

Hong Kong Breast Cancer Registry Report No. 8 Subanalysis: Elders with Breast Cancer Tend to Delay Seeking Medical Care and Present with a Later Cancer Stage

(Press Release – 30 September 2016) As Hong Kong’s population is ageing, breast cancer awareness among older women affected by the disease is weak. Nearly 90% of elderly patients detected their breast cancer by chance; after noticing unusual changes to their breast, they waited for six months on average to lapse before seeking their first medical consultation; one-fifth delayed seeing the doctor for more than one year, a latest study conducted by Hong Kong Breast Cancer Foundation (HKBCF) found.

HKBCF advocates enhanced breast health education for elderly women and their caretakers, as well as a comprehensive geriatric assessment for elderly patients with breast cancer which will help physicians identify and manage medical, psychosocial, and functional limitations, including the impact of co-morbidities for the benefit of promoting the best possible outcome for patients.

HKBCF released its eighth annual report “Hong Kong Breast Cancer Registry Report No. 8” (“Report No. 8”) today. The report presents the breast cancer facts in Hong Kong with statistics and analysis of data collected from 13,265 patients from 49 private and public hospitals and clinics (*see Annex: Highlights of Report No.8*). The HKBCF researchers conducted a subanalysis on 861 patients who were 70 years old or over (“elderly patients”) in order to examine how their breast cancer journeys differ from that of the overall cohort. This is Hong Kong’s first-ever research study on elderly patients with breast cancer.

Elderly Patients with Symptoms Tend to Delay Diagnosis and Treatment

Sharing the study findings at today’s press conference, **Dr. Polly Cheung, Chairman of the Hong Kong Breast Cancer Registry Steering Committee** pointed out, “the majority (87%) of elderly patients detected their breast cancers by chance. More elderly patients (18%) waited for more than 12 months to seek their first medical consultation after finding symptoms of breast cancer, compared with the counterpart of 11 % in the overall cohort. Of those who delayed medical consultation for more than one year, about 30% ended up diagnosed with either stage III or IV breast cancer. It is contrasted by the lower rate of III and IV stage cancers (9%) among those who had delay of up to three months. The study

also finds that only 9% of the elderly patients had stage 0 breast cancer, much lower than the 12% in the cohort.”

“Half of the elderly patients (vs 47% of the cohort) were diagnosed with invasive tumours which were larger than 20 mm. Nevertheless the tumours of elderly patients were found to have more favourable biological features – they had lower rates of HER2 positive and lymphovascular invasion, as well as lower proliferation rate).”

On treatment, elderly patients generally received less invasive treatment – more than 80% had mastectomies (versus 57% of the overall cohort); elderly patients also presented lower rates of receiving chemotherapy, targeted therapy and radiotherapy.

The Impact of Co-morbidities on Treatment

The study also examines the impact of co-morbidities of elderly patients on their treatment. Researchers interviewed the elderly patients on the presence of other diseases co-occurring with breast cancer (for example, heart disease, vascular disease, liver disease, diabetes, hemiplegia, kidney problems, leukemia, lymphoma, other metastatic tumours etc.). A score was assigned to each of the diseases in accordance with the Charlson Co-morbidity Index (CCI). The scores correlate negatively with survival. The results indicated that the most common co-morbidity among local elderly patients with breast cancer was diabetes (13%), followed by heart disease (5%). Of them, 77% did not have their breast cancer treatment adversely affected by any co-morbidity; 4.5% scored 3 or above and the latter had significantly lower rates of undergoing surgery and radiotherapy.

Dr. Janice Tsang, member of the HKBCR Steering Committee, who took part in the research study emphasized that age should not be the sole factor determining treatment. Instead, co-morbidities, cognitive impairment, psychosocial disorders, nutritional status and physical condition of elderly patients, as well as the medication they are taking must be taken into account and evaluated. Dr. Tsang saw it beneficial to introduce the Comprehensive Geriatric Assessment (CGA) advocated by International Society of Geriatric Oncology for elderly patients with breast cancer. The assessment is conducted by a multi-discipline medical team to identify the frailty of an elder, and manage the risks and benefits of cancer treatment.

“Some elders might forego the option of surgery as they thought they could by no means withstand an anaesthesia. In fact, elderly patients are not uniformly frail. A comprehensive assessment will help predict how a patient will tolerate more radical treatments like mastectomy and chemotherapy.”

Breast Cancer Risks Increase with Age

Mrs. Chui, aged 80, diagnosed stage IIB breast cancer at 68. At that time, she was prompted to be breast aware by a friend who was diagnosed with breast cancer. She felt a lump in her breast during self-examination at home. But she chose not to see a doctor because she did not think that would be a breast cancer. She sought medical consultation until her friend took her to. Mrs. Chui underwent a surgery, chemotherapy and radiotherapy after diagnosis, but thanks to her family's encouragement, she stayed strong to complete the treatment. Mrs. Chui shared her fulfilling life, "I love to have a walk in the park, practicing the writing and making Gundam model." She also went to the US to support her sister in 2013, who was fighting breast cancer as well. Mrs. Chui hopes that her personal experience will help women around her raise awareness. "Be brave to treat the problems identified, and never give up."

Dr. Lee Shun Wah Jenny, Honorary Secretary of Hong Kong Geriatrics Society said, "it is very common that elders delay medical care for reason that they don't want to trouble their family schedule or they put their family responsibilities before their own health." She advised elders to see a doctor immediately once they felt unwell. & reported their lifestyle habit to the doctor in details.

Breast cancer is the most common cancer in Hong Kong, with more than 3,000 women being diagnosed with the disease each year. The median age at diagnosis is 54. About 16% of breast cancer patients are aged 70 or over. Breast cancer risk increases with age – in Hong Kong one in every 246 women was diagnosed with breast cancer before the age of 40. The risks go up drastically to one in 58 before the age of 50, and one in 20 before 70.

Enhancing Breast Awareness Among Elders

With an ageing population and the long life expectation for Hong Kong women (87 years), a growing trend on the number of elders with breast cancer is expected. **Mrs. Eliza Fok, Chairman of Hong Kong Breast Cancer Foundation** alerted older women and their caretakers not to overlook unusual changes in breasts. "It's important to contact your doctor straight away if you noticed any sign of breast cancer. The survival rate of breast cancer, especially early-stage cases is considerably high (84%). Elderly patients and caretakers should dismiss their misconception that 'old people do not deserve treatment'. Instead patients should seek medical advice on the pros and cons of various treatment options and then find an appropriate one for the sake of their quality of life."

HKBCF provides patients of different age groups with support for treatment preparation, emotional support and paramedical support. Furthermore HKBCF will step up its effort in breast health education to promote early detection and thus effective treatment among elders.

HKBCF advises women aged 40 or above to receive screening for breast cancer on a regular basis (monthly breast self-examination, clinical breast examination and a mammography screening every two years).

- End -

Event Photos



Dr. Polly Cheung (second from the left), Chairman and Dr Janice Tsang (right), member of Hong Kong Breast Cancer Registry Steering Committee, Mrs. Eliza Fok (middle) Chairman of Hong Kong Breast Cancer Foundation together, Dr. Lee Shun Wah Jenny (left), Honorary Secretary, Hong Kong Geriatrics Society & Mrs. Chui (Second from the right), breast cancer patient, at the press conference on the eighth Report of the Registry, shared the findings of Hong Kong's first research study on elderly patients with breast cancer.



Mrs. Chui, 80 years old, was diagnosed breast cancer at the age of 68. She stayed strong in the fight against the disease with her family's support. Like many elderly patients with breast cancer, Mrs. Chui has been taking endocrine therapy to manage her cancer while living a happy life.

Download photos: <https://goo.gl/uk7gSK>

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The Hong Kong Breast Cancer Foundation (www.hkbcf.org)

The Hong Kong Breast Cancer Foundation was set up on 8 March 2005, as a non-profit charitable organisation dedicated to mitigating the threat of breast cancer to the local community through education, support and research & advocacy. Its mission is to promote public awareness of breast cancer and the importance of breast health; support breast cancer patients on their road to recovery and advocate better breast cancer care in Hong Kong. The Hong Kong Breast Cancer Foundation is operated by the Hong Kong Breast Cancer Foundation Limited.

Hong Kong Breast Cancer Registry (HKBCR) (www.hkbcf.org/breastcancerregistry)

HKBCR collects and analyzes population wide breast cancer data, as a means to offer insight of, and to support further research for more effective breast cancer prevention, treatment and breast healthcare solutions. It aims to empower those affected by breast cancer with information about local breast cancer and the treatment paths of fellow patients; to facilitate medical professionals' decision making process on the treatment and care of breast cancer patients, and to inspire policy changes for better prevention, detection,

diagnosis and treatment of breast cancer and rehabilitation of patients.

Annex: Highlights of Hong Kong Breast Cancer Registry Report No. 8

- Report No. 8 covered 13,453 breast cancer patients who were diagnosed in 2006 onwards.
- The mean and median ages of the patients at diagnosis were 53 and 51 years respectively.

The 10 most common risk factors for developing breast cancer

	% of patients
Lack of exercise (<3 hours / week)	78
No breastfeeding	66
Being overweight / obese (BMI \geq 23.0)	39
High level of stress (>50% of time)	37
No childbirth / First live birth after age 35	26
Diet rich in meat / dairy products	15
Family history of breast cancer	15
Early menarche (<12 years old)	14
Use of hormonal replacement therapy	5
Drinking alcohol	5

Screening habits

- The overall patients' breast screening habits were poor. Less than half of the patients attended regular clinical breast examination and less than a quarter of patients performed regular breast self-examination or mammography screening.
- Breast screening habit was less with increasing age
- Over 60% of the patients aged 40 or above have never performed mammography screening before cancer diagnosis.

Cancer characteristics, histological and biological characteristics

- The primary method of first breast cancer detection in the patient cohort was self detection by chance (83%).
- After the onset of symptoms, a quarter of the patients who self-detected their cancers by chance waited 3 or more months before seeking first medical consultation.
- 12% were diagnosed with in situ cancers, 68% were diagnosed with early stage cancers (stages I-IIb), and 15% were diagnosed with stage III or IV cancers.

Treatment

- Combinations of treatments are usually used for treating breast cancer effectively. In general, the number of treatments received by our patients increased with increasing cancer stage.

	Total	Treatment in private sector	Treatment in public sector	Stage					
				0	I	IIA	IIB	III	IV
	%	%	%	%	%	%	%	%	%
Surgery	98	50	50	100	100	100	100	99	61
Breast-conserving surgery	35	46	27	53	47	31	13	8	
Mastectomy	63	55	73	47	53	69	87	92	
Chemotherapy	68	14	86	--	38	81	91	94	87
Radiotherapy	62	7	93						
In patients with breast-conserving surgery	95	10	90	94	95	94	96	97	87
In patients with mastectomy	45	4	96	3	13	34	74	93	62
Endocrine therapy	67	3	97	12	76	74	77	75	79
Targeted therapy*	54	4	96	--	38	59	62	68	68

*Among patients with human epidermal growth factor receptor 2 (HER2) positive only

Psychosocial impact of diagnosis & treatment

- 45 % of the patients accepted their diagnosis with a calm or positive attitude. In contrast, 23% could not accept their diagnosis.
- 82% of the patients reported changes in their lifestyle after diagnosis with breast cancer. A change in diet (74%) was the most common lifestyle change, followed by increased exercise (62%).