

Track 1: Solid tumours in the elderly and basic science

Breast

P006

BREAST CANCER IN EGYPTIAN GERIATRIC POPULATION: ANALYSIS OF ADJUVANT THERAPY EFFECT ON RECURRENCE AND SURVIVAL

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Introduction: The latest Egyptian population census by Central Agency for Public Mobilization and Statistics (CAPMAS) has fore-casted that the percentage of elderly over the age of 65 will be changing dramatically over the next 20-30 years (yrs).

Egyptians with age of 65 and above constitute 4.32% of the population, 3.6 million individuals, but there are few data regarding the efficacy of chemotherapy in those population which leads to receiving adjuvant chemotherapy less frequently than do their younger counterparts.

Objectives: analysis of comorbidity, hormone receptor status and effect of adjuvant treatment on 5 years disease-free and overall survival (DFS and OS) in elderly breast cancer pts ≥ 65 yrs.

Methods: 176 geriatric breast cancer pts who received adjuvant treatment in Medical Research Institute, Alexandria University in between January 2001 to December 2011.

Results: Comorbidity(DM, HTN or, both) was 57.4%. Rt MRM the commonest surgery. IDC the commonest pathology. mass size was 2-5 cm in 63.6%. 39.8% of pts have negative dissected LNs. 35.8% of pts had highly +ve ER. 30.7% moderate +ve PgR and 75% of pts had +ve HER2neu.

Only 13.1% of pts received Chemotherapy, 38.1% received Hormonal Therapy, while 14.8% received combined treatment. 34.1% received Loco-Regional Radiotherapy.

46.0% received Anthracyclines ; 10.8% received CMF. 70.5% received Tamoxifen, 9.7% received Aromatase inhibitors.

6.3% received chemo plus radio therapies, 5.7% received hormonal plus radio therapies, 22.2% received combination of all.

5 yrs Disease Free Survival (DFS) was 72.2%; 5 yrs Overall Survival (OS) was 58.5%.

There was no statistical difference between those who had or did not have comorbidity regarding both DFS and OS.

When compare each type of treatment alone; DFS was 64% among those who received chemotherapy and 82% in those who did not receive chemotherapy($p=0.002$).

In those who received anthracyclins was 64.2% while CMF was 60% ($p=0.008$).

According to Hormonal therapy; DFS was 76.6% among those who received Hormonal Therapy and, 54.3% in those did not receive hormonal therapy ($p<0.001$).

The 5 years DFS among those study subjects who received adjuvant treatment in details was as next; In those who received Chemotherapy alone (47.8%), Chemo plus Radio-therapies (63.6%), Hormonal therapy alone (81%), combined Chemo plus Hormonal therapies (76.9%), Radio plus Hormonal therapies (80.0%) and, Chemo plus Radio plus Hormonal therapies was (64.1%) $p<.001$.

The 5 years OS was 55% among those who received chemotherapy and, 63.2% in those who did not receive chemotherapy ($p=0.04$).

OS was 61.7% among those who received Hormonal and, 42.9% in those who did not receive hormonal therapy ($p<0.001$).

The 5 years OS among those study subjects who received adjuvant treatment in details was as next; in those who received chemotherapy alone (43.5%), Chemo plus Radio-therapies (40.0%), Hormonal therapy alone (61.2%), combined Chemo plus Hormonal therapies (57.7%), Radio plus Hormonal therapies (80.0%) and, Chemo plus Radio plus Hormonal therapies 5 yrs OS was (61.5%), $p<.001$.

Conclusion: Most of the pts were presented with hormonal receptors positive and most of them received hormonal therapy DFS was better in those who received chemotherapy in the form of anthracyclin than CMF.

Both DFS and OS were better in patients who received hormonal therapy alone than those who received combined treatment.

Disclosure of Interest: None Declared

Keywords: Breast cancer , geriatric patients, Hormonal therapy