



# *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

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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

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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

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- 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

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- ❖ 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

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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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