

BREAST CANCER-UNIQUE ISSUES IN THE
CHRONOLOGICALLY GIFTED



Public Lecture by Joanne Mortimer M.D.
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Wednesday, June 21, 2006, 7:00 PM
Garren Auditorium, Basic Science Building

Sponsored by

The Sam and Rose Stein Institute for Research on Aging
University of California, San Diego

In the United States, breast cancer is diagnosed in one in eight women who live to be 80 years of age. The high incidence may be attributed to the fact that women are delaying having children until after age 30 and also to the "graying of America." One half of all breast cancers are diagnosed in women older than 63 years.

Most breast cancers are diagnosed because the woman identifies a lump on a self breast exam. Many cancers are identified as an abnormality on annual mammograms. When an abnormality is found on an exam or mammogram, a biopsy of the area will determine if the abnormality is cancer. The pathologist reviews the biopsy specimen to assess how aggressive the cancer is and whether it has estrogen receptors that indicate that the cancer grows in the presence of estrogen.

The treatment of breast cancer requires the input of surgeons, medical oncologists and radiation oncologists. The surgeon removes the cancer and lymph nodes under the arm to determine if the cancer has spread. The whole breast is treated so as to prevent breast cancer developing in other locations within the breast. A mastectomy involves removal of the entire breast. Alternatively, the breast cancer may be removed in its entirety. Radiation therapy is administered afterwards as treatment of the entire breast because breast cancer may spread through the bloodstream or the lymph nodes. Chemotherapy and/or hormonal therapy is used after surgery as "adjuvant therapy" to kill any microscopic cancer cells. Hormone agents such as tamoxifen, anastrozole, letrozole and exemestane may be used to eradicate microscopic cancer cells when the cancer is estrogen fed (estrogen receptor positive). Chemotherapy is used as adjuvant therapy in women with hormone resistant cancers, cancers that have spread to multiple lymph nodes and for very large or aggressive cancers. As a result of combined modality treatment (surgery, radiation, chemotherapy and/or hormone therapy), most women treated for breast cancer die of causes other than breast cancer.

Breast cancer in older women tends to behave less aggressively than cancers in younger women. These cancers are generally estrogen receptor positive and seldom have spread to the lymph nodes. Yet the death rate from breast cancer in older women is surprisingly higher than younger women. It appears that older women are less likely to be offered breast conserving treatments (lumpectomy and radiation) than mastectomy. It has also been shown that hormonal therapy and chemotherapy are prescribed less often in older women. Older women do appear to have more side effects from chemotherapy but derive a similar survival benefit as younger women. Healthy older women should be treated in the same manner as younger women.

Hormonal therapies that are used to treat breast cancer have also been studied as a method for preventing breast cancer in women at high risk for developing breast cancer. The on-going Excel study is assessing whether exemestane can prevent breast cancer in women over age 60 and in younger women who are at high risk for developing. Interested individuals may contact Christina Ortiz at Moores Cancer Center (858) 822-3614.