

MEETING ABSTRACT

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Tailored surgery in elderly patients with breast cancer: our experience

S A Villari*, F Famà, P Scarfò, A Pollicino, M A Giofrè Florio

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Background

The incidence of breast cancer increases with advancing age. Although breast cancer in elderly patients presents corresponding biological characteristics to similar-stage cancer in younger women, the treatment is under standardized. This population is rarely included in randomized clinical trials. In absence of guide lines, tailored surgery has an important role in older women breast cancer treatment.

Materials and methods

From 2000 to 2008 we observed 162 cases of breast cancer in elderly women (65-88 years old).

Of these, 138 (85,2%) were at a local stage, 24 (14,8%) were locally advanced: 17 (70,8%) stage IIIA, 5 (20,8%) stage IIIB, 2 (8,4%) stage IV. Comorbidity existed in 69% of cases.

Tailored surgery considers: clinical status of the patients, size, grade and location of the tumor. Were performed: 26 Madden modified mastectomy, 51 quadrantectomy, 47 segmentectomy, 38 lumpectomy. We prefer to carry out periareolar and sub-mammary incisions, it depends on the seat and stage of neoplasia.

Results

Our patients didn't have any complications after surgery and they have been satisfied with the aesthetical results. We have not observed local recurrences. Only two patients developed metastasis (1 cerebral and 1 pulmonary).

Conclusions

Tailored surgery represents good treatment for this population, because it evaluates clinical status, survival expectation, risk factors, comorbidity and respects the wishes of the patient who often prefers and asks for

conservative surgery. Comorbidity seems to primarily influence the prognosis but not the immediate results. General anesthesia is performed for the treatment of the primitive tumor, axillary clearance and sentinel lymph-node dissection, otherwise, it is mandatory local anesthesia. In much older patients, residual breast radiotherapy depends on the local recurrences risk and life expectation. Hormone therapy is recommended, because of the high receptorial positiveness, at this age. The scientific interest should be encouraged, because the extension of middle age, will inevitably involve an increased number of cases in elderly patients with these pathologies and will impose the identification of suitable therapeutic strategies. Today in our opinion, the best treatment must be tailored to the single patient.

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