

World Congress on **Breast Cancer**

August 03-05, 2015 Birmingham, UK

Breast cancer in elderly patients (70 years and older): The University of Tennessee Medical Center at Knoxville 10 year experience

Matthew Curzon

The University of Tennessee Medical Center, USA

Breast cancer (BC) incidence increases with age; however, there is still a paucity of data on cancer biology, standardized treatment, and outcomes in elderly (≥ 70 y/o) patients. We evaluated whether ER/PR/HER2 subtype and TNM stage of invasive BC had significant impact on overall survival (OS) in a study population of 232 elderly Caucasian female patients (≥ 70 y/o) from our institution at the 10 year interval (01/1998-7/2008), and analyzed treatments that they received (last follow-up date 8/1/2013). Patients were grouped according to TNM stage and ER/PR/HER2 subtype using 5-group classification system per 2011 St. Gallen International Consensus Panel recommendations. OS was measured comparing these categories using Kaplan Meier curves and Cox regression analysis. The majority of patients (178/232=76.7%) were in the traditionally considered “favorable” BC subtype (ER+/PR+/HER2-); 23.3% were in “unfavorable” subtype [HER2+=12% (28/232) and triple negative (TNP) =11.3% (26/232)]. Interestingly, a trend for better survival was noted in HER2+ patients, the group that is only nowadays considered worth reclassifying to “favorable” due to advantageous effects of anti-HER2 treatment (HER2+ OS=68%; ER+/PR+/HER2- OS=56% and TNP OS=58%). However, no ER/PR/HER2 subtype was significantly predictive of better OS ($p=.73$). TNM stage was predictive of OS ($p<0.001$). Our previously published data on non-significant effects of ER/PR/HER2 on OS in our Caucasian BC patient population are concordant to results obtained in our elderly patient subgroup. Discussion of this abstract will include the treatments that our patients received and compare/contrast them to the literature data in an attempt to reconcile and stratify given therapy with outcomes.

Biography

Matthew Curzon received a BSc degree in Physiological Science from the University of California, Los Angeles in 2008 and his Medical degree from the American University of the Caribbean in 2012. Currently, he is a Chief Resident and a PGY-3 resident in Anatomic and Clinical Pathology Residency Program at the University of Tennessee Medical Center in Knoxville, Tennessee. He has research interest in breast cancer, biomarkers and improving patient outcomes.

Notes: