

POSTER ABSTRACTS

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Cancer 01

Impact of Chemotherapy in Women With Metastatic Breast Cancer Diagnosed Between 1990 and the Present

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Background: Mortality from breast cancer has declined significantly since 1990. During this time, several new agents have been introduced for treating metastatic breast cancer. This study examined treatment and survival patterns in women diagnosed with metastatic breast cancer from 1990 to the present.

Methods: Treatment and survival data were obtained for women with metastatic breast cancer at diagnosis from tumor registries at four hospitals in the Twin Cities Metropolitan area from 1990 to present. Chart reviews supplemented registry data on a subset of patients. Patients were divided into two cohorts: 1990-1995 and 1996-present. Kaplan-Meier analysis was used to compare survival between the two cohorts.

Results: A total of 247 patients were available for analysis. Women receiving chemotherapy (median age 57.5 and 56.5) were slightly younger than their respective cohort as a whole (median age 63 and 65). Survival was similar between cohorts (14 vs. 19 months, $p=0.5$). In those who received chemotherapy, survival was significantly better in the more recent cohort (14 vs. 27 months, $p=0.02$). One hundred and nineteen (48.2%) patients had estrogen receptor positive disease, 70 (28.3%) patients had estrogen receptor negative disease; estrogen receptor status was not known in 58 (23.4%). Estrogen receptor data were available in fewer patients in cohort 1 (62%) than in cohort 2 (86.4%). Among those patients for whom estrogen receptor data were available, there was not a difference in the proportion of patients who were estrogen receptor positive (64.5% in cohort 1, 62.2% cohort 2).

Conclusions: Overall survival was not significantly different between the two cohorts. Among chemotherapy recipients, however, median survival was better in the more recent cohort of patients. These results suggest that chemotherapeutic agents introduced for treating metastatic cancer during the 1990s had a significant impact on survival. The selection of patients receiving chemotherapy may also have contributed to the difference in survival between cohorts. Further research is needed to clarify the relative contribution of these factors to differences in survival.