

Age bias is a problem for breast cancer patients

Breast cancer treatment today is no longer “one size fits all”—what is best for one woman may not be right for another. It’s important to learn as much as possible about your individual breast cancer diagnosis when making a treatment decision. For some patients, a genomic test can help determine whether chemotherapy is necessary in addition to hormone therapy to treat breast cancer and help prevent future recurrences. Numerous studies, including the landmark TAILORx trial of over 10,000 women using the Oncotype DX® genomic test, demonstrate that the vast majority of women with early-stage breast cancer* do not need chemotherapy.¹ These types of tests have been available for more than a decade, but some breast cancer patients aren’t offered this important tool.

A recent study from the National Cancer Institute’s (NCI) Surveillance, Epidemiology, and End Results (SEER) Registry looked at how often early stage breast cancer patients were receiving a genomic test to help guide their treatment decisions. With more than 44,600 patients in the SEER study, results revealed that age was a factor influencing whether or not a woman received a genomic test. In fact, genomic testing rates decreased 1.5-fold in younger (under 40) patients and 3-fold in older (over 70) patients when compared to the “typical” age breast cancer patient (ages 40-70).² Traditional assumptions about age, breast cancer aggressiveness and health may have impacted these patient’s treatment plans – assumptions that all younger breast cancer patients have more aggressive disease and that older breast cancer patients either can’t tolerate or don’t need chemotherapy – resulting in the potential over-treatment or under-treatment of a patient’s breast cancer.

It is important to recognize that not all cancers are the same. *No Matter My Age* was created to help educate and raise awareness about the need for all breast cancer patients – regardless of their age – to get as much information as they can before making a treatment decision. This means learning how to self-advocate and to ask questions about care options, including whether a genomic test may help determine the best treatment plan. To learn more, please visit *No Matter My Age* (www.NoMatterMyAge.org).

*Patients with early-stage, hormone receptor-positive, HER2-negative breast cancer

¹ Sparano et al. N Engl J Med. 2018.

² Adapted from Petkov et al. npj Breast Cancer. 2016.