

More Breast Ca Expected In the Elderly, Minorities

BY BRUCE JANCIN

SAN ANTONIO — Looming demographic shifts in the United States over the coming 20 years are projected to result in major increases in breast cancer cases among the elderly and in minorities.

Now is the time to start planning for these changes, particularly since older individuals and minorities are groups at increased risk for suboptimal cancer care, Dr. Benjamin D. Smith asserted at the San Antonio Breast Cancer Symposium.

Using population projections obtained from the Census Bureau along with age- and gender-based breast cancer incidence rates derived from the National Cancer Institute's Surveillance, Epidemiology and End Results database for 2003-2005, he and his coworkers estimated that the number of cases of invasive breast cancer diagnosed in American women would increase by 30% from 226,000 in 2010 to 294,000 in 2030.

Meanwhile, because of the graying of the population, the annual number of women aged 65 years and older who are diagnosed with breast cancer is expected to jump by 57%—nearly double the overall rate, according to Dr. Smith of Wilford Hall Medical Center, San Antonio.

Over the same 2 decades, invasive breast cancer cases in Hispanics are projected to climb by 106%, in African

Americans by 48%, and in Asian/Pacific Islanders by 100% (see chart).

The National Cancer Institute's Center to Reduce Cancer Health Disparities has identified the elderly and minorities as groups traditionally experiencing disparities in breast cancer care, partially because they have been underrepresented in clinical trials, Dr. Smith noted. ■

Projected Cases of Invasive Breast Cancer in U.S. Women

	2010	2020	2030	Increase
All	226,000	262,000	294,000	30%
Aged 65 years and older	114,000	150,000	179,000	57%
African Americans	23,000	29,000	34,000	48%
Hispanics	16,000	24,000	33,000	106%
Asian/Pacific Islanders	7,000	11,000	14,000	100%

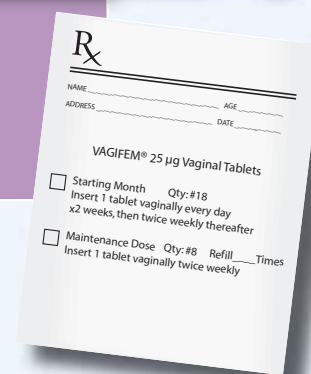
Note: Based on data from the Census Bureau and the National Cancer Institute's Surveillance, Epidemiology, and End Results database.
Source: Dr. Smith

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The three case-controlled studies reported that the risk of endometrial cancer in estrogen users was about 4.5 to 13.9 times greater than in nonusers. The risk appears to depend on both duration of treatment and on estrogen dose. In view of these findings, when estrogens are used for the treatment of menopausal symptoms, the lowest dose that will control symptoms should be utilized and medication should be discontinued as soon as possible. When prolonged treatment is medically indicated, the patient should be re-assessed, on at least a semiannual basis, to determine the need for continued therapy.



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References: 1. Data on file. Development report 448-2794 Vagifem. Novo Nordisk Inc, Princeton, NJ.
2. Data on file. Study report/VAG/PD/5/CAN. Novo Nordisk Inc, Princeton, NJ.

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Test Identifies HER2+ Patients At Low Risk

SAN ANTONIO — The 70-gene MammaPrint prognosis signature independently identifies a genomic low-risk subgroup of HER2-positive early breast cancer patients likely to have a good long-term clinical outcome.

Dr. Michael Knauer of the Netherlands Cancer Institute, Amsterdam, presented a validation study of 169 women with HER2-positive unilateral breast cancer drawn from six partially published studies; 46% received chemotherapy and 15% got trastuzumab.

MammaPrint classified 16% of the tumors as having a "good prognosis" signature, he said at the San Antonio Breast Cancer Symposium. Those 27 patients had a 10-year distant disease-free survival rate of 89%, compared with 64% in the 142 patients classified by MammaPrint as having a high genomic risk. In a multivariate analysis adjusted for the conventional prognostic factors along with adjuvant therapies, the MammaPrint signature and tumor size were the only independent predictors of 10-year distant disease-free survival. Agendia Inc., which markets MammaPrint, supported the study. Dr. Knauer said he has no financial conflicts of interest regarding the study.

—Bruce Jancin