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Exploring the Association of Breast Cancer Survivorship and Driving Fitness in Older Women

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Background: At the most basic level driving fitness requires the ability to see, think, and move. Limitations in any of these functions may signal a threat to driving safety. Research on older drivers is starting to examine the role of medical conditions, like dementia or low vision, to driving performance. However, information is lacking about many other common diseases. There is reason to suspect cancer may adversely impact driving safety in older adults. The disease itself and certainly some treatments may impair function. For example, breast cancer and breast cancer treatments pose potential threats to physical activities that depend on strength and mobility in the upper-body because of the persistence of arm and shoulder symptoms in some women. Research by HMORN investigators, Dr. Terry Field and colleagues, found that long after their initial treatment, breast cancer survivors reported more difficulty with activities that require the use of their arms and shoulders than comparison women. In that study 32% of survivors reported at least one upper-body symptom of pain, swelling, or infection during the previous year. Arm symptoms have implications for key aspects of driving (e.g., ability to comfortably turn to look back, ease of turning steering wheel). Similarly, chemotherapy has been related to poorer performance on neuropsychological tests and cognitive functioning. Thus, the ability to make decisions or to perform the cognitive tasks involved in driving safely may be impaired.

Methods: Five items were added to an ongoing longitudinal study of survivorship in older women with breast cancer.

Results: Data collection is ongoing. Interview cycles take 2.5 years to complete. Preliminary results will be presented.

Conclusions: Understanding the role of medical conditions and driving fitness is limited. This pilot study is collecting information to explore the impact of breast cancer on driving fitness in older women.