

Improving outcomes and experiences for older women with breast cancer

Executive summary

A policy briefing by Breast Cancer Care

Supported by Age UK



This policy briefing considers the key issues facing older women (mainly aged 65 and over) diagnosed with breast cancer. The briefing is divided into three main areas: early diagnosis; treatment and assessment; and information and support.

The following is a summary of the key points and Breast Cancer Care's recommendations for service improvements. The evidence base for these findings and recommendations is explored in the main policy briefing.

Early diagnosis

Key points

- Breast cancer risk increases with age. In the UK, 31% of breast cancers in women are diagnosed in patients aged 70 and over.
- Many older women are unaware of their increased breast cancer risk, have little knowledge about non-lump symptoms, do not check their breasts regularly and are not confident about detecting breast changes.
- Older women are more likely to delay diagnosis by presenting late to a doctor with suspicious symptoms. Lower relative survival rates for older women with symptomatic breast cancers may be partly explained by delayed diagnosis. (See also 'Section two: treatment and assessment'.)
- Routine screening invitations ending at 70 (or 73 in some pilot sites in England) can lead to a misinterpretation among older women that they are at less risk of developing breast cancer after this age.

Breast Cancer Care's recommendations

1. Those working on breast cancer awareness projects in the statutory and voluntary sectors should consider piloting targeted campaigns for older women and sharing the evaluated results through publications or conference presentations. The design of such campaigns should involve consultation with older women.
2. Any imagery in breast health promotion and screening information should include pictures of older women of different social and cultural groups to make it clear that this information is relevant to all older women.
3. Many older women have contact with their local doctors' surgery. Local surgery waiting rooms should display information about breast awareness and screening (such as the information available free of charge from Breast Cancer Care and the 'Over 70? You are still entitled to breast screening' leaflet from NHS Cancer Screening Programmes). GPs and practice nurses should use appointments with older women (such as 'well woman' clinic appointments) as opportunities to discuss breast awareness and breast screening, directing them to Breast Cancer Care's publications and Helpline.
4. Screening services should ensure that women are told at their last routine breast screening appointment that they can continue to be screened by self-referring and be given an aide-memoire, such as the card produced by the NHS Breast Screening Programme. This ongoing entitlement to request screening should be reiterated by GPs and practice nurses at subsequent consultations.

Treatment and assessment

Key points – evidence base for treatment

- The standards for the treatment of older people are largely based on clinical trial data drawn from younger patients. It is not known if the gold standard for treating older and younger people is the same.
- Older patients are under-represented in cancer clinical trials and two recent breast cancer clinical trials specifically for older people had to close due to patient recruitment difficulties.

Breast Cancer Care's recommendations

1. Breast cancer clinical trial designs should not include an upper age limit for eligibility unless there is a good reason why this is necessary and all trials, where possible, should stratify their results by age groups.
2. Those designing breast cancer clinical trials should consider what information and practical support (such as help with transport to appointments) they could offer to encourage older patients to participate.

Key points – age-related differences in treatments

- There is strong evidence that older women tend to receive non-standard breast cancer management, which may partly account for the lower relative survival rates among older women with symptomatic breast cancers. (See also 'Section one: early diagnosis'.)
- Women undergoing mastectomy only (not having an immediate or delayed breast reconstruction) tend to be older and in poorer health.
- Greater co-operation between healthcare professionals in elderly care and oncology medical teams could improve the standard of treatment for older patients.

Breast Cancer Care's recommendations

1. Chronological age alone should not be the basis for any breast cancer treatment decision (including decisions around breast reconstruction).
2. Every older woman with breast cancer should be treated as an individual, not stereotyped as 'an older woman', and be given a personalised care plan guided by NICE (National Institute for Health and Clinical Excellence) or SIGN (Scottish Intercollegiate Guidelines Network) clinical guidelines. This personalised care plan should take into account any other medical conditions or co-morbidities (psychological/mental or physical), psycho-social support and information needs, informed personal preferences, including body image-related concerns.
3. It is important that healthcare professionals enable older patients to be involved in treatment decisions to the level that each patient wishes by asking for the patient's views and providing or signposting to information about treatment options. (See also 'Section three: information and support'.)
4. Breast multi-disciplinary teams (MDTs) should consider using comprehensive geriatric assessment (CGA) tools in the treatment decision-making process for older women.
5. Breast MDTs should consider including a geriatrician in their discussions about older patients.

Information and support

Key points

- Older women value and trust information from healthcare professionals and tend not to seek additional information to that given in a healthcare setting.
- Older women value face-to-face services and being in touch with others who have experienced breast cancer.
- The internet is not a key source of information for older women.
- Older women may have particular ongoing support needs around lymphoedema and around prosthesis and bra fittings. Light-weight prostheses and front-fastening bras that fit prostheses are important for older women with shoulder or arm mobility problems and for more frail older women.

Breast Cancer Care's recommendations

1. Voluntary sector organisations should consider using healthcare professionals to deliver face-to-face breast cancer information services, as healthcare professionals are a trusted source of information for older women.
2. Online-only breast cancer information and support should be avoided as many older people do not have access to the internet.
3. Any imagery used in breast cancer information publications should include images of older women of different social and cultural groups.
4. The design of breast cancer information and support services should involve consultation with older women and reflect the needs of different social and cultural groups of older women.
5. Healthcare professionals should identify and address the individual psycho-social needs of older women before and during treatment and signpost to relevant sources of information and support, including financial and benefits information, breast prosthesis services and lymphoedema services. Where possible, ongoing needs should also be assessed during follow-up consultations.

The full text of this briefing can be read and downloaded from our website at <http://www.breastcancercare.org.uk/olderwomenbriefing>
Alternatively, you can request a hard copy by contacting the Policy and campaigns team on **0845 092 0800**.

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November 2011

Registered charity in England and Wales 1017658 Registered charity in Scotland SC038104