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Older Women with Early Stage Invasive Breast Cancer: Treatment and Outcomes in the IMPACT Study

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Background: More than 40% of the estimated 211,300 incident cases of invasive breast cancer in the US in 2003 were among women age 65 and older. With the success of screening programs, an increasingly large proportion of these women were diagnosed with early stage breast cancer – a stage for which there is consensus on appropriate treatments. Observational studies have suggested that older women often do not receive these treatments. The impact of treatment variations on outcomes in this age group is unclear.

Methods: In this retrospective cohort study, we abstracted data from tumor registries and/or medical records at four sites of the Cancer Research Network for women age 55 and older diagnosed with breast cancer from 1/1/1996 through 12/31/1997. Among those diagnosed at stage I or IIA, we assessed the relationship between receipt of treatment according to consensus guidelines and age, controlling for stage, tumor size, comorbidity and patient demographics in logistic regression analyses. We also assessed the relationship of treatment to a combined outcome variable including breast cancer recurrence, metastasis, or death from breast cancer, using proportional hazards modelling to control for age, comorbidity, tumor characteristics, and demographics.

Results: Of the 771 women with invasive breast cancer, 596 (77%) were diagnosed at stages I or IIA. 364 (61%) received treatment wholly consistent with the consensus guidelines. There was an inverse association between receipt of such treatment and age: those least likely to receive such treatment were age 80 or older (OR 0.34, 95% CI 0.17, 0.70). This was also true for women diagnosed at stage I (OR 0.22, CI 0.12, 0.42) or with small tumors (OR 0.32, CI 0.19, 0.51). Comorbidity did not explain these associations. Receipt of treatment according to consensus guidelines was not significantly associated with the combined breast cancer outcome (OR 1.16, CI 0.64, 2.10). There was a trend for age to be related to the outcome, but this was not statistically significant.

Conclusion: Overall, we found little impact of less than consensus treatment on breast cancer outcomes in this cohort of older women. Older women are less likely to receive treatment according to consensus guidelines.