Hormone Therapy: Habits of Older Women With Estrogen+ Breast Cancer

By OBGYN.net Staff [2]

Most older women with non-metastatic, estrogen-positive breast cancer initiate recommended treatment with an aromatase inhibitor or tamoxifen, research shows.

Except for frail patients, most women older than 65 with non-metastatic, estrogen-positive breast cancer comply with oncologists’ recommendations for hormone treatment, researchers report online in the Journal of Clinical Oncology.

These women, who comprise about half of all breast cancer patients, follow doctors’ orders for either aromatase inhibitor or tamoxifen therapy, according to the study results. Still, as other studies have shown, many of the women discontinue treatment prior to five years.

Pertinent Points
- Women older than 65 with non-metastatic, estrogen-positive breast cancer who are “frail” are less likely than their “robust” counterparts to comply with oncologists’ recommendations for hormone treatment.
- Among elderly women with non-metastatic, estrogen-positive breast cancer who are robust, the compliance rate for beginning hormonal treatment was 85%.
- Failure to initiate hormone therapy was 1.63 times more likely among the women who were prefrail or frail compared with those who were robust.

"We found a more positive picture of use—although more than half of patients discontinued use before the five years of recommended treatment, non-initiation of starting treatment was only 14 percent," said the study's lead author, Vanessa B. Sheppard, PhD, associate professor of oncology and assistant director of health disparities research at Georgetown Lombardi Comprehensive Cancer Center. "This is reassuring, as it's important for women to give themselves a chance for the best outcome possible, regardless of their age."

The seven-year study, conducted at 78 US clinics, enrolled 1,062 elderly women ages 65 to 91. About a quarter of the women were labeled as prefrail or frail. Among those considered robust, only 14% failed to initiate hormonal therapy. However, failure to initiate hormone therapy was 1.63 times more likely among the women who were prefrail or frail. The decision to not start hormone treatment is not necessarily a bad one, Sheppard noted.

"It may be that these women, with the concurrence of their physicians, felt they would not live long enough to benefit from the therapy given competing health conditions, and they also may have wanted to avoid any toxicities from treatment," she said.

The study was conducted from 2004 to 2011 and consisted of patient interviews completed at baseline, 6 months, and annually for up to 7 years. Hormonal initiation was defined from records and discontinuation of therapy was determined by self-report. The researchers measured frailty using a 35-item scale and grouped participants as prefrail or frail versus robust.

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