

Sociodemographic, Diagnostic, and Geriatric Data of Elderly Patients with Advanced Breast Cancer

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Introduction

Breast cancer in older women is a major problem due to its increasing incidence and the challenges associated with screening. Incidence increases with age, particularly after 65-70 years, due to the accumulation of genetic mutations, immune aging, and residual estrogen production by postmenopausal adipose tissue. In France, approximately 30% of cases are diagnosed in women over 68 years of age, with high mortality due to late diagnoses.

Materials and Methods

This was a two-year, multicenter, prospective study. It included 86 patients aged 65 years and older with locally advanced and/or metastatic breast cancer. Our data sheet included the epidemiological, diagnostic, and geriatric characteristics of the patients.

Results

1. Sociodemographic data:

More than half of the patients with advanced breast cancer were under 75 years old at admission; The mean age of our study series was 73.6 years (range 65-98). An urban origin was found in 60% of cases, compared to 40% with a rural origin. Regarding the intellectual level of our population; unfortunately, the majority were uneducated (78%).

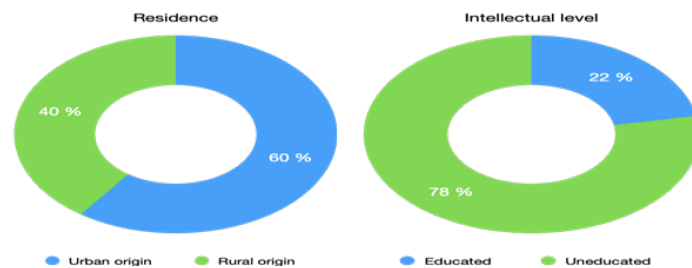


Figure 1: Population distribution by age and education level

2. Diagnostic data

The breast nodule was the main mode of revelation of this cancer (81%). The affected side was right in 54%.

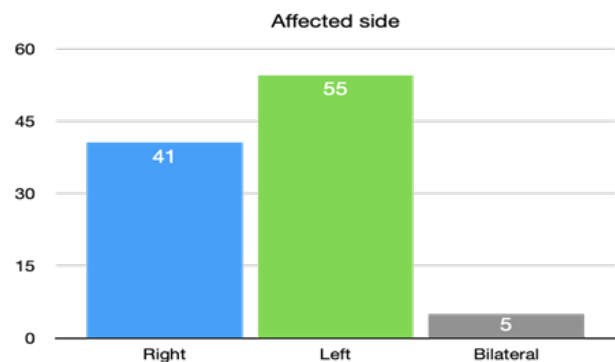


Figure 2: Distribution of cases according to the affected side

The proportion of patients with nonspecific invasive carcinoma was significant, estimated at 78.3%. More than three-quarters of breast cancer cases were SBR grade II at the time of diagnosis. The proportion of patients with metastatic breast cancer was higher than those with locally advanced disease (75.6% versus 24.4%).

Diagnostic data		100%
Breast examination	Done	55,4%
	Not done (Breast surgery)	44,6%
Breast ultrasound	Done	29,7%
	Not done	70,3%
Histological varieties	Nonspecific invasive carcinoma	78,3%
	Invasive lobular carcinoma	8,2%
	Other carcinoma	13,5%
SBR grade	I	0%
	II	78,3%
	III	21,7%
Diagnosis stage	III	24,4%
	IV	75,6%

Table 1: Distribution of cases and other clinical and paraclinical characteristics.

3. Geriatric data

The general condition of the patients, considered one of the most important prognostic factors, was exploited in our work: more than half of our population had a PS equal to one.

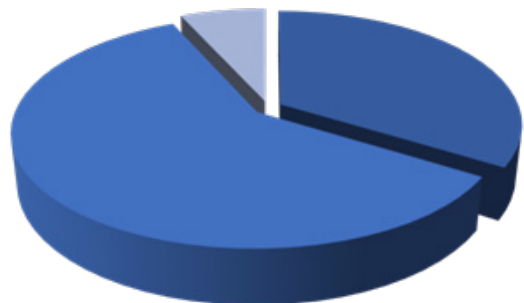


Figure 3: Distribution according to performance status.

82.4% of patients presented with comorbidities ranging from one to five conditions of varying severity.

Comorbidities	73	100%
CIRS-G	Grade 0-1	13 17,8 %
	Grade 2	35 48 %
	Grade 3	13 17,8 %
	Grade 4	12 16,4%

Table 2: Distribution of Comorbidities according to the geriatric version "CIRS-G"

64.4% of patients showed geriatric vulnerability or frailty: score ≤ 14 . The median G8 score was 12.75.

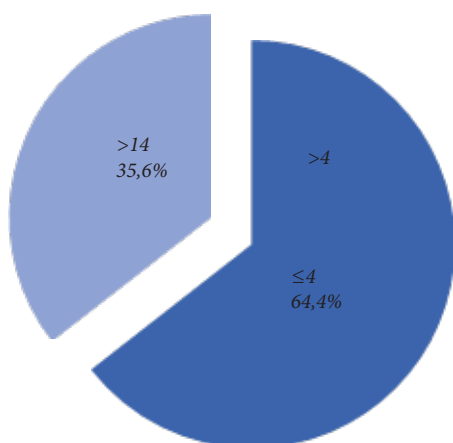


Figure 4: Population distribution according to the G8 screening score.

Analysis of the patients' general condition, assessed using the G8 score and the presence or absence of comorbidities, identified three groups: harmonious aging (35.2%), vulnerable (47.3%), and a frail group (17.5%).

Geriatric Assessment	86	100%
"Harmonious Aging" Group: G8; 14+ grade 0-1 comorbidities	26	30,2%
"Vulnerable" Group: G8; 14+ grade 2 comorbidities	29	33,7%
"Frail" Group: G8; 14+ grade 3 comorbidities (≤ 2)	15	17,5%
"Too Ill" Group: G8; 14+ grade 3 comorbidities (> 2)	16	18,6%

Table 3: Distribution of patients according to the results of the geriatric assessment.

Conclusion

The diagnostic and geriatric profile of advanced breast cancer (stage III or IV) relies on a comprehensive evaluation including locoregional assessment, distant metastasis, and standardized geriatric assessment. This allows for the selection of the best therapeutic approach and its adaptation according to comorbidities and functional status.

Keywords: oncogeriatrics, breast, data, diagnosis.

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