



Older breast cancer patients: challenges facing oncologists

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The population of older patients is rapidly growing across the globe. As breast cancer prevalence increases with age, a disproportionate number of older women will be affected by this disease which is highly curable if diagnosed early (1). Yet, breast cancer in older women are frequently diagnosed late because screening mammogram are frequently stopped at the age of 75 (2). Adding insult to injury, Oncologists are frequently biased because of the patient chronological age and would most likely recommend a less aggressive course of treatment even though it may be curative (3). This conservative approach is frequently not based on clinical factors such as frailty index but guided by physicians fear of harming the patient because of data paucity as older breast cancer patients are frequently excluded from clinical trials (4).

The manuscripts included in this special topic highlight the fact that radiotherapy is very well tolerated in older cancer patients. Side effects and complications rates are minimal because advanced radiotherapy techniques such as image-guided radiotherapy and stereotactic body radiotherapy allow the clinician to reduce radiotherapy dose to the organs at risk for complications such as the heart and lungs (5). A short course of radiotherapy may be ideal for older breast cancer patients because of reduced cost while minimizing the inconvenience associated with daily transportation (6). Excellent loco-regional control is reported by different institutions across the world in this special topic and in cases of oligometastases, the chance for improving the patient quality of life (7). Thus, each patient case should be discussed by a team of trained specialists familiar with the management of older cancer patients such as surgical, medical, radiation oncologists, and geriatricians. A consensus should be reached based on patient physical

and mental status, and potential biomarkers to maximize patient outcome instead of chronological age (8).

There is hope in the future if we educate clinicians on how to make rational decision and to conduct prospective randomized trials which would guide us to provide the best care for this aging patient population with multiple co-morbidity. This process may be optimized by inviting international collaboration across the borders to obtain a large pool of patients from various ethnic background and to generate an international data bank where artificial intelligence may create an algorithm on how best to manage older breast cancer patients (9).

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