

# Breast Cancer in Older Women: A Paradigm of Care

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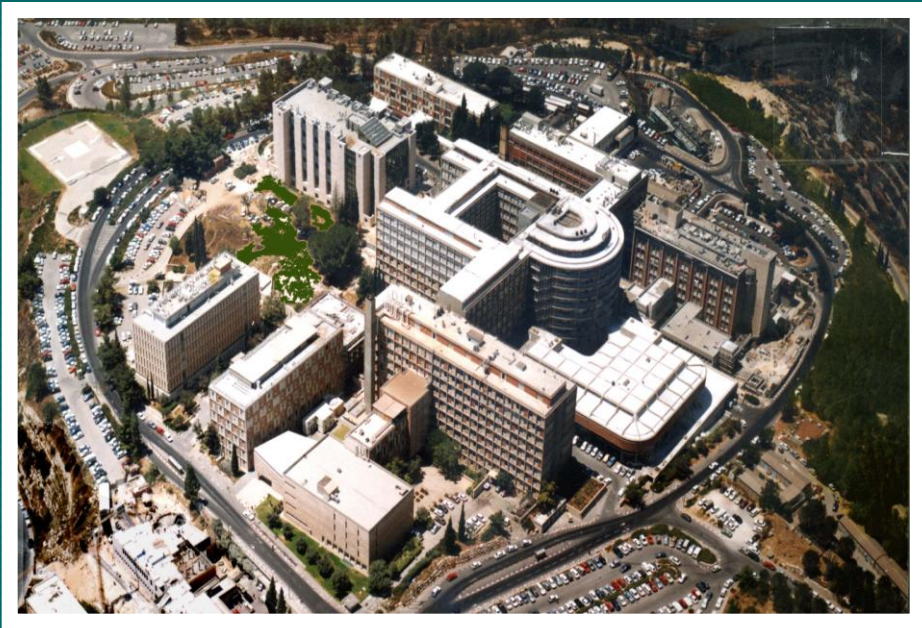
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Old age is  
defined  
according to  
functional  
status and not  
according to  
chronological  
age

# Women over 75 years of age in Israel

- 1998 - 143,800 (2.5%)
  - 2003 - 178,800 (2.7%)
  - 2010 - 202.800 (3.1%)
- Estimates

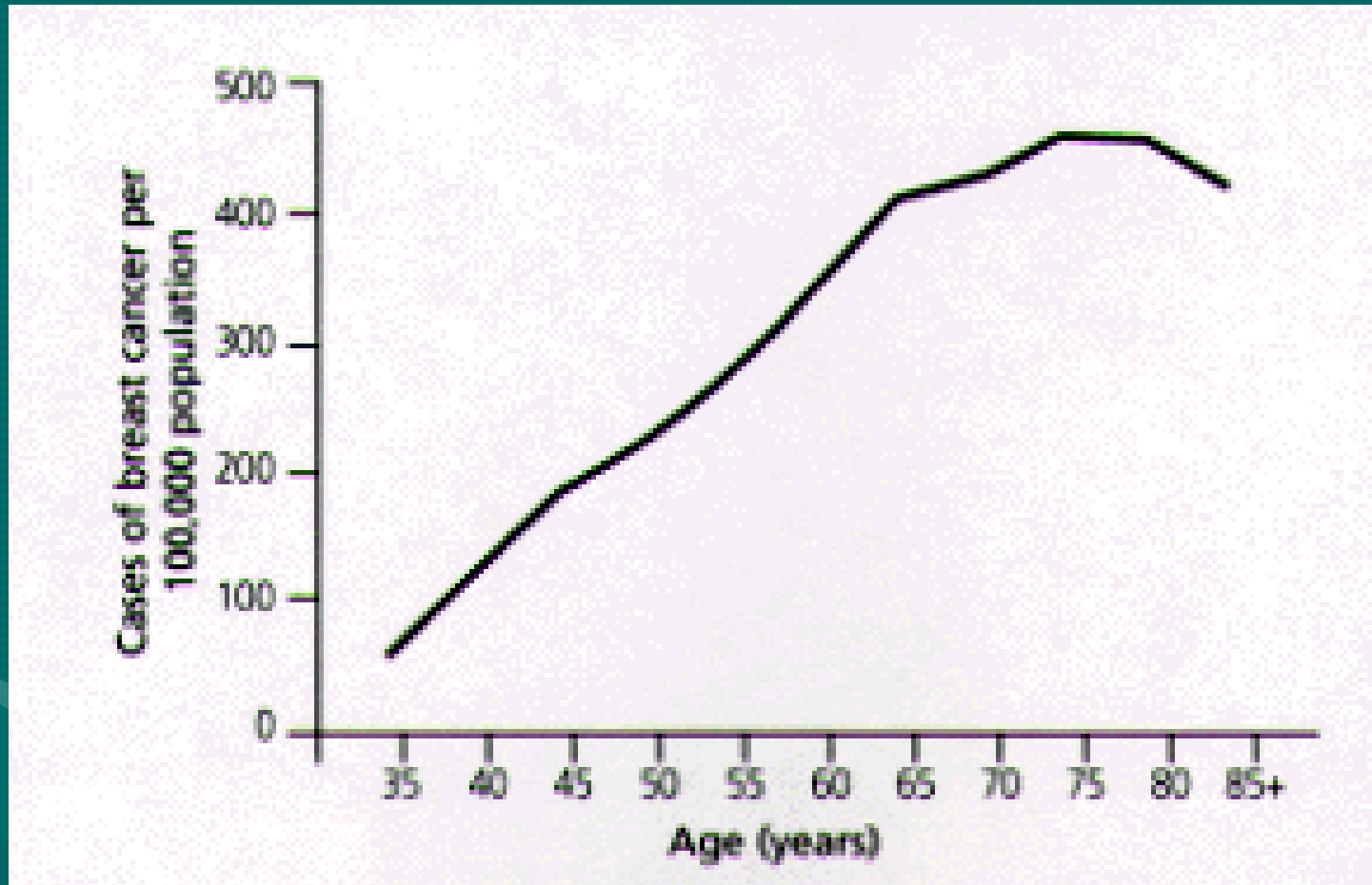
*Ministry of Health, Israel*

# Some Demographics...

Breast cancer in elderly women is already a significant public health problem. Elderly women have a 6-fold higher incidence rate and 8-fold higher mortality rate compared with non-elderly women. Because of demographic trends, the number of elderly women diagnosed with breast cancer is likely to increase substantially in the coming decades.

*Alberg and Singh, 2001*

# Breast Cancer: Increase in incidence with increase in age

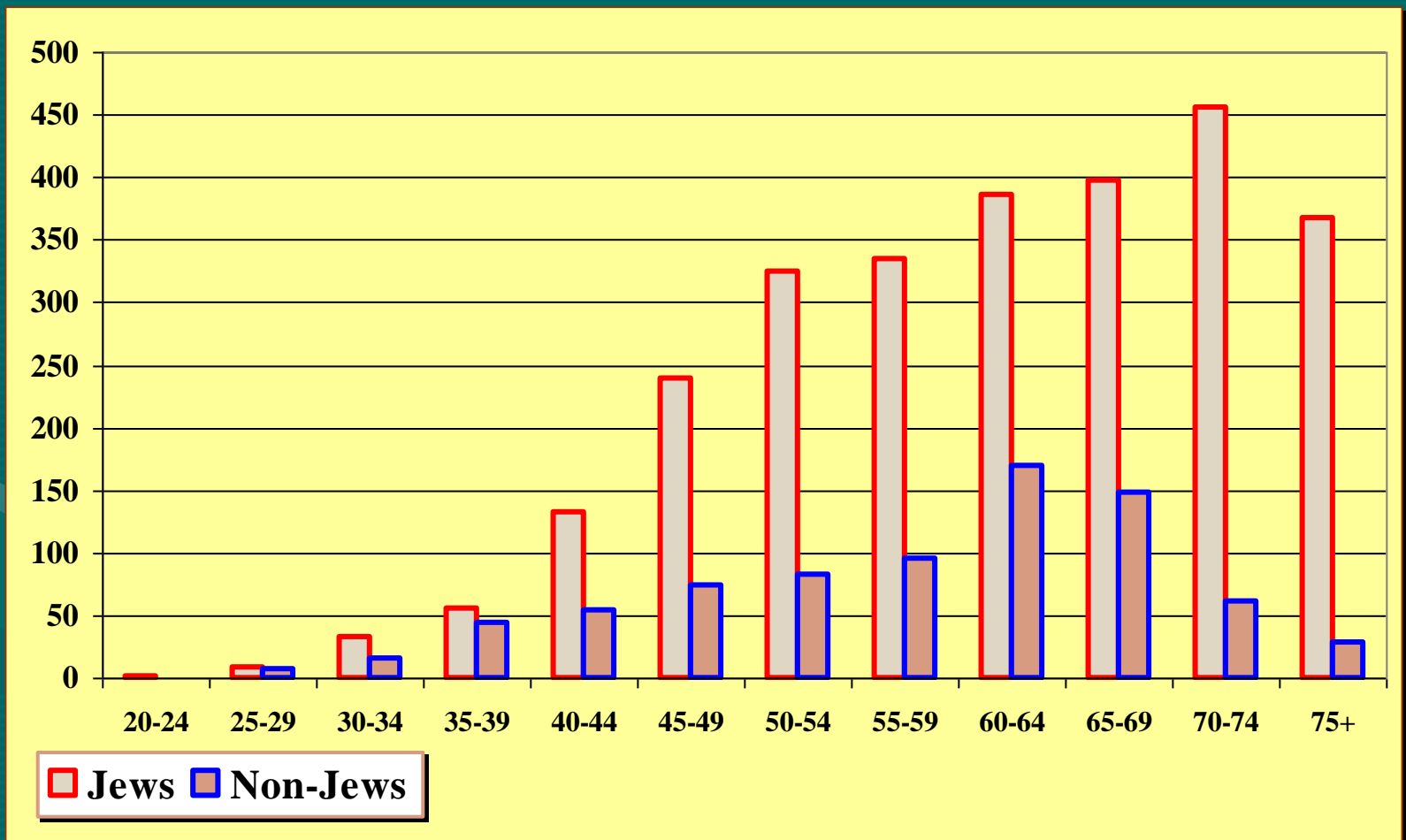


Age-related incidence of breast cancer, USA, 1996

<http://www.aafp.org/afp/981001ap/balducci.html>

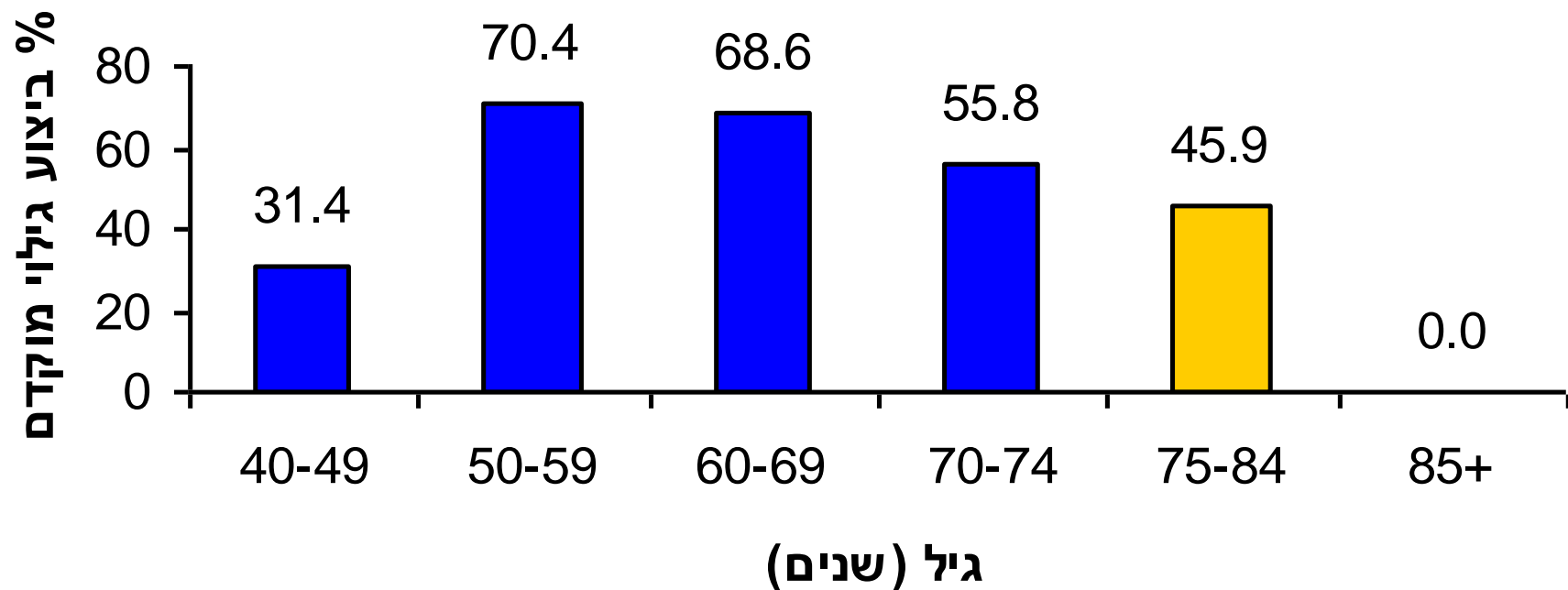
# Breast Cancer, Age Specific rate / 100,000 Israel, 1998

*(Israel Cancer Registry, Ministry of Health, 2002)*





# Attendance to Mammography Screening According to age Group (Israel)



# Epidemiological Points - Israel

- The percentage of older women (75+) in the Israeli society is increasing.
- The incidence of breast cancer in Israeli women over 75 is increasing, it is now estimated as 20% of all new cases.
- Women over 75 are diagnosed at a later stage than women between 50-75 because of end of screening.

# Most Frequent Cancers in Women in Izmir Province Izmir Cancer Registry - Kidem

- **Breast - 2525**
- Colorectal - 615
- Corpus Uteri - 462
- Cervix Uteri - 440
- Trachea, Bronchus and Lung - 422
- Ovary - 388
- Stomach - 359
- Other - 327
- NHL - 306
- Thyroid - 271

N = 8688



Number of Cases, date base from 1996-2000

<http://www.ism.gov.tr/kidem/Edoc3.htm#c>

# The Middle East Cancer Consortium MECC

Established in 1996, the MECC is a unique partnership between the United States and the Ministries of Health of Cyprus, Egypt, Israel, Jordan, the Palestinian Authority, and Turkey.



The MECC Cancer Registry Project (CRP), which started in January 1998, supports cancer registration in all MECC jurisdictions. Population-based registration can be used to inform public health planning, cancer research, and cancer control programmes .

The CRP has emphasised from its inception the importance of high-quality data. The achievement of data standardisation, accuracy, and coverage enables international comparisons of cancer incidence. In fact, the first bilateral comparative study has recently been completed between Israel and Jordan.

In the long term, it is anticipated that registry data will be used to:

- Estimate the overall cancer burden in the Middle East
- Identify any unusual cancer patterns
- Provide an evidence base for health policy planning
- Catalyze collaborative cancer research
- Enable the development of cancer control strategies and programmes

# Specific Problems Related to Breast Cancer in Older Women

- Difficulty in attendance for screening because of distance from home, and the end of recommended screening.
- "Conspiracy of Silence" surrounding the disease, especially at the older age.
- Less "serious" attention from the health care system.
- Difficulty in defining the aim of treatment - Cure? Supportive Care? Quality of Life opposed to Quantity of Life.
- Difficulty in coming for treatment because of physical, psychological, financial and other problems.

# Is the Biology of the Disease Different at the Older Age?

- More Hormone Receptor Positive tumors (ER and PR).
- More Her-2 Neu Negative tumors.
- Tumors less related to the BRCA 1+2 genetic mutations.
- Overall, less aggressive tumors.

*Balducci and Phillips, 1998*

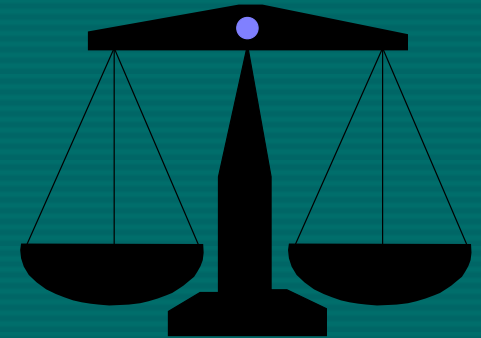
# The Treatment of Breast Cancer at the Older Age

- Surgery: the treatment of choice is Simple Mastectomy without ALND.
- Chemotherapy: More and more given also at the older age. The use of oral chemotherapy.
- Hormonal therapy: New generation of hormonal therapy - Aromatase Inhibitors - the treatment of choice at the older age.
- Radiotherapy: As needed. Difficulty in coming for daily treatment.



# Factors that should be taken into Account when Deciding on Treatment for Older Women

- Aim and goal of treatment (Cure v:s Quality of Life)
- Stage of disease
- Possible physical tolerance to treatment
- Other illnesses
- Mental state
- Social and financial factors
- Influence on Quality of Life



# Evidence Based Nursing

- Ask the right question regarding the quality of care
- Plan care according to existing evidence in the literature and not according to clinical experience
- Collect multiple research on same issue - Meta Analysis and systematic review
- Continue to research and add to the body of knowledge

Communication between physicians and older women with localized breast cancer: Implications for treatment and patient satisfaction

*Liang et al., 2002*

**Conclusion:** "Greater patient-physician communication was associated with a sense of choice, actual treatment, and satisfaction with care. Technical information and caring components of communication impacted outcome differently. Thus, the quality of cancer care for older breast cancer patients may be improved through intervention that improve communication within the physician-patient dyad".

老馬識途



An old horse knows the way.

Age differences in treatment decision-making for breast cancer in a sample of healthy women:  
The effects of body image and risk framing  
*Romanek et al., 2005*

- Two Groups of Women, Students (18-24) and women in the community (35-60).
- Women were asked about their surgical decision-making if they were diagnosed with breast cancer
- Two main variables were examined - body image and risk assessment.
- Older women significantly chose less breast conserving surgery - less emphasis on body image.
- Risk assessment did not influence decision according to age.

# Older Women's Decision-Making Concerning Breast Cancer Care

A study in Progress

*Kadmon and Pierce, 2007*

- The aim of this study is to examine and describe the decision-making styles of older Israeli women with breast cancer.
- This is conducted with women over 65 years of age attending breast screening mammography.
- Women are given a questionnaire seeking information about how they would approach the treatment decision if they were diagnosed with early stage breast cancer.
- The tool used is the Michigan Assessment Decision Making Questionnaire (MADS) that focuses on decisional behaviour *Pierce, 1993*.

# The Psychosocial Aspects of Breast Cancer in Older Women

Breast Cancer in Older Women:  
Pubmed check

Treatment - 1342 articles  
Psychosocial - 12 articles



# Psychosocial Factors of Breast Cancer in Older Women

- Many older women live alone - lack of social support.
- Many older women are the primary caregiver of their husbands.
- A stage of life characterized by reflecting on the past.
- Depression is more common in the older age.
- History of coping with difficulties in the past.
  - may influence current coping with breast cancer.



# Using narrative research to understand the quality of life of older women with breast cancer

*Overcash J., 2004*

- Interviews with 12 women with breast cancer over 70 years of age.
- 2-3 Interviews with each woman.
- 8 different concepts and themes came out of the interviews:
  - Religious belief
  - positive thinking
  - Not to change life habits and routine
  - Trust in the doctor
  - Caring for others
  - The importance of health
  - The importance of family support
  - Protecting the family
- Implication for nursing: Nursing with a sensitivity to age, stage of life and culture.

We should always remember...

That the breast as a symbol of femininity and sexuality does not necessarily lose its function at the golden age...





# From a Diary of a Patient

Sunday, 12th December 1999, 4 am

That's it. Another few hours and I am separating from you. You served me well for 73 years 10 months and nine days. You were a part of me. You nourished my children- although in small portions. Now each of us will go his own way. You will go through checks, to examine what you are hiding inside. And then you will go to a place where there is no return from. I am planning to continue for many more years, without you.

I am not sure if I will miss you. I see no value in you. You are not big and impressive, that your absence will create a big hollow. You were never a great pride to me; you were always very humble and withdrawn. My decision was very clear from the moment that I realised you betrayed me - to separate from you. And now the moment has come.

I am saying good bye to you. You have made my life a chaos. You created hustle and worry. There will be someone to replace you. I will continue my life just as before. But still, we were together for a long time, so farewell.

# Conclusions and Implication for Oncology Nursing

- Tailoring treatment for older women with breast cancer requires special attention
- Older women present special psychosocial concerns
- Communication with older women with breast cancer and involvement in treatment decision-making may improve satisfaction with care
- Body image, sexuality and intimacy issues are not necessarily less important at an older age
- Oncology nurses are at the key position to influence all aspects of care for older women with breast cancer
- An old horse knows the way...

# Key References

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# tesekkür ederim

*köszönöm ! תודה dëkuji*

*mahalo 고맙습니다*

*thank you*

*merci 谢谢 danke*

*Ευχαριστώ شکرا*

*どうもありがとう gracias*