



Routine HER2 Testing in Patients aged over 80 – Is it a step too far?

- SONA SINGH, CT1
- MR MATTHEW GREEN
- MISS MICHELLE MULLAN
- MISS RACHEL BRIGHT-THOMAS

WORCESTERSHIRE ACUTE HOSPITALS
NHS TRUST

Background

NICE recommends routine testing for HER2 receptor status in all newly diagnosed breast cancers (1)

The recommended adjuvant treatment for HER2 positive cancers is:

- Single (or dual) mAb treatment against this receptor
- + Chemotherapy (adjuvant or neoadjuvant)

HOWEVER...there is a risk of significant cardiac toxicity with this treatment (1)

As per the NABCOP Report, the decision for chemotherapy should not be made solely based on chronological age. (2)

Not all patients are eligible for the treatment
Yet everyone is tested for HER2

#HER-2much?



NA
BCOP

National
Audit of
Breast Cancer
in Older Patients

Method

- Retrospective study
- Over 24 months (Sept '16 – Sept '18)
- All new breast cancer pts > 80 yrs old
- We reviewed
 - tumour biology requested
 - adjuvant therapies received

Exclusions: males; recurrence

155 cancers (146 patients)

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graph TD; A[155 cancers (146 patients)] --> B[5 cancers (3.2%) not tested]; B --> C[1 cancer = insufficient tissue]; C --> D[149 cancers remaining]; D --> E[13 cancers (8.6%) = HER2 +ve]; E --> F[2 HER2 +ve patients = offered chemo]; F --> G[a) 1 refused  
b) 1 not given, as disease progressed too fast];
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5 cancers (3.2%) not tested

1 cancer = insufficient tissue

149 cancers remaining

13 cancers (8.6%) = HER2 +ve

2 HER2 +ve patients = offered chemo

- a) 1 refused
- b) 1 not given, as disease progressed too fast

Costs of Testing

Result obtained in our lab - **£23.90 inc VAT**

Additional cost required if needs to be sent for FISH - **£81.89**

= >£3,500/yr in our Trust for **NO clinical change in management**

Plus Laboratory Time

*If we apply this to the NABCOP report database, they may have lost in excess of **£400,000.***



Discussion

- Breast cancer is common in women >80 years of age. (3)
- Our population is ageing.
- NABCOP report states, “*the evidence for benefit in the over-80s is almost non-existent.*” (2)
- The WHO performance checklist is part of the breast MDT form.
- NHS resources are valuable **BUT limited.**
- Maybe it is now time to move away from a blanket policy on universal Her 2 testing to more individualised care

Suggestions

- ❖ Early **MDT** discussion
- ❖ A personalised and **individualised** management strategy per case in this group
- ❖ Early **geriatric** involvement, perhaps during MDT
- ❖ **More research** needed to study the benefits of anti-HER2 treatment in the older population



References

1. <https://www.nice.org.uk/guidance/ng101/chapter/Recommendations#diagnostic-assessment-and-adjuvant-therapy-planning>
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3. <https://www.rcseng.ac.uk/library-and-publications/rcs-publications/docs/access-all-ages/>
4. <https://www.theguardian.com/society/2007/jan/05/cancercare.health>
5. Management of elderly patients with breast cancer: updated recommendations of the International Society of Geriatric Oncology (SIOG) and European Society of Breast Cancer Specialists (EUSOMA)



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