Older Women with Breast Cancer (Part 2): Prevention, Screening, and the Goals of Therapy

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Dr. Muss:
Can you prevent breast cancer? Well, it's very important to maintain a healthy weight. As we get heavier and especially older, frequently we get a little heavier, we get more fat tissue, and these fatty tissue is responsible for increasing our estrogen levels in our blood. In addition, there's evidence that exercise and things can be helpful, and if we're heavier we're not as likely to exercise. So, basic things of good health, maintaining a good weight and exercising are key. That's true also for colon cancer. It's good for good health in general, for heart disease, diabetes, etc. So these are things you should do even if you never have remotely a problem with breast cancer. Then a healthy diet, fruits and vegetables.

In the case of patients who have very high risk of getting a breast cancer, that very small percentage of people who may have a gene in their family that they're born with, that predisposes them to cancer, or they've had a prior cancer, we may be able to use medication. There are two medications, perhaps three now, all of these medications either lower or block estrogens in your blood, and even people 90 and a hundred years old have small levels of estrogen in their blood that in many patients can make cancer cells grow or predispose them to cancer, these drugs may be appropriate.

But this is a very tough decision to be made between you and your physician if you meet some of these criteria because all these drugs have side effects, and cancer is just one part of aging and health. So it's got to be done with a lot of thought and consideration. What you don't need: buy expensive supplements that are going to make you live forever and not have problems with cancer. I always jokingly put it, "But it's good in life to avoid negative friends." So if you can do all these things, you'll be doing lots for your health in general and you'll probably be happy about it too.

What about screening and initial management? By screening we essentially mean using mammography. There are some new technologies we're starting you may have heard of like Magnetic Resonance Imaging or MRI. But none of these, except in very special cases, are generally used for all patients.

As you also know, mammography is a very hot and controversial topic. So, we seem to know that if you get a yearly or every other year mammogram until you're 75 there's pretty good evidence that that's going to lower your chances of getting a serious breast cancer. This is not prevention of breast cancer, this is screening. The purpose is to find a breast cancer – or if you get colonoscopy, a colon cancer – when they're small and when they have a much better chance of being cured when there's no lymph nodes involved, when it's a tiny cancer.

Up to age 75, there's pretty good evidence that it reduces the chances of dying of breast cancer by 20-30%. Now that's a big number, but we've got to put it in context. Only a very small percentage of the population, 75 and older, actually dies of breast cancer. Don't forget, I showed you the incidence was 250 in 100,000 people, but most of us are going to die at some point of something. So actually this 20-30% really translates into an absolute benefit of a few percent of

patients. But it's very important because none of us want to spend good years of our older life dealing with breast cancer that spread. So generally now we recommend mammography up until age 70 or 75, it's a big controversy whether yearly or every other year. We've tended to do it yearly in our own institution.

Now, what about 75 years and older? I think that that's where the controversy is, and our own bias is, if you're a healthy person, we know you're going to live 12 years more on average. If you're in really good health you're going to live longer than that, you're going to get into your 90's, and getting a mammogram every year or two is very reasonable. If you're a person who's 80 years old and you have lots of other health problems in your life, diabetes, heart disease, have had a stroke that's left you disabled, getting a yearly mammogram is probably not needed.

So, these are things you need to discuss with your doctor, we're getting better tools to make decisions here. But age alone is not the criteria. It's your age, your preferences, and also what's your expected survival, how long are you going to be around. You shouldn't be afraid of that. To do a mammogram in someone who has a lot of other illnesses may find a very tiny breast cancer that's truly not going to be very important in their lives but require a lot of therapy that's going to take a lot of time and be very costly. These are similar arguments to what you've probably been seeing with prostate cancer screening, with PSA tests. So, we need a little bit more thought in recommending mammography to older people.

What's very important, what we've learned is if your doctor feels it's helpful, that helps in compliance. It's very important to get your doctor's input into this. You're going to see a lot of ads on TV, you're going to see a lot of information in magazines, but talking with your doctor and getting the best advice is crucial.

This is a mammogram, if you've had these, a little bit uncomfortable, we've pressed the breast together and on your right – you're seeing the patient's left breast, and on the right here is the right breast. This is a mammogram on a woman who's 30 years old and she actually had a big breast cancer that you can almost see in her skin and feel in her right breast, the mammogram doesn't show it. Why is that? Because the breast is so filled with this dense white tissue which are all the milk glands and milk ducts and milk sacks together that they block out the cancer. So, a spot in the breast, the lump, even if the mammogram shows that it's negative, if someone can feel it, it's got to be dealt with. So, a mammogram isn't perfect.

But for older people, as we get older, they're much better at detecting early breast cancers. So here is a mammogram in a much older woman, and you can see this tiny white dot which is about a quarter of an inch – because this has been magnified a little bit – your doctor can't feel that. But it's easily seen in this mammogram. Why? Because as we get older our breast ducts and milk ducts are replaced by fat, and these cancers which make very thick scar tissue around them frequently can easily be seen in that fat. So this cancer is very tiny, it can be easily found and removed with a high probability of curing that patient. So in older people mammograms are more likely to detect cancers than they are in younger people, it can be very effective.

To summarize all of this, we don't have all the data we'd like on screening older people because years ago when they did clinical trials and people didn't live as long, they excluded women 75 and older from trials that compared mammograms with just let's say a physical exam. So, we're short of older people there. What we have learned though is older people are very sensitive to their body image. If you find a cancer early as I'll show you, we can avoid removing the breast, the so-called mastectomy, and do a lumpectomy where we just take the tumor out and frequently do radiation. We know that after 20 years of research that removing that tumor, giving radiation,

results in the same survival as having your breast removed. So you're not suffering, you're not compromising vanity for longevity to maintain your body image.

For a lot of time doctors were patronizing to older people, "She's not interested in keeping her breast, let's just do the mastectomy," and that's really not true. That's really not true, and we're all learning that. It's very important to talk with your doctors about treatment. If you have a new breast cancer, what are the options, can my breast be preserved? Sometimes we can use treatments like chemotherapy or estrogen blocking or what we call hormonal therapy – not to be confused with hormone replacement therapy – and we can shrink the tumor down; convert someone who has a breast cancer that would require a mastectomy, or sometimes can't even be removed, to one which is surgically amenable to taking just the tumor out and keeping the breast intact.

The other thing we know about older people is they still like doctors, they haven't become totally consumers yet, so they trust a lot of our judgment and take our advice. But that doesn't mean that you shouldn't be advocating for yourself and coming in with your list of questions about treatment and all the other issues that you want to discuss.

Now the key things are what's the goal of treatment when you come in with a new breast cancer? Obviously this is our North Carolina goal of treatment, "hit that 100th birthday even if it's with a cigarette." I don't advocate smoking, but this is always is humorous and not a bad goal.

But there's essentially different goals depending on the extent of the breast cancer. If it's early stage, and by that I mean it's in the breast or in the lymph node where it can be cured, sometimes we'll use Adjuvant Therapy to increase the cure. I'll talk a little bit about that because we don't want to give you pills or chemo that are worse than the problem you have or cause side effects that limit your function.

On the other hand, if your breast cancer is spread and we can't cure it, what we want to do is minimize your symptoms. If you're doing well, we don't want to pile you in with chemotherapy because it's not going to cure it and make you sick when we may have other gentler options of treatment. The goal there is to make quality life and function first. If you're having symptoms due to the cancer, like it's in a bone and you have some bone pain, it's to take care of those things, make those symptoms improve so your life gets better.

Also I have here structured palliative care. We've learned that whether you're getting chemotherapy or hormonal therapy, to make sure that your doctor is part of a team that can take your pain problems, bowel problems, nausea, vomiting, that this team approach that's structured – in other words, proactive, not waiting for problems, or the minute you have a problem dealing with them. So you've been in pain for weeks and had no one too call or didn't know the system, this proactive approach make lives much better, and in fact in some instances even much longer. So, all of these things are very much important. The bulk of people as we talked about are going to be in this early stage, potentially curable area. But for those patients who unfortunately get breast cancers spread, there's lots we can do to make their lives better as well as longer.