FACTORS THAT AFFECT TREATMENT AND DECISION MAKING IN OLDER WOMEN (>70 YEARS) WITH BREAST CANCER: A QUALITATIVE STUDY

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Treatment of Older Patients with Breast Cancer differs from Younger Patients

- Less surgery
- Less staging
- More mastectomy
- More Primary Endocrine Therapy
- Less Chemotherapy
Variation in type of final surgery with age

- **Mastectomy**
- **Conservation**
- **No surgery**
- **Unknown**

Age group:
- <50
- 50-64
- 65-79
- 80+

The diagram shows the percentage of each age group that underwent each type of surgery, with a notable decrease in mastectomies and an increase in conservation surgeries as age increases.
Surgery Versus Primary Endocrine Therapy for Operable Primary Breast Cancer in Elderly Women (70+)

Hind D, Wyld L, Reed M – Cochrane Review

<table>
<thead>
<tr>
<th>Study or sub-category</th>
<th>Surgery</th>
<th>PET</th>
<th>Peto OR (PD) 95% CI</th>
<th>Weight %</th>
<th>Peto OR (PD) 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRG (non-selected)</td>
<td>159/225</td>
<td>187/230</td>
<td>0.78 [0.68, 0.86]</td>
<td>56.42</td>
<td>0.78 [0.68, 0.86]</td>
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<tr>
<td>GRETA</td>
<td>130/250</td>
<td>144/205</td>
<td>0.90 [0.77, 1.25]</td>
<td>42.07</td>
<td>0.90 [0.77, 1.25]</td>
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<tr>
<td>Subtotal (95% CI)</td>
<td>468</td>
<td>468</td>
<td>97.79 [0.86, 1.01]</td>
<td>36.07</td>
<td>97.79 [0.86, 1.01]</td>
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<tr>
<td>Total events: 289 (Surgery), 331 (PET)</td>
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<td>36.07</td>
<td>97.79 [0.86, 1.01]</td>
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<tr>
<td>Test for heterogeneity: Ch² = 2.04, df = 1 (P = 0.15), P = 50.9%</td>
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<td></td>
<td></td>
<td>36.07</td>
<td>97.79 [0.86, 1.01]</td>
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<tr>
<td>Test for overall effect: Z = 1.93 (P = 0.06)</td>
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<td></td>
<td></td>
<td>36.07</td>
<td>97.79 [0.86, 1.01]</td>
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<td>02 ER positive only</td>
<td>Nottingham2</td>
<td>8/53</td>
<td>14/94</td>
<td>2.21</td>
<td>0.80 [0.28, 2.32]</td>
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<tr>
<td>Subtotal (95% CI)</td>
<td>53</td>
<td>94</td>
<td>2.21</td>
<td>0.80 [0.28, 2.32]</td>
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<td>Total events: 8 (Surgery), 14 (PET)</td>
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<td></td>
<td></td>
<td>2.21</td>
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<tr>
<td>Test for heterogeneity: not applicable</td>
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<td></td>
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<td>2.21</td>
<td>0.80 [0.28, 2.32]</td>
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<td>Test for overall effect: Z = 0.41 (P = 0.68)</td>
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<tr>
<td>Total (95% CI)</td>
<td>517</td>
<td>559</td>
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<td>0.86 [0.85, 1.00]</td>
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<td>Total events: 297 (Surgery), 345 (PET)</td>
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<td>0.86 [0.85, 1.00]</td>
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<td>Test for heterogeneity: Ch² = 2.05, df = 2 (P = 0.36), P = 2.5%</td>
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<td>100.00</td>
<td>0.86 [0.85, 1.00]</td>
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<td>Test for overall effect: Z = 1.91 (P = 0.06)</td>
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<td></td>
<td></td>
<td>100.00</td>
<td>0.86 [0.85, 1.00]</td>
</tr>
</tbody>
</table>
UNANSWERED QUESTIONS

• What do women think of their treatment?

• Are health care professionals advising older patients differently to younger patients?
METHODS

• Research Ethics Approval
• Qualitative Methodology
• Semistructured Interviews
• Saturation of Themes
• Framework Analysis
## Framework Analysis

<table>
<thead>
<tr>
<th>Patient Details</th>
<th>6.1 Carry on as normal</th>
<th>6.2 Didn’t consider social issues</th>
<th>6.3 Had social support</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>R2</td>
<td>No it hasn’t stopped me doing whatever I wanted to do (75) I just expected to go on as normal (79) Not unless it stopped me doing what I was wanting to do, but the treatment I’ve had it didn’t stop me doing anything (99,100)</td>
<td>No not really (72) My daughter who came with me (7) She was disappointed in a way that she wasn’t there (18) I phoned my daughter, she’s said I’ll be up in a minute … I was taken to the hospital (49) My daughter … used to take me in the morning to Western Park (69)</td>
<td>Have to have someone to put my bra on (22)</td>
</tr>
<tr>
<td>R3</td>
<td>I get on with my work … it doesn’t stop me from what I want to do (6,7) If I can eat and sleep and walk about I’m alright and do things what I used to do (127,128)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R4</td>
<td>If I can do what I’m doing and get through the day with my family and everything, I don’t do a lot of what’s a matter with me (43,44) Well I haven’t got a lot, what shall I say, wild expectations. All I want to do is be as happy as I can with my family and not be a burden on them (114,115)</td>
<td>My older son went with me (15) My family were behind me (47) She was down and my son came up (49)</td>
<td></td>
</tr>
<tr>
<td>R5</td>
<td>No I never thought about it (80) My daughter was with me (2) I couldn’t do things but I’d got daughters … my eldest daughter stayed with me (78,79) All the family came (11)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R6</td>
<td>I’m alive aren’t I. I’m with my family oh yes I’ve no disrespecting (229)</td>
<td>My daughter was with me (13)</td>
<td></td>
</tr>
<tr>
<td>R7</td>
<td>Hope to go on as much as I was doing which I have done (36,37)</td>
<td></td>
<td></td>
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<tr>
<td>R8</td>
<td>No I didn’t think about it because I knew my son would do (30)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
METHODS

• 21 Women 76-91
  • 9 Surgery (8 mastectomy, 1 WLE)
  • 12 Primary Endocrine Therapy

• 13 Health Care Professionals
  • 5 Surgeons, 3 Oncologists
  • 4 Specialist Nurses, 1 General Practitioner
RESULTS: PATIENTS (1)

What older women thought about surgery:

• They were not concerned about post-op complications, anaesthetic risks or disfigurement.

• “No I wasn’t worried about the operation”

• Their concerns focused on disease control and on maintaining their independence.

• “I thought if they take the breast away and the lymph glands, there’s a good chance of it being removed final”

• They trusted that their doctors would only advise what was in their best interest.

• “They’re the professionals, they’re the surgeons and they know better than I do”
RESULTS: PATIENTS (2)

What older women thought about PET:

• They were reassured when they felt the lump decrease in size, and were happy their independence was maintained.

• “It'll go down because I can feel it and I know it's going down”

• They were not concerned about taking daily tablets, nor being able to feel the lump, nor the need for operation later.

• They trusted that their doctors would only advise what was in their best interest.
RESULTS: PATIENTS (3)

What factors influenced their choice:

- Majority placed absolute reliance on their doctors expert opinion.
  
  “Just go by what the doctor says and if they think tablets are going to do it go ahead, or if they think surgery well go ahead”

- Age was not a deciding factor for most.
  
  “If I were 30 I would choose the same”

- Social circumstances did not play a part.
  
  “It was purely myself I was thinking about”
SUMMARY: PATIENTS

• Older women who underwent surgery had no age specific fears for operative procedures.

• Older women who had PET were highly satisfied even when second or third line treatment was involved.

• Older women tended to be passive information seekers, recalled little from their consultations, and relied heavily on ‘expert’ advice.

• Social support was not a factor in their decision-making, although maintaining independence and quality of life were important.
RESULTS: HCP’S (1)

What HCP’s thought about treatment for older women:

• All HCP’s offered the elderly the choice of surgery.
• “offer surgery in the first instance”
• The main factor preventing surgery was comorbidity but not patient age.
• “we say it’s nothing to do with the fact you think you’re too old, it’s obviously if you’re medically fit. And your first option is a potentially curative operation”
• HCP’s viewed patients as individuals and tailored treatment to patients’ needs and not their age.
• “trying to sort out what is best for them as an individual”
RESULTS: HCP’S (2)

Role older women played in the decision making process:

• Most older women were passive decision makers.
  “the majority of them have already made their decision. There’s a small amount of people that are sitting on the fence”

• Many older women referred to their HCP’s to decide for them.
  “they want to be steered more by the medical team…whether that’s the doctor or the nurse”

• Some older women referred to family or friends to help them decide.
  “they’ll leave it for relatives to decide”
RESULTS: HCP’S (3)

What were the experiences of older women who had had surgery:

• Most were happy with their choice.
• "they’ve been absolutely delighted that they had it done"
• Most were surprised how quickly they recovered.
• "always seem surprised at how easy the operation was and how quickly they made a recovery"
• Their fears were not age specific.
• "a lot of women are, of all ages, but certainly older women are terrified of surgery"
RESULTS: HCP’S (4)

What were the experiences of older women on PET:

• Most found it an easy option.

• “it is a big relief for them because it is easy”

• Most tolerated the side effects and change in tablets well, especially as many chose PET over surgery.

• “You get concerns about side effects but most of them tend to put up with them really. They don’t seem to complain as much as the younger ladies complain.”
SUMMARY: HCP’S

• Most patients were offered surgery as the first option. PET is discussed as an alternative for some older patients and the limitations were described.

• HCP’s refer to MDT decisions but treat patients as individuals and tailor the MDT decisions to fit the needs and choices of patients.

• HCP’s appear to be aware that older patients regard them as experts for guidance on treatment decisions.

• HCP’s believe that they are helping patients make choices and try to avoid being too directive.
IMPLICATIONS

• Medical consultations need to be adapted to reflect the largely passive acceptance of expert advice by older patients
• Both surgery and PET were well tolerated and achieved high levels of patient satisfaction.
• Patient’s main concern was to ensure their quality of life remained unaffected
• HCP’s are non judgemental and open to treatment options
• HCP’s try to guide patients to make choices
CONCLUSION

Research is required to clearly define which patients benefit most from which treatment.

Research is required to understand the issues affecting patient’s decision making strategies.

Further training may be necessary to help HCP’s appreciate the needs of this group of patients.