

Long-Term Care Survey Alert

CANCER CARE: Help Elderly Breast Cancer Patients, Physicians Weigh Rx Options

New clinical trial data, lab test can improve decision-making.

A resident has an early estrogen receptor-positive breast cancer. Should she receive radiation in addition to a lumpectomy and hormonal therapy? What about chemo?

Presentations at the most recent **San Antonio Breast Cancer Symposium** can help patients and their physicians better answer these tough questions.

Key finding: Adding radiation to the treatment regimen for early breast cancer in elderly women doesn't appear to affect death rates from all causes. Researchers concluded that lumpectomy and tamoxifen without radiation appears to be a "reasonable option for women 70 and older with early, node negative (T1NO), estrogen-positive breast cancer."

Women who received lumpectomy and tamoxifen without radiation did have a higher rate of "locoregional recurrence" in the follow-up period of 7.9 years. But radiation didn't impact whether the women developed distant metastases. While 26 percent of patients in the study are now dead, only 6 percent of them succumbed to breast cancer. This shows that the death rate from cancer in that age group is actually relatively low.

The jury isn't completely in: Some SABCS attendees questioned whether a 7.9-year follow-up is long enough to determine whether adding radiation to the Rx plan could ultimately improve survival rates for the study participants.

Lab Test Predicts Risk of Recurrence

Mammostrat--a monoclonal antibody immunohistochemistry test--can help patients weigh their odds of recurrence.

"Mammostrat is a test for early stage, estrogen-dependent breast cancer that separates patients into different categories for risk of recurrence," explains **Ron Seitz**, CEO of **Applied Genomics**, which sells the test. Patients facing greater odds of the disease coming back might need more aggressive therapy, which Seitz defines as including full mastectomy and/or adjuvant chemotherapy and/or radiation.

Advantage: "Mammostrat works for all age groups but we think the test works better in elderly women because we built the test by using a patient set consisting mostly of elderly women (post-menopausal women over age 50 to 55)," says Seitz.

"Also, breast cancer ... is unusual among cancers in that it is less aggressive [in the elderly] than it is in younger women," Seitz tells **Eli**. "The trend is that the older you are, the less aggressive the breast cancer is. Thus, a woman who is 60 tends to have less aggressive breast cancer than someone who is 50, for example."

Reimbursement available: Medicare covers Mammostrat when billed as five separate antibody tests, says Seitz.

Editor's note: View the SABCS poster session on Mammostrat online at <http://www.posters2view.com/sabcs06/view.php?nu=3149>.