

Transcript Details

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Monitoring Adjuvant Chemotherapy in Elderly Women with Triple Negative Breast Cancer

Announcer:

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Dr. Birnholz:

I'm Dr. Matt Birnholz. I'm joined by Dr. Slavica Janeva from the University of Gothenburg. She is a surgeon and Ph.D. candidate, who recently, shared a study on adjuvant chemotherapy in elderly women with triple-negative breast cancer. This is from a Swedish registry data coming from 2009 to 2017. Dr. Janeva, welcome to you.

Dr. Janeva:

Thank you

Dr. Birnholz:

So, it's exciting to talk to you about this particular study because it's regarding a patient population with a very aggressive breast cancer subtype and a, uh, neglected age population to some extent in terms of the question, what do we do with these patients years later when they're older in age the background on this study indicates that, uh, for these patients, um, there is an increasing number of elderly patients and we're talking maybe 70 years and older, who haven't been diagnosed with breast cancer. There's just not many clinical trials out there focusing on that age group. So what compelled, moving in on this study to help try to find the answer of whether adjuvant chemotherapy would be the right move?

Dr. Birnholz:

Dr. Janeva:

Well, when we are on the conferences, talking about patients, we look at them with the – this is the grade, this is the nodal status and then we come to the, oh, the comorbidities and can they receive it or not because the only treatment they can receive is chemo, because, uh, they- they don't have the endocrine therapy, they don't have the Herceptin so, and it's difficult, and, um, then we also – we also know that there are 75-year-old women that are – that are very – in a very good – good shape and the - we have the 75-year-old women that are not in good shape and then we can't – kind of just look at the age and say if they should or shouldn't receive chemotherapy and with that said, we also wanted to see if there is, kind of like what – do we harm them or do we do good. So, it's – it's – it's interesting and very important questions because, as you said, this age population is growing and – and so this a – this is going to be a bigger problem.

Dr. Birnholz:

And it's – it's a global one. One that's becoming more, prominent across the world. However, if we're talking about the University of Gothenburg and Sweden, in particular, with this age population, I – if I'm not mistaken the, longevity there is about 900 years, and so the idea of working with these patients and trying to actually decide what do we do with this – at this stage, you know – is – should we be backing off or should we be aggressive about their treatment.

Dr. Janeva:

Yeah, that's exactly – that question we wanted to answer and so we, uh, looked at it and in Sweden we have good registry data, that we can – and we have something called personal numbers similar to the Social Security number and we can link it to every – every patient registry we have. So, that's what – that's the beauty of this study where we could look at the national registry for breast cancer, the Swedish patient registry where we got the – where we got the comorbidities at the time for diagnosis and then we also look at the cause

of death registry. And we could all link it with the personal number. So, it's, uh, that's the beauty of it.

Dr. Birnholz:

So let's – let's dive into that, then, what did you discover as you, delved into this patient population through the data registry? Any conclusions that, you were able to draw from?

Dr. Janeva:

Yeah, well, the – as we know, that chemo is, uh, something that prolongs a lot of the breast cancer specifics. Survival is better. And the, overall, is better as well. but what we saw was that almost – there was like a third of the women that received chemo and two-thirds that didn't. So the interesting part was kind of a – could we match them and see how – and that – and that is a, - that is a delicate question what method to use and so – so we use the propensity score matching, where we kind of had the it was randomly collected from the cohort and it's – it was kind of said – we – the only difference was more or less if the woman received chemo or didn't receive chemo, so the – the tumor size and nodal status, the grade and the comorbidity of the – in the Charlson-Deyo index was similar in all of the women that we were – that we were randomized into the propan – into the propensity score matching. And we still saw that there was a significance in – in the survival both in the breast cancer specific survival and the overall survival receiving chemo. And that is – that is – that is information that is good to know – to have with you when you – when you – when you actually have – in the clinic have a patient that is 70 years or older in front of you because we do need to have the frailty assessment better and the geriatric assessment better to – to be able to help the right woman in this case.

Dr. Birnholz:

Yeah, certainly, it does lend towards being able to make more personalized, uh, care decisions and perhaps, uh – uh, not just leaning towards a – an old dogma or an old guard idea of – of treating extremely conservatively because they're 70 years old.

Dr. Janeva:

Exactly. Exactly. That's totally – you got this point right.

Dr. Birnholz:

Well, Dr. Janeva, any other, uh, thoughts about next steps for helping to elucidate more information about this patient population and new treatment horizons for them?

Dr. Janeva:

Well, there needs to be – there needs to be more studies done, uh, because when – when it just comes to this, uh, to this subtype of cancer, and it is difficult to do it randomized, so we – so we – we will have to go back to the registries and – and look at that and see – to see like what did they receive – how much did they receive, uh, because we do know the studies show that it's not always how much you received chemo that's important in survival, it's more – more of the – that you actually did receive any chemo. So that's also something that's – needs to be studied more.

Dr. Birnholz:

Well, Dr. Janeva, I'm looking forward to hearing more about those studies in the future and connecting with you. Perhaps, over in Sweden at some point on our next trip.

Dr. Janeva:

You are so welcome. you're welcome.

Dr. Birnholz:

I've been speaking with Dr. Janeva about adjuvant chemotherapy in the elderly population, particularly those with triple-negative breast cancer. Dr. Janeva, thanks so much for your time.

Dr. Janeva:

Thank you.

Dr. Birnholz:

For access to this and other episodes devoted to breast cancer research and treatment, visit ReachMD.com where you can be part of the knowledge. I'm Dr. Matt Birnholz. Thank you for listening.

Announcer:

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