

Improving outcomes for women aged 70 years or above with early breast cancer: research programme including a cluster RCT

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Plain English summary

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Plain English summary

Older women make up 34% of all UK breast cancer cases. Many older women are not treated in the standard way, with lower rates of surgery and chemotherapy than younger women. Cancer outcomes are worse for older women than for younger women, partly because some treatments are not given to older women (e.g. chemotherapy, surgery or radiotherapy may not be given in some less fit older women). Full treatment is not essential for all older women, as some are unfit or have a reduced lifespan and will derive less benefit from treatment, which needs to be tailored to their needs. Treatment tailoring in older patients is not easy owing to the complex interplay of age, ill health, and frailty resulting from the cancer.

The Age Gap study recruited a large group of UK older women, aged ≥ 70 years, with early-stage breast cancer, collecting data about health and fitness at the time of diagnosis, alongside detailed data about the cancer and the treatment received. Analysis by age and health subgroups was used to suggest thresholds at which patients may be offered full or fitness-adjusted treatment. The project also developed decision support tools to assist in decision-making, including a brief question and answer sheet, a series of booklets and an online tool. These tools were tested in a clinical trial in which half of participating breast units were asked to use the tool when counselling older women about their choices and the other half were asked to use normal counselling practices only. The trial evaluated whether or not this altered the treatment women chose, and whether or not it affected survival rates and quality-of-life outcomes.

The study recruited 3416 women aged ≥ 70 years and found that older women generally cope well with treatment, but unfit older patients do not benefit much from surgery or chemotherapy, which may have an adverse impact on their quality of life in the short term. The decision tools received good feedback from patients and doctors and the online tools were accurate in predicting outcomes. The tools were compared with standard care in a clinical trial, and they improved the knowledge levels of women and altered treatment choice, with more women choosing less full treatment options in line with the fact that older women value quality of life and maintaining their independence very highly. Despite this decrease in rates of standard treatment, survival outcomes were similar after 3 years' follow-up, although longer follow-up will be needed.

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