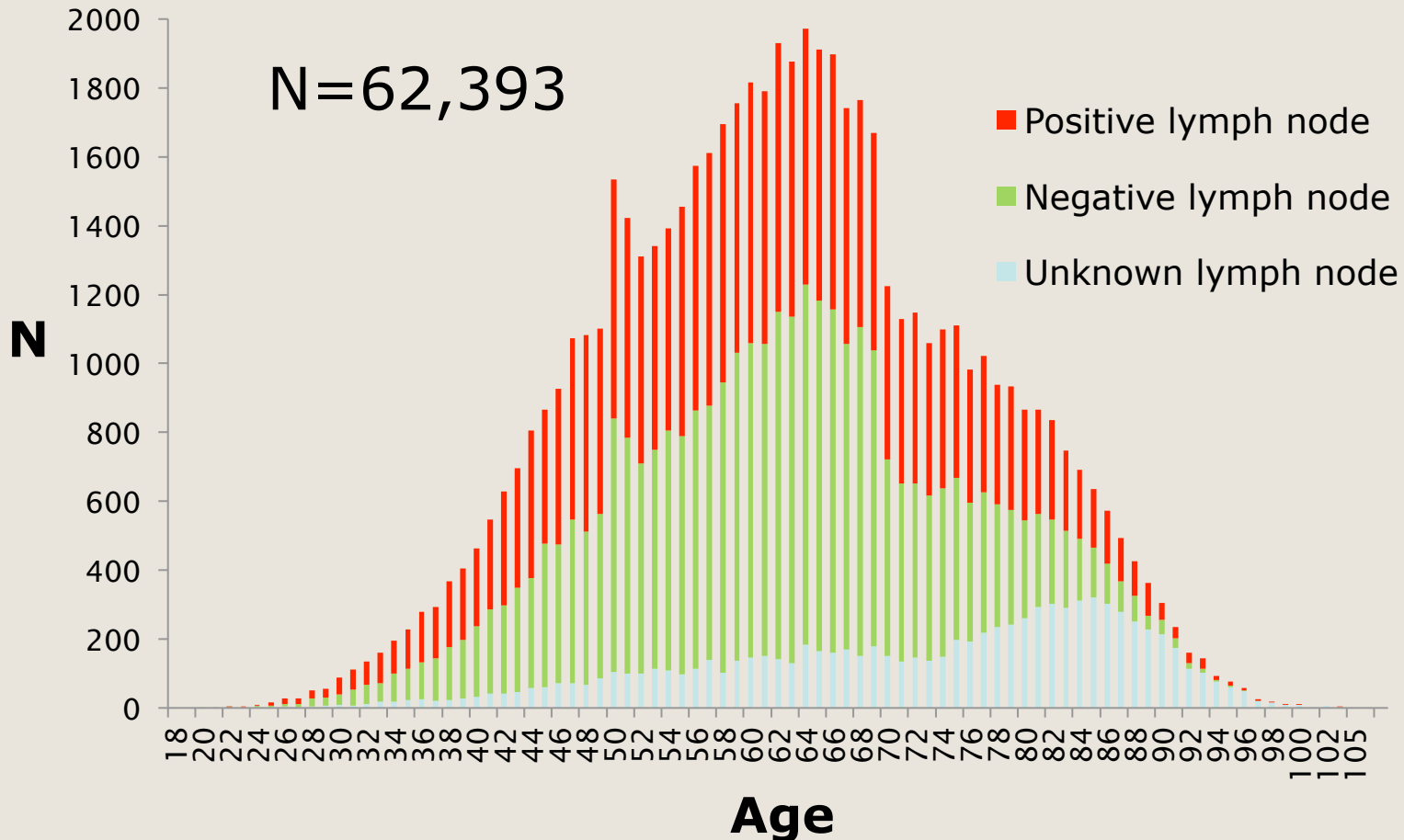
- Thorough medicine review
- Diagnose and treat diseases
- Ensure social support/health care at home
- Initialize rehabilitation when needed



Comprehensive Geriatric Care Aims

- To increase *Quality of Life* by preventing functional decline
- To *reduce risk of adverse events*
- To reduce risk of *re-admissions*
- To improve fitness before surgery
“pre-habilitation”

Age & axillary lymph node status



Assumption

- Surgery is the primary treatment of breast cancer

Questions

- Can geriatric care improve cancer outcome by increasing chance of full surgical evaluation?
- What is the impact of non-adherence to surgical guidelines?

Hip fractures

Danish epidemiological study (N=11,461):

- Compared +geriatric with standard care
- **30-day mortality:** aOR 0.69 (CI:0.54-0.88)
- No effect on Time-To-Surgery & Length Of Stay

Kristensen *et al.* Age Ageing. 2016

Norwegian randomized clinical study (N=1,077):

- Compared +geriatric with standard care
- **Improved mobility** measure after 4 months
- Recommend orthogeriatric care

Prestmo *et al.* Lancet. 2015



Breast cancer

CGA can predict 3-year survival probability in frail elderly patients.

Stotter *et al.* Br J Surg. 2015

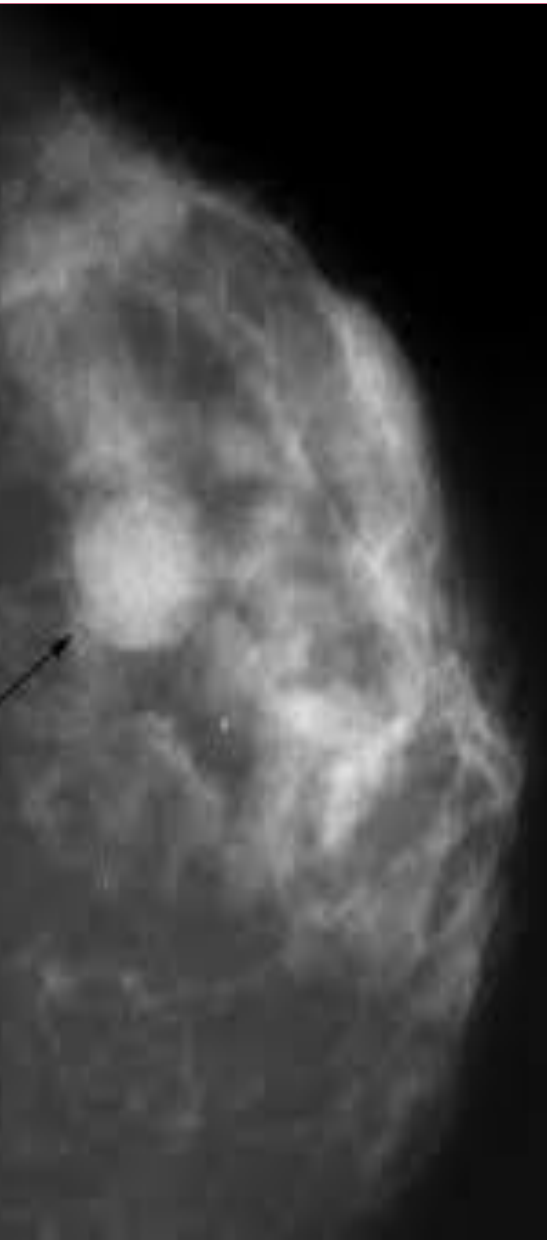
ASCO: "Collaboration with geriatricians should be considered for all vulnerable and frail older (breast cancer) patients"

Punglia *et al.* Am Soc Clin Oncol Educ Book. 2015

SIOG surgical task force survey on surgeons' attitudes:

"...There is a need for clinical investigations focusing on pre-habilitation and other strategies to achieve better functional recovery."

Ghignone *et al.* Eur J Surg Oncol. 2016



POPS-model

(Proactive care of Older People undergoing Surgery)

- Pre-OP
 - CGA on elderly patients going through acute or elective surgery
 - Conference with anaesthesiologist
- Post-OP
 - Joint medical-surgical ward rounds
 - Multidisciplinary team making rehabilitation goals and discharge planning
 - Post-discharge care/bridge to primary care

Dhesi, The Health Foundation, 2013

Pre-POPS vs POPS results

Elective **orthopedic** pt's (54 patients in each group)

Pneumonia 20% vs 4% (p=0.008)

Delirium 19% vs 6% (p=0.036)

Pain control 30% vs 2% (p<0.001)

Length Of Stay reduced by 4.5 days

Harari *et al.* Age and Aging 2007

Urology pt's (112 pre-POPS 130 POPS)

Length Of Stay reduced 19% (mean 4.9 vs 4.0 days)

Total post-OP complications RR 0.24 (0.10, 0.54)

Braude *et al.* BJU Int. 2016

Screening models

Medical oncology:

- VES-13, G-8, and several other
- CGA should guide care decisions

Decoster *et al.* Annals of Oncol. 2015

Mohile *et al.* JNCCN. 2015



Screening models

Surgical oncology:

- Multidimensional Frailty Score (Korea)
Predicts post-op complications and prolonged LOS

Choi *et al.* J Am Coll Surg. 2015

Kim *et al.* JAMA Surg. 2014

- CGA and other screening tools can be useful to evaluate fitness for surgery in older cancer patients

Huisman *et al.* EJSO. 2015

Parks *et al.* World J Surg Oncol. 2012

Pope *et al.* Surg Oncol. 2006



Is there a role for the geriatrician?

Sometimes

Is it worth it?

- How do we know if geriatric intervention will be beneficial?
- How can we measure it?
 - Overall Survival?
 - Quality of Life?
 - Admissions/Re-admissions?
 - Length Of Stay?
 - Adherence to surgical guidelines?
 - Adverse events (infections, delirium, etc.)

POPS – who?

Selection criterias

- +65 year olds who have e.g.
 - Poorly controlled diabetes
 - ischaemic heart disease
 - blood pressure >160/90
 - cerebrovascular disease
 - chronic lung disease
 - memory problems
 - poor nutritional status
 - 2 or more falls in a year
- Or who take warferin, need assistance with daily activity, have surgery deferred due to other health issues.

Frailty

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Partridge *et al.* Age and Aging 2012

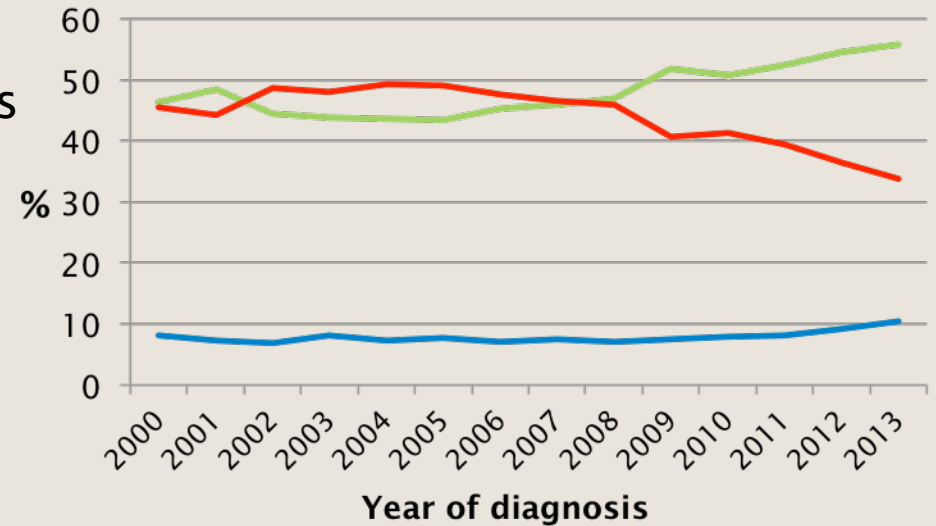
1. Slow gait speed
2. Low physical activity
3. Unintentional weight loss
4. Self-reported exhaustion
5. Muscle weakness

Fried *et al.* J Gerontol A Biol Sci Med Sci. 2001

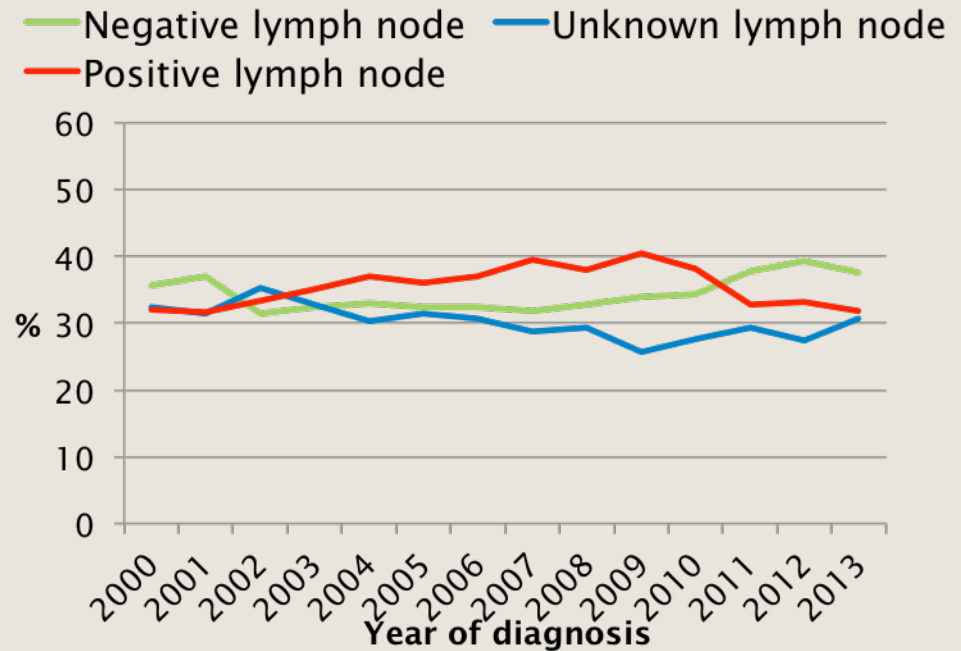
Surgery:
primary treatment

Since 2000:
DBCG aims to
register all women
regardless of age
& treatment

<70 years



≥70 years



Colorectal Cancer

Norwegian group

- Frailty indicators did not predict decline in physical function
Rønning *et al.* J Geriatr Oncol. 2013
- CGA can identify frail patients who have increased risk of post-surgery complications after elective surgery for colorectal cancer

Kristjansson *et al.* Criti Rev Oncol Hematol. 2010

