Comparison of the results of modern methods of treatment of elderly women with breast cancer

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ABSTRACT

In some tumors, the number of patients older than 70 years is especially high: 86% in prostate cancer, 67-73% in colon cancer, 66-73% in bladder cancer, 61-64% in lung cancer, etc. Despite the obvious urgency of the problem, until recently, the development of rational methods of treatment of elderly patients with malignant tumors has not been given sufficient attention. Surgical intervention remains one of the main methods treatments, and in some cases the only one. The inclusion of radiation therapy in the treatment of breast cancer in the elderly has standard indications and does not differ from those in young patients.

Keywords: Breast cancer, elderly women, surgery, adjuvant therapy

Relevance: The incidence of breast cancer (breast cancer) in recent years has come out on top among other malignant tumors in women [2,9,14]. The growth rate of mortality is not inferior to the growth rate of morbidity. Therefore, any aspects of the problem of breast cancer treatment remain relevant. About 1 million women get breast cancer annually (an increase of 2% per year) - more than 500 thousand in developed countries and more than 300 thousand in developing countries. At the same time, the mortality rate of patients with breast cancer is also high.

A recently published report by the International Agency for Research on Cancer (IARC) [17,23,29,31] predicts an almost twofold increase in the incidence of breast cancer, uterine body cancer, colorectal cancer and lung cancer in the next 20 years in all countries and, especially, in countries with "transition economies" [28,30,33,36,39].

There are several standardized guidelines for the treatment of patients with senile breast cancer, mainly due to the lack of evidence at the level of some, and the lack of representation of older women in adjuvant therapy studies [35,39,43], when clinicians are often forced to make treatment decisions in the face of this uncertainty. This can often lead to treatment, or, less often, to excessive treatment of the patient and, as a result, to more unfavorable results. A comparison of breast cancer mortality in 1990 and 2007 showed that, although breast cancer mortality among the general population decreased by 2.5% per year for women aged <75 years, this indicator decreased by only 1.1% per year for women aged ≥ 75 years. There is also a decrease in breast cancer mortality in Europe, where in the period 1990-1994 and 2000-2004, breast cancer mortality decreased by 13% for all ages. However, by age group, the decrease was significantly higher in women aged 35-64 years by 17%, compared to 6% for women aged ≥60 years. [24,29,31].

In some tumors, the number of patients older than 70 years is especially high: 86% with prostate cancer, 67-73% with colon cancer, 66-73% with bladder cancer, 61-64% with lung cancer, etc. Despite the obvious urgency of the problem, until recently, the development of rational methods of treatment of elderly patients with malignant tumors has not been given sufficient attention. Thus, in international scientific research, age over 70 is usually an exclusion criterion. In fact, special scientific programs on this problem have only recently appeared [4,8, 15, 26].

Elderly people without malignant tumors have different life expectancy. On average (taking into account the average age in the population), people aged 70 have a chance to live another 14 years, 80 years - 7.7 years, 85 years - 5.4 years [23].

The enrichment of the population of developed countries by increasingly elderly people is one of the main reasons for the increase in the number of cancer patients. Indeed, the risk of developing breast cancer after the age of 60 is 5.8 times higher than before the age of 60, and almost 150 times higher than at a young age (up to 30 years). In addition to increasing age, there are several dozen other risk factors for developing breast cancer, but all these factors can be divided into two categories: increased exposure to estrogens and a shortage of means to maintain genomic integrity [19]

The purpose of the study. Improving the results of breast cancer treatment in elderly patients by optimizing diagnostic and therapeutic measures.

Materials and methods: The group of our study included 58 patients with breast cancer aged 60-74 years, who were treated in the department of oncomammalogy and chemotherapy of the Bukhara city branch of the Oncology and Radiology dispancer of the Republic. by 2018, in which the mandatory stage of treatment was to perform surgery in one volume or another. Many elderly patients suffer from severe concomitant diseases and syndromes — such as coronary heart disease, hypertension, circulatory disorders, atherosclerosis of the vessels of the heart and brain, atrial fibrillation, post-infarction cardiosclerosis, post-stroke, diabetes mellitus and multi-nodular goiter, chronic bronchitis, severe forms of bronchial asthma, etc. Therefore, due to their advanced age and pronounced concomitant diseases, they are often denied surgical, and subsequently radiation and chemotherapy treatment. The new monitoring methods and drugs for anesthesia have significantly expanded the indications for surgical treatment. The women ranged in age from 60 to 74 years. The average age was 67±4.4 years

All the examined patients were divided into 2 groups:

(n=37)–patients who underwent radical mastectomy;

(n=21)–patients who underwent radical resection;

The patients met the following inclusion and exclusion criteria.

Distribution of patients depending on the location of the tumor (n=58)

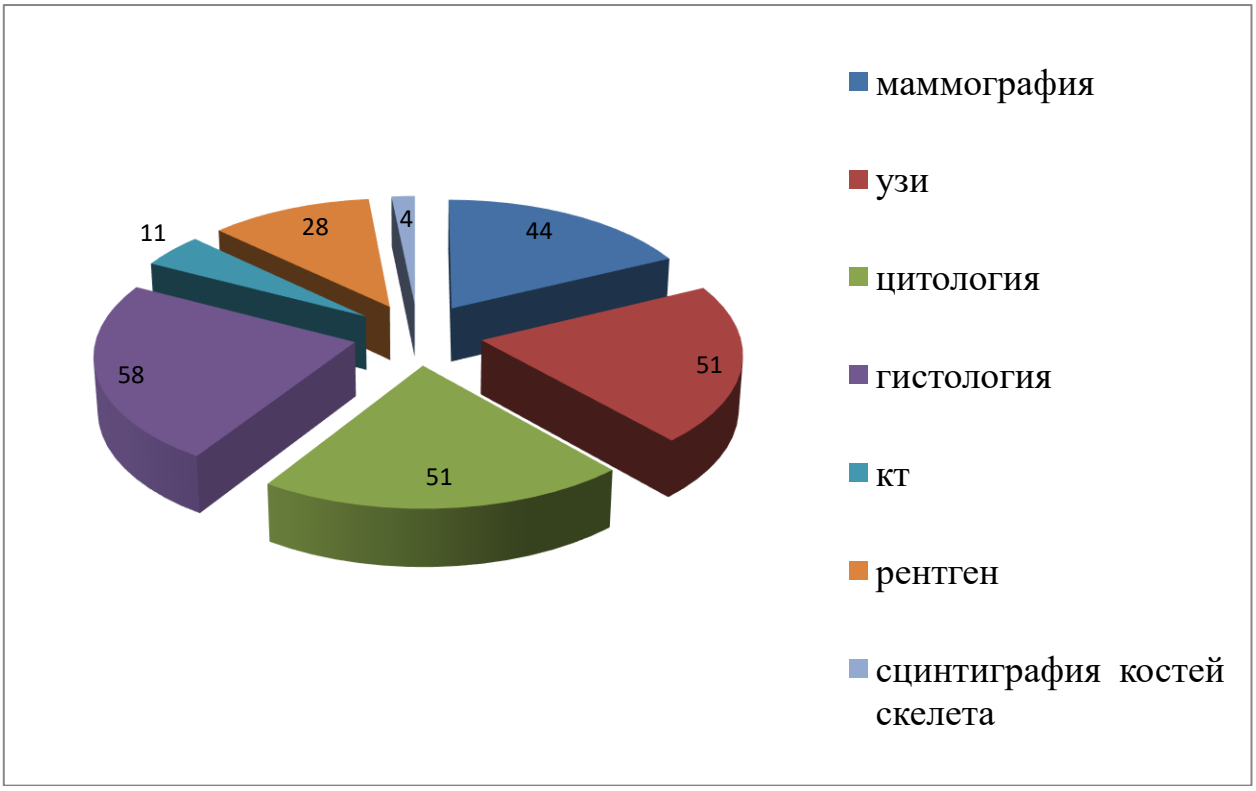
Breast Quadrant	RME	%	RR	%	Abs. Number	**%**
Central	3	8,1%	1	4,7%	4	10,5
Upper-inner	7	18,9%	7	33,6%	14	13,1
Lower-inner	4	10,8%	2	9,5%	6	9,2

Upper-outer	15	40,5%	8	38%	23	19,7
Lower-outer	5	13,5%	1	4,7%	6	5,2
The whole mammary gland	3	8,1%	2	9,5%	5	3,9
Total	37	100%	21	100%	58	100

Morphological studies of biopsies (100%) were carried out by conventional methods. It was mandatory to study the degree of differentiation of the tumor, the state of the lymph nodes. Histological examination was carried out on serial paraffin sections (from 15 to 20 for each observation) using hematoxylin and eosin stains. The preparations were viewed on a light microscope with an eyepiece magnification of 100x, 200x, 400x. For morphological research methods, a biopsy was taken from the tumor before and during surgical treatment.

The process of preparing a histological preparation for light microscopy included the following steps:

1. Taking the material and fixing it in 10% neutral formalin;
2. Dehydration in alcohols of ascending concentration;
3. Fabric sealing, impregnation and filling with paraffin;
4. Preparation of slices 4-5 microns;
5. Staining of sections with hematoxylin and eosin and encapsulation in balsam.



As can be seen from the table, 100% of patients underwent histological examination, 87.9% underwent both cytology and ultrasound of the mammary glands, abdominal organs and pelvis, respectively. Mammography was performed in 75.8% of cases. Studies such as chest X-ray, CT and skeletal bone scintigraphy were performed in 48%, 19% and 6.8%, respectively.

Results and discussion.

In our study, as mentioned above, the radical mastectomy was performed in 49 cases, which was 64.4%, and radical resection - in 27 (35.6%) cases. Thus, one of the factors determining the choice of the volume of surgery was the size of the primary tumor node, i.e. criterion T (Table 8).

Table 2 Distribution of the type of surgery from the size of the tumor

Node size T(cm)	Type of operation				Total	
	Mastectomy		resection			
До 2 см	12	34,7%	11	33,3%	23	34,2%
2,0-5,0 см	24	53%	**9**	44,4%	33	50%
5 и >	1	8,1%	1	18,5%	2	15,8%
TOTAL	37	100%	21	100%	58	100%

In the postoperative period, only 7 (7.4%) complications of various nature and localization were noted in the patients. They were distributed depending on the volume of the operation as follows (Table 9):

Table 3
Distribution of patients by localization of complications after surgical treatment, depending on the type of operation

Complication	RME		RR		Total		χ2	P
	abs	%	abs	%	abs	%		
Lymphorrhea	11	34,4	5	7,9	16	16,8	10,59	<0,001
Lymphocele	1	3,1	2	3,2	3	3,2	0,00	>0,05
Suppuration of the wound	6	18,8	3	4,8	9	9,4	4,824	<0,001

Taking into account the results obtained, it was decided to further present data on the 3- and 5-year survival of patients in the analyzed group.

Conclusion:

The lack of clear selection criteria when prescribing systemic treatment to elderly

patients forces doctors to focus on their own experience and few international research data. Surgical intervention remains one of the main methods of treatment, and in some cases the only one. The inclusion of radiation therapy in the treatment of breast cancer in the elderly has standard indications and does not differ from those in young patients. The prognosis of breast cancer in daily clinical practice is based on individual characteristics: the size of the tumor formation, involvement of lymph nodes, skin, chest muscle in the process, the presence or absence of distant metastases, a set of factors included in the clinical classification according to the TNM system, which is ultimately reflected in the formation of the stage of the disease, which ultimately determines the therapeutic tactics. However, within each stage of breast cancer, the course of the disease turns out to be extremely heterogeneous in terms of the growth rate of the tumor, its tendency to metastasis and sensitivity to neo- and adjuvant treatment, even without reference to the age of the patient. This is why attempts are being made to develop prognostic tools that can illuminate the various features of each tumor.

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