



Older Women with Breast Cancer (Part 1): Defining Population Trends by Age

by Dr. Hyman Muss, University of North Carolina, Chapel Hill, NC

Dr. Weiss:

Hello Cancer GRACE, this is Dr. Jared Weiss from the University of North Carolina. I have the great pleasure of being here with one of my mentors and here with geriatric oncology, Dr. Hyman Muss also from the University of North Carolina who is going to give us a presentation on older women with breast cancer. Dr. Muss.

Dr. Muss:

Thank you Dr. Weiss; it's a pleasure to do this. Welcome everybody, I'm going to talk today about older women with breast cancer. I've titled the talk Slow Progress but Great Opportunity, and Now is the Time.

So just to tell you a little bit about myself and Dr. Weiss, we're both at the UNC Lineberger Comprehensive Cancer Center at the University in North Carolina. We are very heavily involved with research, clinical care and do lots of training of the doctors of tomorrow: fellows, residents, faculty, people in public health. So we have a comprehensive program and we have a major interest in cancer care in older patients, what we call our Geriatric Oncology Program.

So the first thing I think that's important for everybody to know is that breast cancer, like most human cancers, is a disease of aging. What I mean by that is that whether it's breast cancer or bowel cancer or lung cancer – in the United States – as we age the risks of getting cancer get higher and higher. So, a 70-year-old person in the community has a much higher chance of getting a cancer than a 50-year-old patient in the community. So even though a lot of the things we see on TV and all the movies about cancer patients, either have very young people or middle-aged people, cancer is really a disease of older people.

As an example, here is Kylie Minogue, a very popular public image who had a breast cancer and talked about it – and I think the public sees someone, a beautiful women like this, and focuses on her.

But really this is more the face of breast cancer, this is Nancy Reagan, President's wife, who got breast cancer at 64. This is much more realistic than seeing that young celebrity with breast cancer.

Now what's important is in the United States our population is aging, right now maybe about 14% of our population are 65 and older. But in 2025, one in every five Americans, 20% are going to be 65 years and older. So just think of it, we're getting older as a country and cancer is a disease that's more common as we get older. So the bottom line is Dr. Weiss, myself, all the oncologists in the community are going to see more and more older patients. The numbers and the percents are going to go way up, and so it's very important we know how to care for them.

Now, what about cancer age and longevity? First of all, right now in the United States, about 55% of all cancers are in patients 65 years and older, about 30% are in men and women – these are all

cancers – 75 years and older. So, 30% of all the cancers we're going to see are in people that are frequently perceived in the community as kind of old, and then 8% of cancers are even in people 85 years and older.

I know it's happened with Dr. Weiss, and it happens with me; I've had older people in their 80's saying, "I didn't think you could get cancer at my age." They're shocked. But it's here. As we do better with other disease like cardiovascular diseases and strokes and diabetes, what will happen is we will end up seeing more patients with cancer because they're doing better with their other diseases. The other thing is – and this is not as well-known by many physicians as well as people in the community – that if you get to 65 today, you're going to live an average of 20 years if you're in good to fair health -- 20 years. That's why when FDR set up social security in 1935, and the average age of the population was much lower and in fact just a small percent was 65 years and older, it didn't look like a big deal to pay social security.

But now, one in five people in our population are going to be 65 years and older within 10 years. In addition, when they get there they're going to live 20 more years, tremendous burden for everything related to caring for old people, etc. It used to be that I would think someone 75-year-old is really an older person – 75, you're old. But it's really not true, if you look at average health, you're going to live 12 more years. So if you're a person with a serious breast cancer or lung cancer or colon cancer or leukemia and you were healthy and you were 75, you were programmed to live 12 more years, and now you have a very serious disease.

So we got to think of the importance of treatment. Is it appropriate to treat? Are we over-treating? Are we under-treating? Even if you're 85 in average health, you're going to live six more years. So these are the numbers that I don't think we think of a lot. But more and more we're seeing older people who are working, in great health, doing things, very active – and it's very, very important because a lot of those patients are going to get cancer and we want to take the best care possible of them.

These are what we call incidence and mortality curves for breast cancer, and you'd see similar curves, similar graphs for colon cancer and lung cancer. So the black line is the number of patients per 100,000 patients who get breast cancer each year; it's called incidence. It's the number of people per hundred thousand. It's important because there's more people in the population between 50 and 60 than there are between 80 and 90. So the incidence in the 80-year-olds and 70s can be higher, but there won't be as many cancers over all, absolute numbers, because there's not as many 80-year-olds.

So, incidence, number of patients per hundred thousand: you can see for instance up here in the 75 to 79 year old age group, there were 250 new cancers patients per 100,000 in that group. If you look at 35-39 like a celebrity, there's less than 50, there's 25 per 100,000. So it's a vast difference. Then you can see on the orange red line that the mortality rates, the number of people who died of breast cancer, in 100,000 people goes up with age as well. So the vast number of people in the United States actually now who don't survive breast cancer and lung cancer and colon cancer are older people. They're in their 60s and their 70s.

I'm not trying to scare you all on this with this. But this is something if you've been interested in, this information on cancer and other issues, is important for you to know. Not so you're scared -- so you can do something about it.

These are data that look at the mortality rates, the number of people who die per hundred thousand people in the population by age, and you could see some really good news here. Since

1995, the breast cancer mortality rates, the number of people who are dying of breast cancer per year in a hundred thousand – you have to adjust to the population because it gets bigger all the time, you can see that it's been going down. But what is striking is that the red line which are the people 75 and plus, although they're doing better they're not seemingly getting the same gains as the younger people. Why is that?

A lot of us are looking at this, and there are many reasons. One is perhaps screening, that in healthy, older people, although it's somewhat controversial -- they're not getting as much mammography. Therefore, we're not detecting breast cancers early so they're not doing as well over all. Then another, and perhaps more importantly, and we'll talk about that, is the use of what we call adjuvant therapy. So in addition to your surgery and perhaps radiation, that you get considered and evaluated for the potential benefits of therapies that block female hormones – and for many older people with breast cancer, would improve survival. Also the use of chemotherapy, which certainly has more toxicity, but can be extremely helpful in older patients, provided they're in reasonable health and selected appropriately and offered the treatment.

In 2012, right now, some of the statistics we're going to see about 230,000 new patients with breast cancer in the United States. It is the major cause of cancer in women and it's the second leading cause of death in women, the first is lung cancer. So if you're on this call and smoking, your first call is to a smoking cessation program. Dr. Weiss can refer you: he's an expert. About 50-65% of people we see with the breast cancers, the cancer is only in the breast. It hasn't involved the lymph nodes and is what we call an early stage breast cancer, and the vast majority of those patients are curable.

A lot of the patients, about a third, have positive lymph nodes. This means the cancer cells have gone into the little lymph nodes, the little curls in the armpit on the side of the body that had the breast cancer in it. We're able to assess this surgically. When the nodes are positive, patients can still be cured. So, a lot of people have the misconception that it's incurable, but we can cure a lot of these patients, but they frequently require other therapies in addition to surgery and sometimes surgery radiation.

Then, in the United States, unlike many poorer nations most patients who come to us don't have any cancer spread to other parts of their body. But about 5% of women, when they show up with breast cancer have spread to a bone or a liver or a lung, we can do lots to help those patients. But we can't cure the disease, we can't get rid of it for good. So that's why early detection and using the best tools up front improves our chance of cure. By the time they spread, even though we can do a lot, we'll never get rid of that cancer for good. Still in the United States there's about 40,000 deaths, about 14% of all the cancer deaths in women. That's a number that's a little bit better, but obviously our goal is to get this close to zero if we can through research and learning more new things about breast cancer.