A Geriatrician Working in a Breast Clinic

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Outline

• Background
• The Leicester Clinic
  – Team
  – The Geriatrician’s Role
  – Comprehensive Geriatric Assessment
  – Initial Experiences
• Future

UK Figures: At 65 years

• MALE
  – TLE 15.3 years
  – DFLE 12.1 years
  – Potential Gains:
    – Stroke
      • DFLE +6.5 years
    – Cognitive Impairment
      • DFLE +4.2 years

• FEMALE
  – TLE 19.4 years
  – DFLE 11.0 years
  – Potential Gains:
    – Cognitive Impairment
      • DFLE +5.8 years
    – Stroke
      • DFLE +4.4 years

Issues

• Limited trial evidence to inform breast cancer management in the elderly
• Are older patients being deprived of ‘best’ management of their breast cancer?

Age and Guideline Compliance

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<tr>
<th>Restrictions</th>
<th>Statistical source</th>
<th>% compliance</th>
<th>% significance</th>
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Age and Treatment

[Wyld, Br J Cancer 2004]
UK vs. European Outcomes

Leicester Elderly Breast Clinic

- Symptomatic or screen-detected breast cancer
  - Core biopsy confirming invasive cancer
  - Tumour hormone receptor status
  - Breast Imaging
  - Routine blood, ECG and CXR investigations
  - Staging investigations (where appropriate)

Preoperative Assessment of Cancer in the Elderly

- PACE administered within 2 weeks prior to elective surgery in patients aged ≥70 years
- N=460, Mean age 76.9 years
- Breast 47.2%, GI 31.3%, GU 15.45
- ‘Normal’ Performance status 90%, but 61% had at least one ‘abnormal’ PACE component

Old Doesn’t Mean Frail

Geriatrician Role

- Assessment
  - Frailty
    - Comprehensive Geriatric Assessment
    - Chronic Disease Optimisation
  - Estimated total life expectancy
  - Fitness for surgery/ ‘best’ treatment
Frailty

- Accumulation of acute and chronic, often sub-clinical, conditions
  - Weakness
  - Fatigue
  - Weight loss
  - Poor balance
  - Reduced physical activity
  - Reduced motor processing and performance
  - Social withdrawal
  - Cognitive change
  - Increased vulnerability to stressors, including surgery

Comprehensive Geriatric Assessment

- Patient evaluation (in his/her environment), encompassing medical, functional, and psychosocial elements, and, presumably via subsequent intervention, leads to overall mortality and institutionalisation reductions, and physical and cognitive function benefits

- Many different scales but elderly vs. cancer population

- Choose a familiar, transferable scale with which decisions can be made

Co-morbidity

- Cardio/Cerebrovascular
  - Hypertension
  - IHD
  - PVD
  - Stroke

- Respiratory
  - COPD

- Endocrine
  - Diabetes

- Gastrointestinal/Renal
  - Peptic ulcer
  - Gallbladder disease
  - Liver disease
  - Renal disease

- Musculoskeletal
  - Arthritis
  - Connective tissue disease
  - Osteoporosis

- Haematological
  - Blood count parameters

- Cancer
  - Indices
    - MRC CFAS
    - Charlsson
    - Satariano

Functional

- Barthel
  - Feeding
  - Transfers
  - Personal toilet
  - Toiletting
  - Bathing
  - Walking
  - Stairs
  - Dressing
  - Controlling bowels
  - Controlling bladder

- Instrumental
  - Telephone use
  - Shopping
  - Food preparation
  - Housekeeping
  - Laundry
  - Transportation
  - Medication
  - Finances

Cognition

- Number of aspects:
  - Impact on TLE and DFLE
  - Informed discussion and decision about treatment
  - Compliance with treatment
Cognition

- Orientation
- Registration
- Attention
- Recall

Language
- Object identification
- Repetition
- Verbal command
- Written command
- Sentence
- Copying

Psychosocial Aspects

- Psychological ability to adapt
  - To illness
  - And comply with treatment

GDS
- Are you basically satisfied with your life?
- Do you feel that your life is empty?
- Are you afraid that something bad is going to happen
- Do you feel happy most of the time?

Other Geriatric Roles I

- Rehabilitation
  - Reducing disability and handicap experienced as a consequence of disease, requiring MD leadership
  - Functional status is important predictor and modifiable by pro-active rehabilitation intervention from day 1

Other Geriatric Roles II

- Delirium: recognition and management
  - Acute, transient, global disorder of fluctuating cognition and attention with decline in sleep/wake cycle
  - Common in elderly hospitalised
  - Associated with increased morbidity/mortality, delayed/reduced functional recovery, increased LoS
  - Many risk factors – polypharmacy, sedative withdrawal, impaired vision/hearing, anxiety/depression, cognitive impairment
  - Proactive MD intervention

Anaesthetist

- Advancing age and presence of co-morbidities raise plethora of issues related to conduct of safe anaesthesia
- Increased prevalence and severity of co-morbidity
- Age-related reduction in functional reserve
- Increased incidence of intra- and post-operative problems

Surgeon

- Standard treatment plan based on
  - Clinical assessment
  - Imaging review
  - Histology
  - Staging investigations
  - Hormone receptor status
Others III

- Breast care nurse
- Oncologist
- Patient/ Carer

- MDT
  - Modification of standard plan based on frailty and/ or estimated life expectancy
  - Three groups
    - <2 years – PET
    - 2-5 years – significant discussion influenced by patient choice
    - >5 years – most effective local treatment

Our Experience I

- 250 patients over 3 years
  - 152 newly-diagnosed ‘early’ invasive breast cancer
  - 108 included surgery as part of best treatment plan
  - 103 accepted
  - 89 with 2-year follow-up

Our Experience II

- Co-morbidity
  - 41% IHD, 12% CCF, 36% stroke, 8% PVD
  - 11% DM, 24% COPD, 10% other cancer

Our Experience III

Our Experience IV

- MMSE, ADLs, ASA associated with 2-year outcome
- Dichotomised scores
  - 0: 84% chance of 2-year survival
  - ≥1: 34% chance of 2-year survival
- More data with longer follow-up – analysis ongoing

Our Experience V
Conclusions

• Detailed assessment of medical, functional, cognitive and psychosocial issues is an important component of deciding ‘best’ treatment plan in an elderly population

• There is a need to work together for the joint development of assessment tools acceptable to clinicians and of benefit to older patients