

LA SOPRAVVIVENZA NEI TUMORI DELLA MAMMELLA È INFLUENZATA DALLE COMORBIDITÀ?

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Antonio Russo¹, Anita Andreano², Maria Quattrocchi¹, Rosalba Distefano¹

¹Osservatorio Epidemiologico e Registri Specializzati – ASL Milano 1

²Università degli Studi di Milano Bicocca



ASL Milano 1

OBIETTIVO

misurare l'effetto delle comorbidità

- sopravvivenza
- aderenza/accesso al trattamento

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EPIDEMIOLOGY

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ORIGINAL REPORT

Influence of Comorbidities and Age on Risk of Death Without Recurrence: A Retrospective Analysis of the Arimidex, Tamoxifen Alone or in Combination Trial

Alistair Ring, Ivana Sestak, Michael Baum, Anthony Howell, Aman Buzdar, Mitch Dowsett, John F. Forbes, and Jack Cuzick

See accompanying editorial on page 4217; listen to the podcast by Dr Extermann at www.jco.org/podcast

A B S T R A C T

Purpose

The Arimidex, Tamoxifen Alone or in Combination (ATAC) study was a double-blind randomized trial in which postmenopausal women with early-stage breast cancer were assigned to receive anastrozole, tamoxifen, or the combination. We have conducted a retrospective analysis to examine the effects of comorbidities and age on treatment received, breast cancer-related mortality, and competing causes of mortality.

Alistair Ring, Brighton and Sussex Medical School, Sussex Cancer Centre, Brighton; Ivana Sestak and Jack Cuzick, Cancer Research UK Centre for Epidemiology, Mathematics, and Statistics, Wolfson Institute of Preventive Medicine; Michael Baum, Cancer Research UK/University College London Cancer Trials Centre, University College London; Mitch Dowsett, Royal Marsden Hospital, London; Anthony Howell, The

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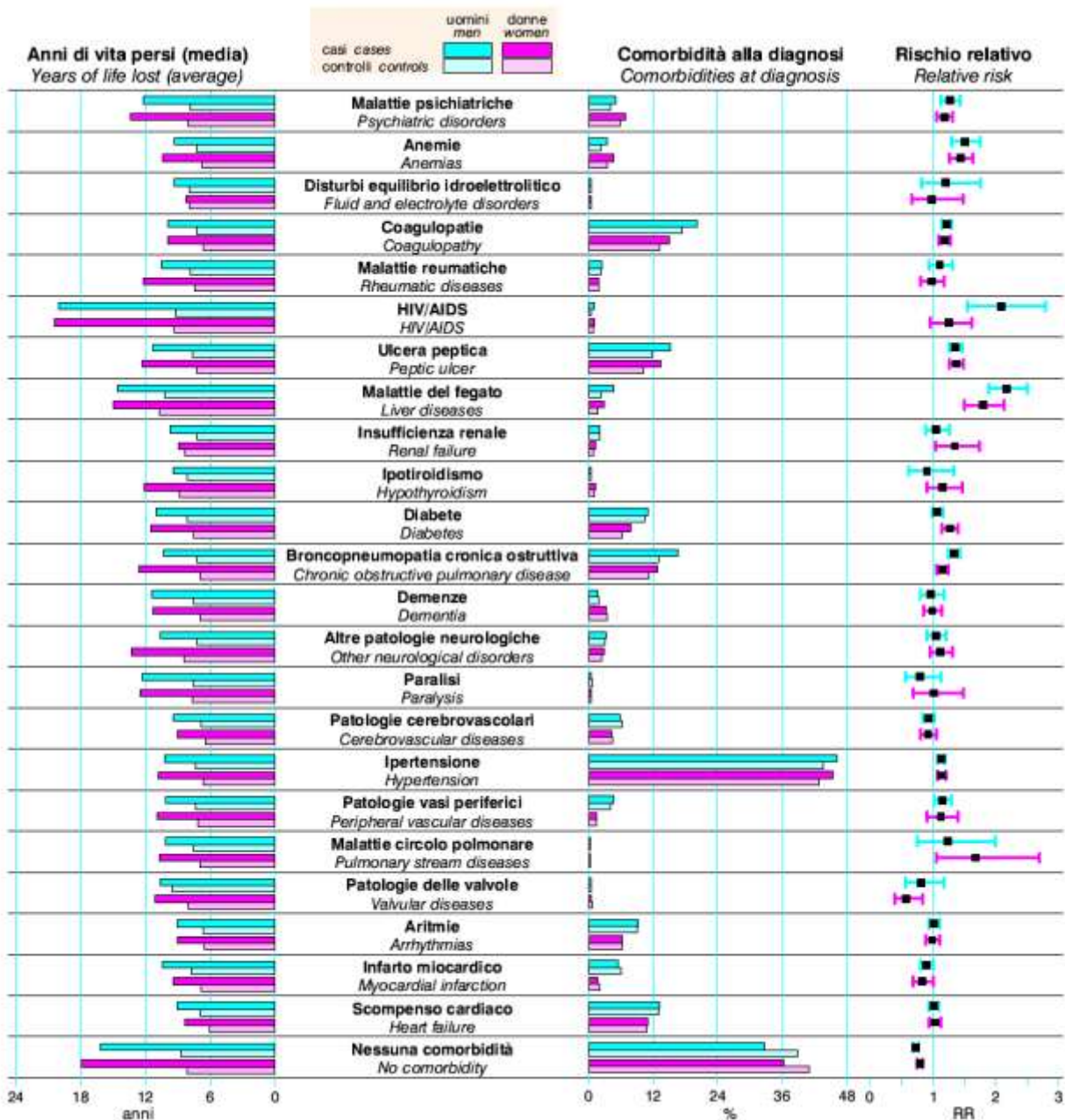
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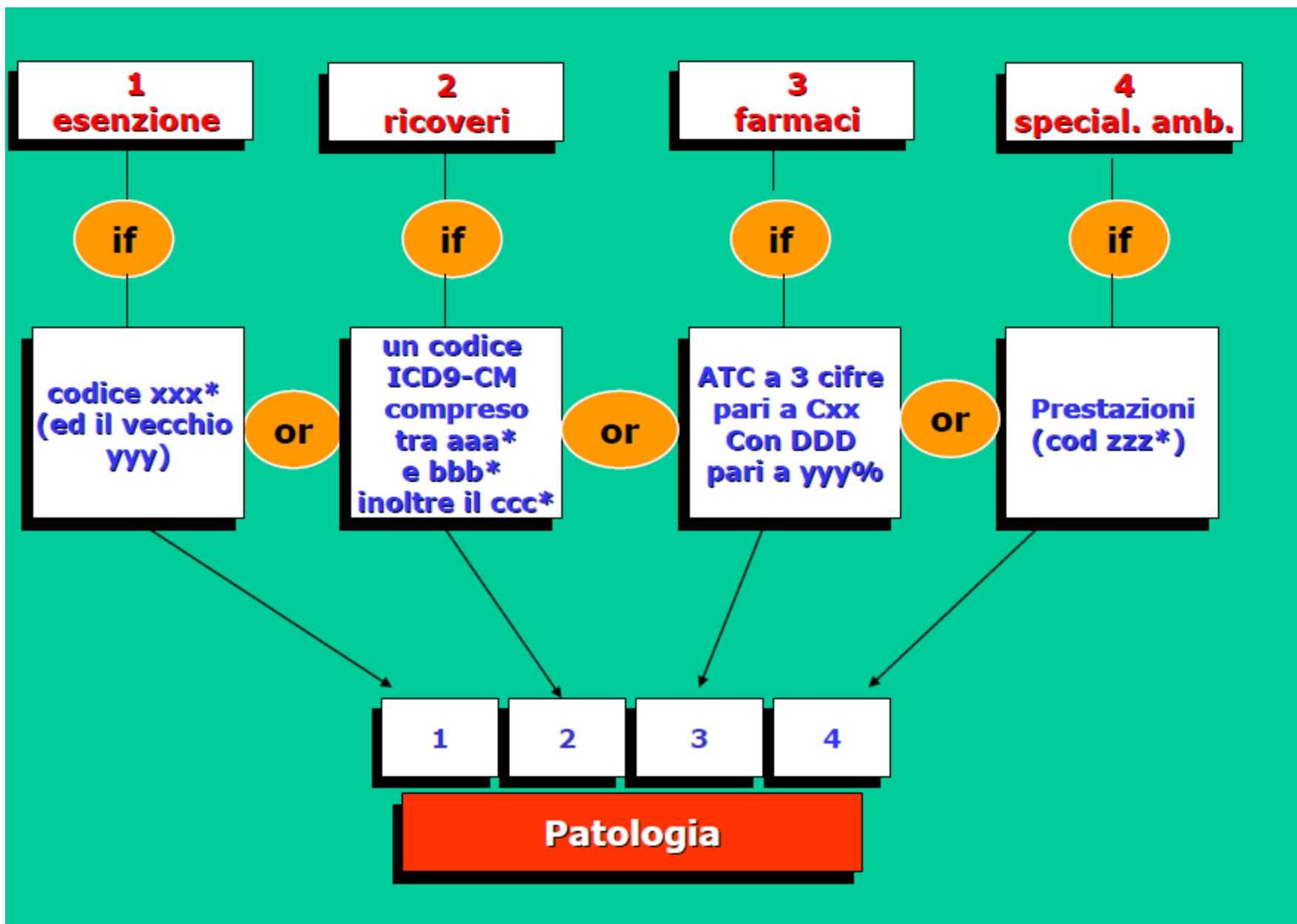
MATERIALI E METODI

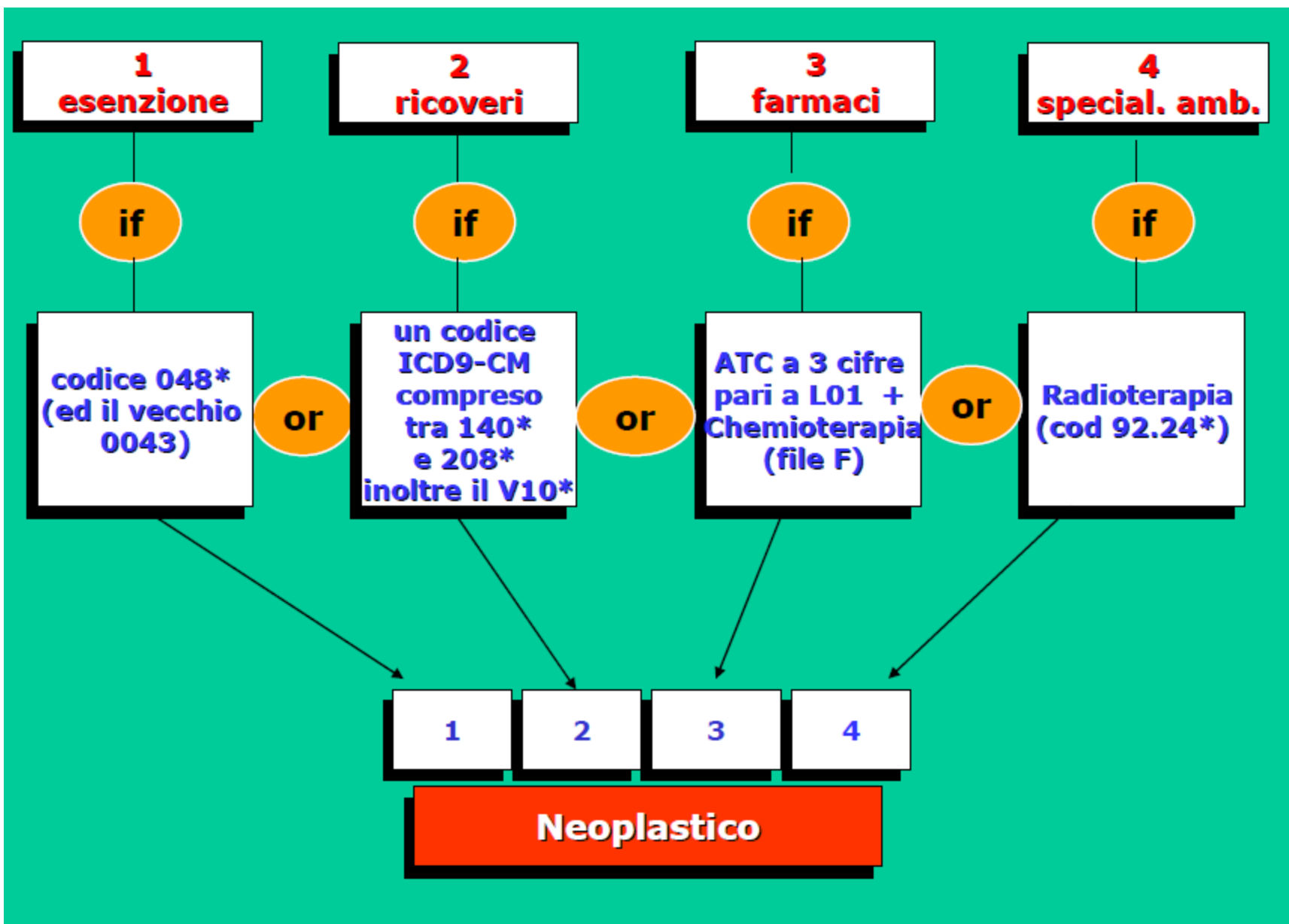
- 2732 casi incidenti 2007-2009 tumore della mammella
- decessi al 31-12-2012 (minimo follow up disponibile 3 anni)
- comorbidità presenti precedenti l'anno di incidenza stimate mediante l'utilizzo della BDA
- disponibilità della stadiazione della casistica

Identificazione della PATOLOGIA del cittadino

Patologie **croniche** di interesse

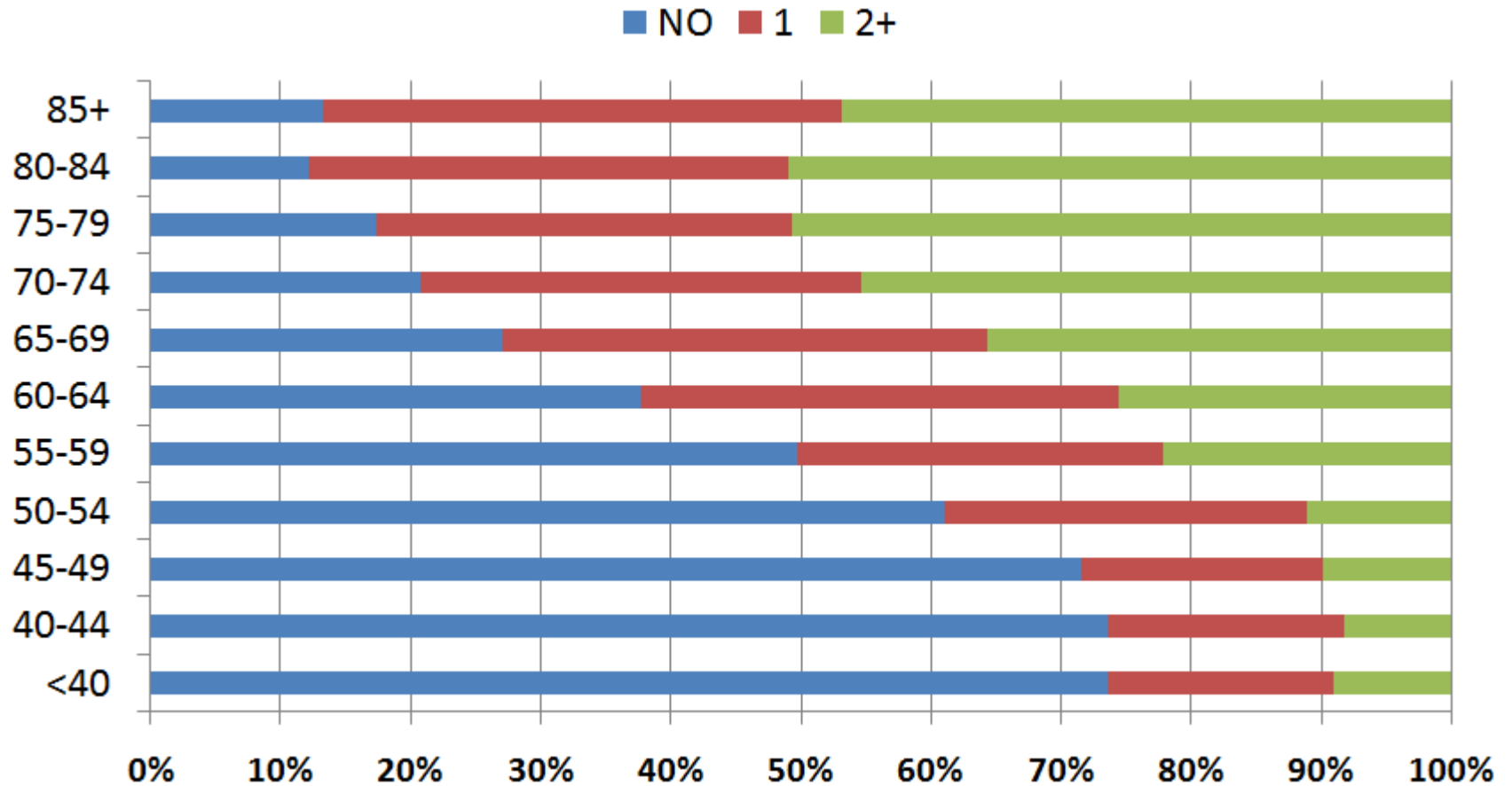
Broncopneumopatie	Diabete
Cardiovasculopatie	Epato-Enteropatie
Neoplasie	Esofago-Gastro-
Neuropatie	Duodenopatie
Trapianti	HIV-AIDS
Dislipidemie	Insufficienza renale
Malattie endocrine	Malattie autoimmuni





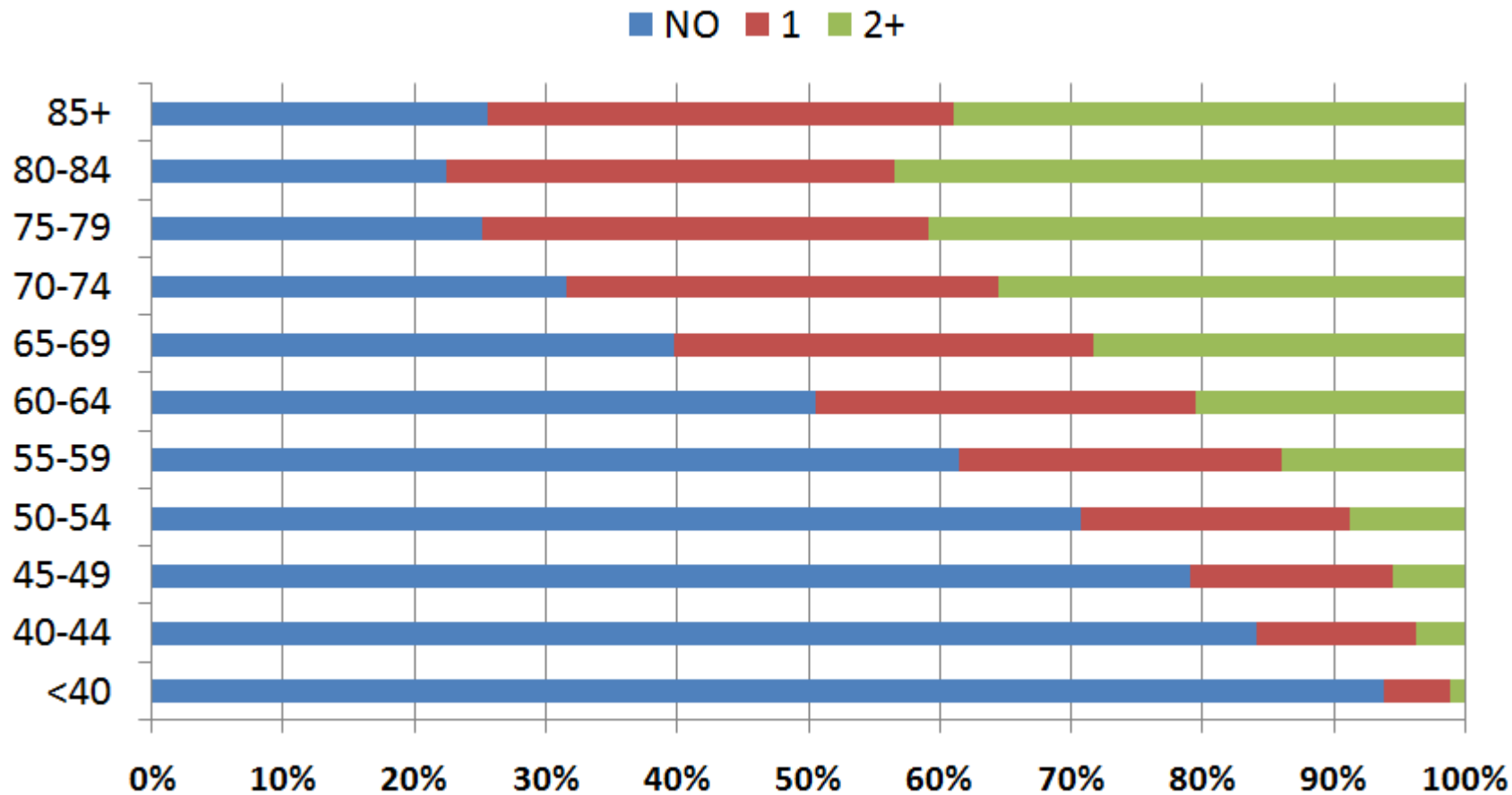
COMORBIDITÀ PER CLASSE DI ETÀ

casi incidenti di mammella 2007-2009



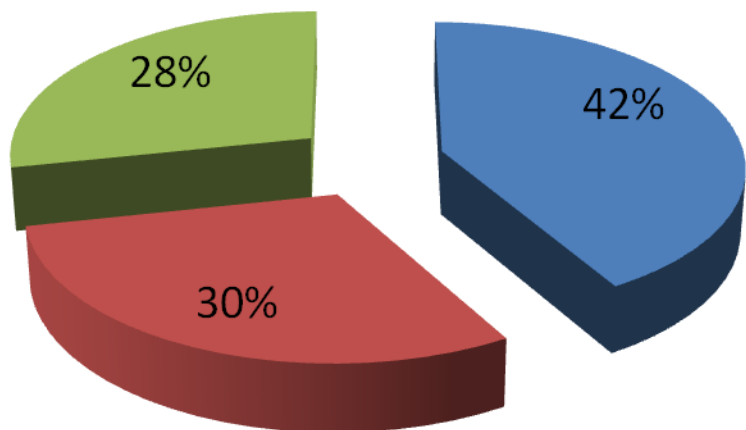
COMORBIDITÀ PER CLASSE DI ETÀ

popolazione generale



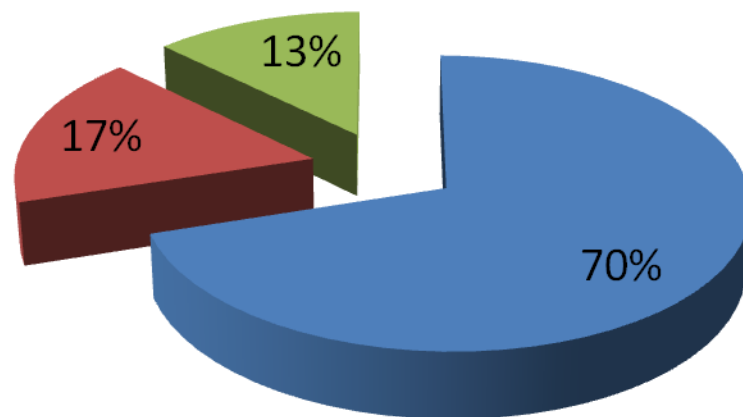
COMORBIDITÀ

Tumore della mammella



■ 0 ■ 1 ■ 2

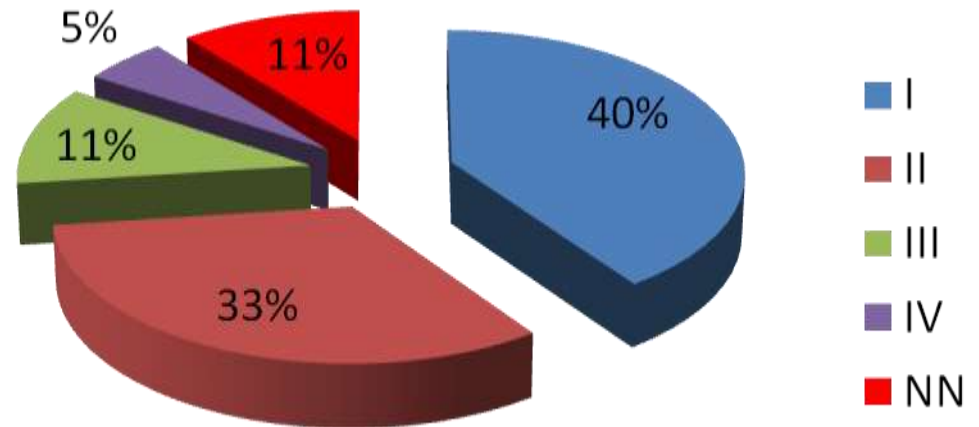
Popolazione (donne)



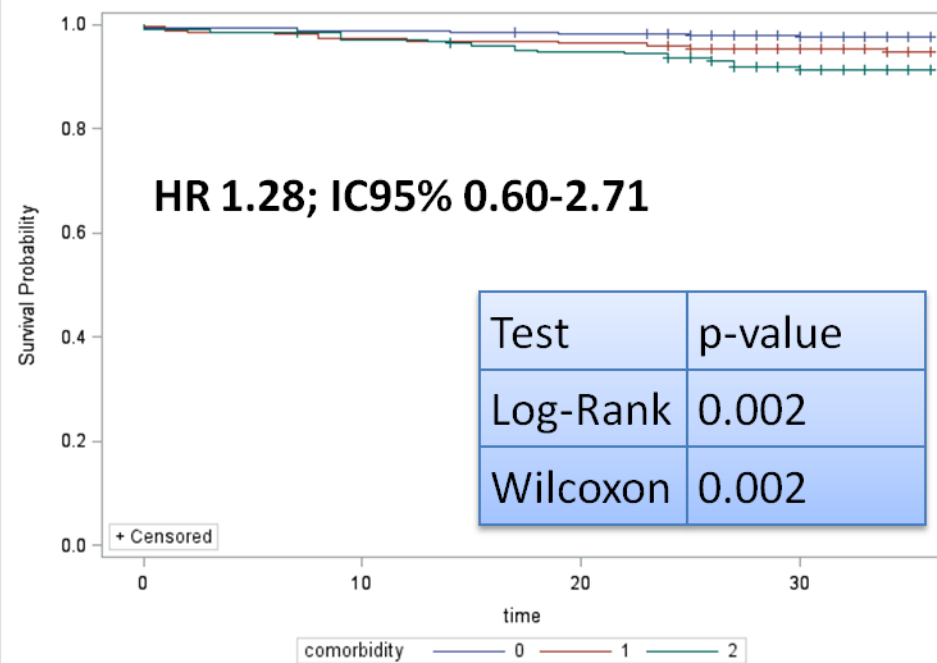
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STADIO

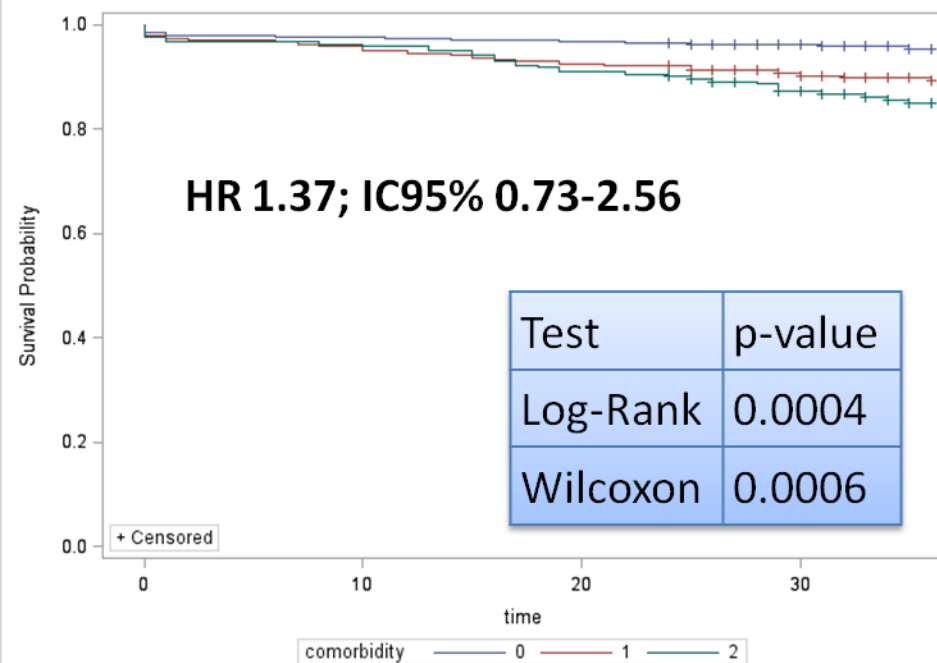
	HR	95% CI
stageII	1.8	1.2-2.6
stageIII	4.8	3.3-7.1
stageIV	18.5	12.8-26.8
stageND	4.5	3.1-6.7



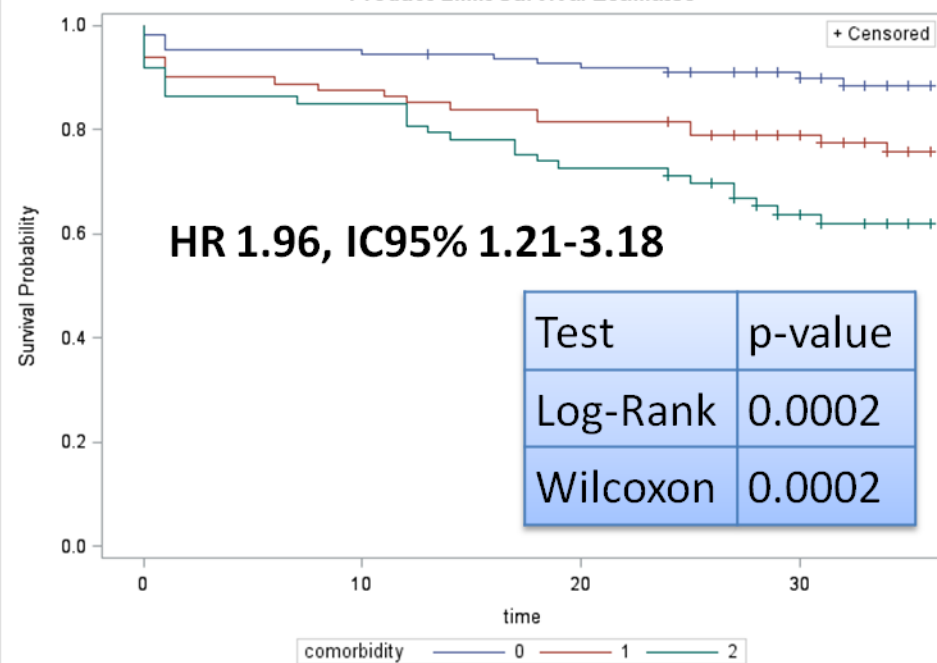
Product-Limit Survival Estimates



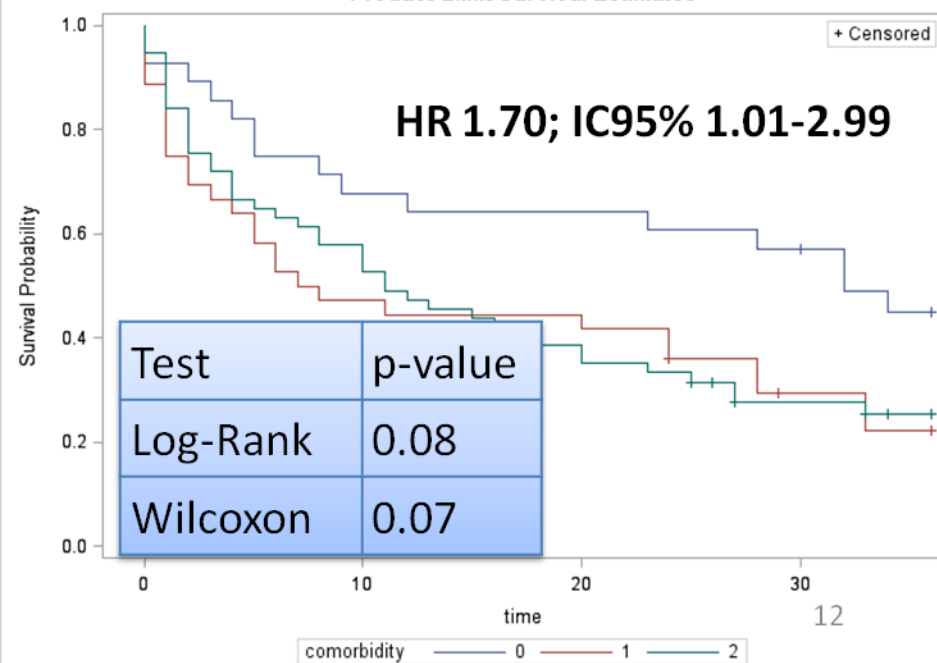
Product-Limit Survival Estimates



Product-Limit Survival Estimates



Product-Limit Survival Estimates



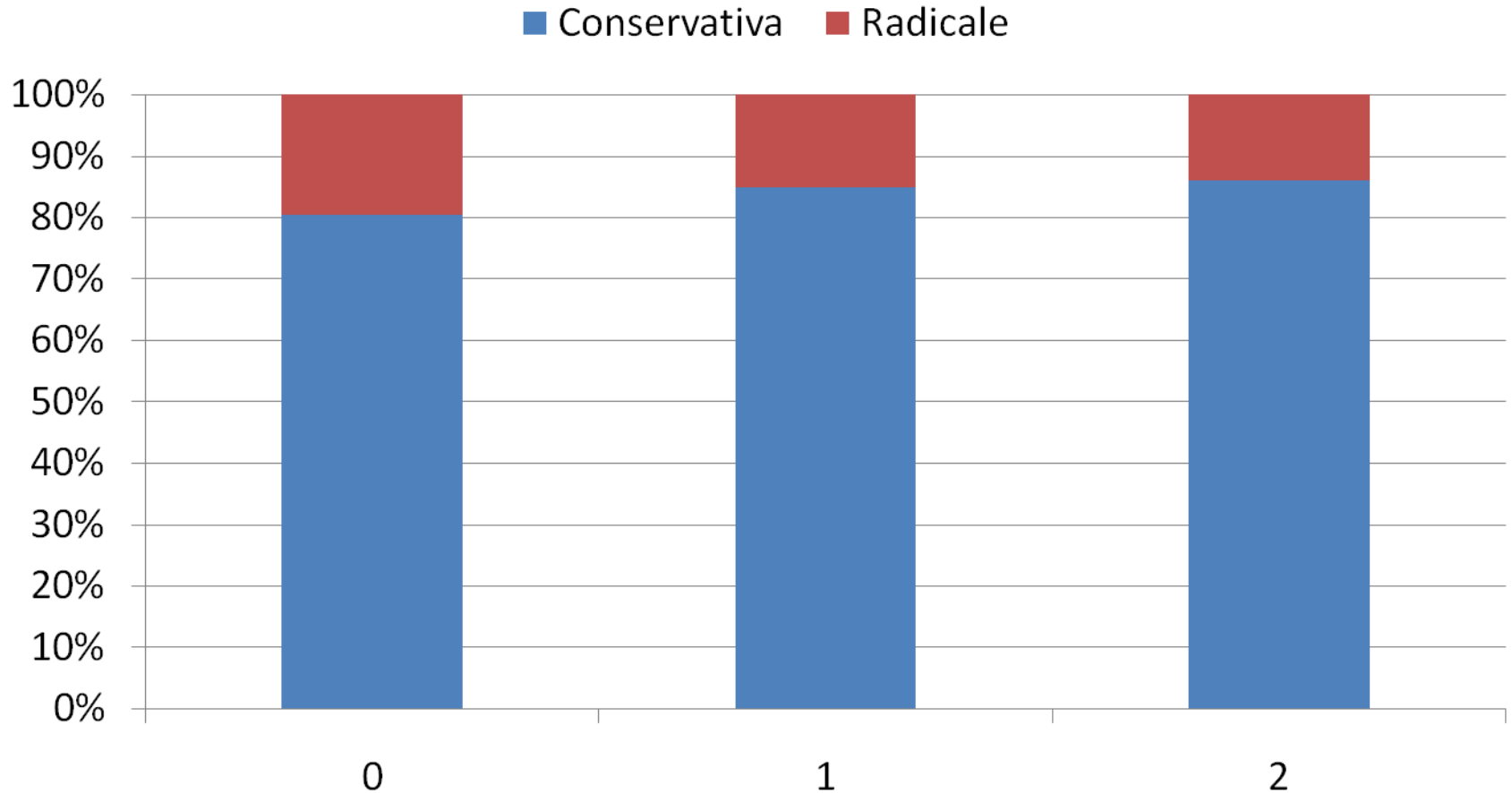
ADERENZA PERCORSI TERAPEUTICI

Accesso a:

- Chirurgia
- Radioterapia
- Chemioterapia

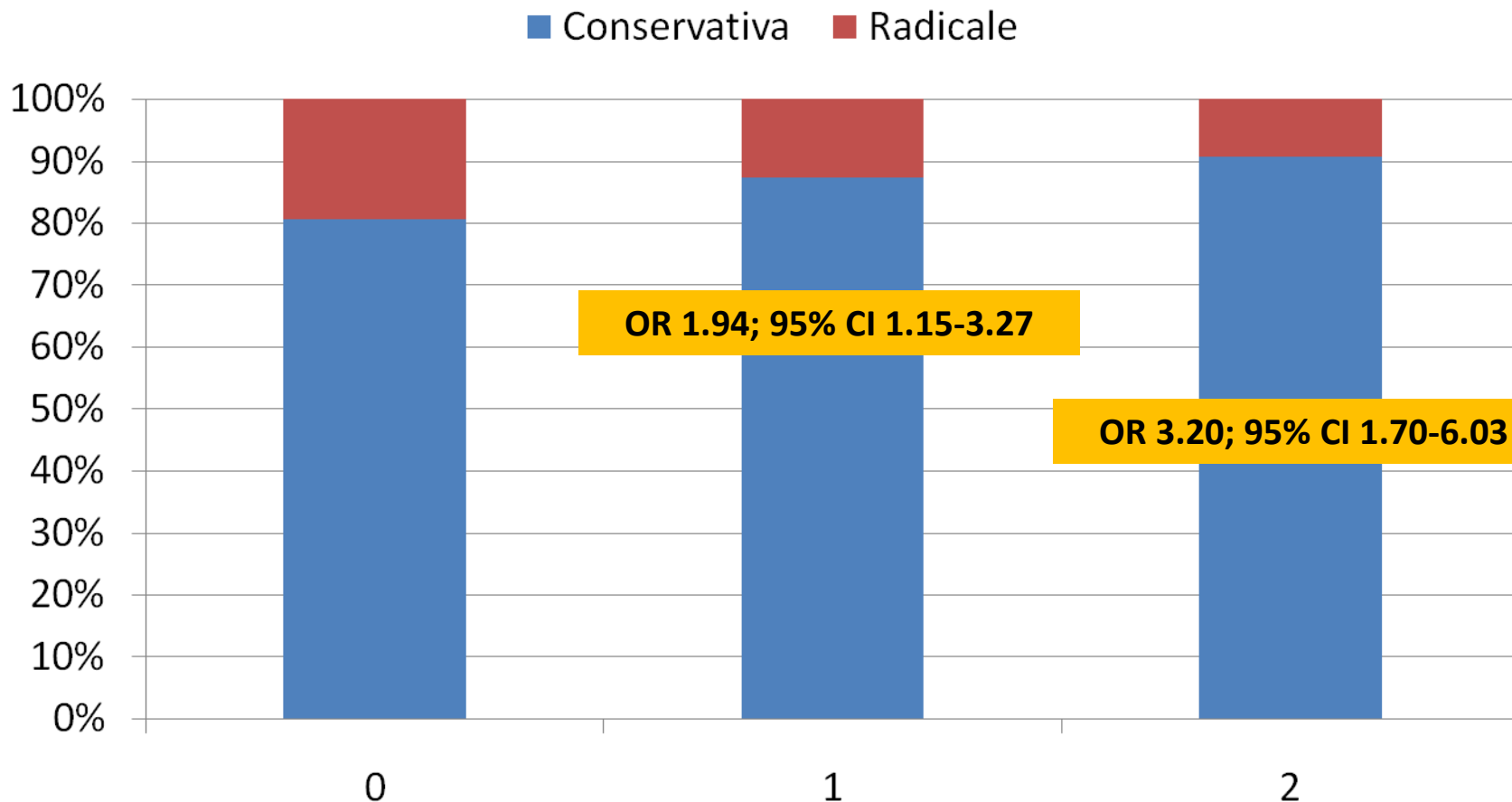
CHIRURGIA PER COMORBIDITÀ

pT1

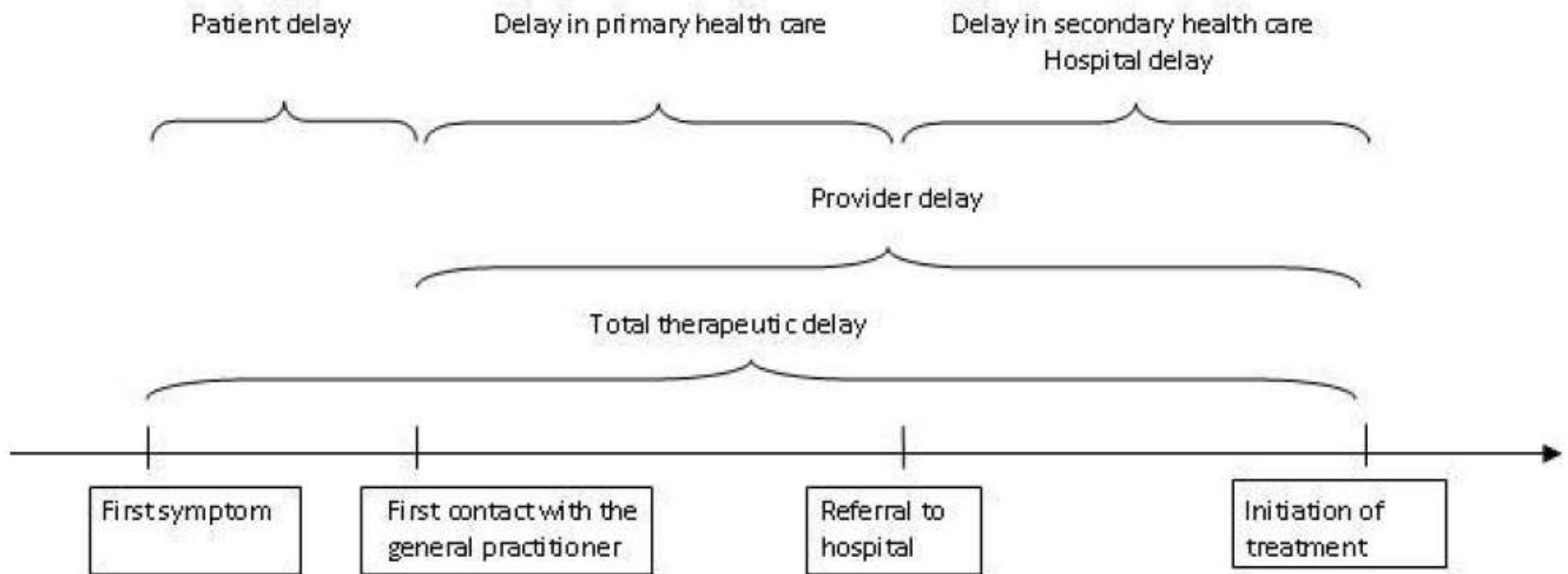


CHIRURGIA PER COMORBIDITÀ

pT1N0

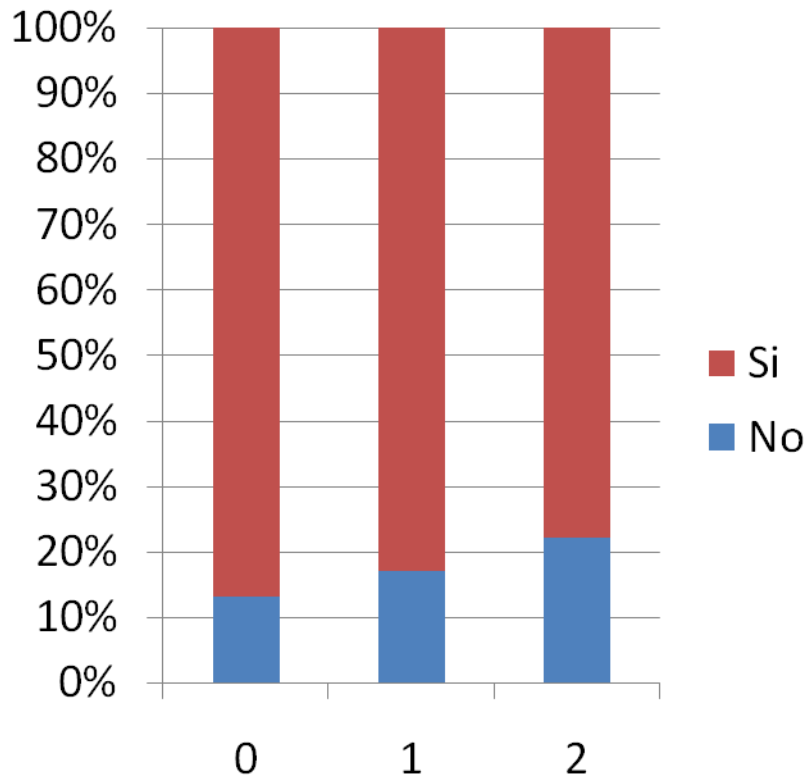


DELAY

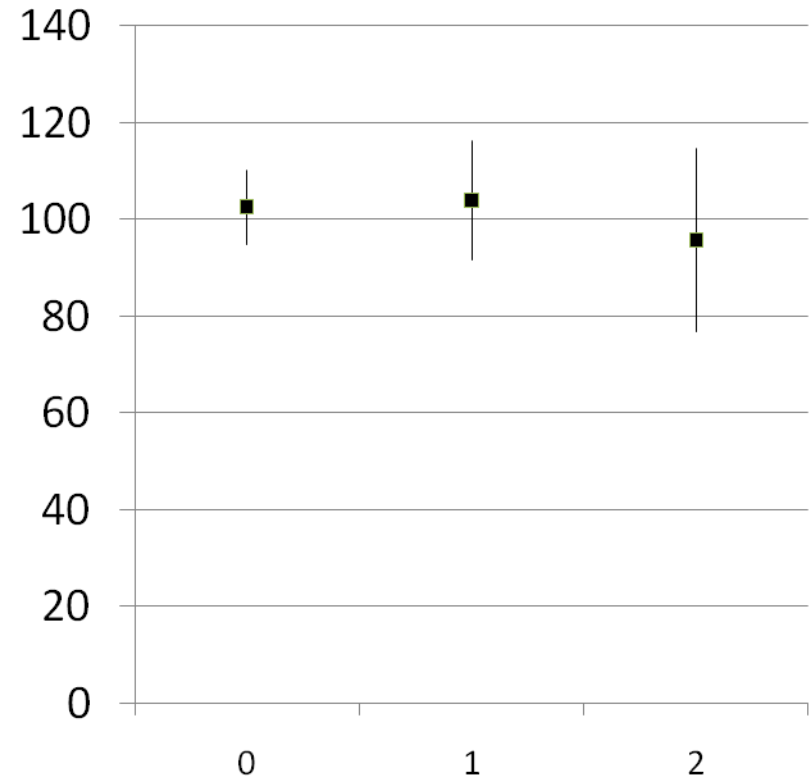


Radioterapia nei casi trattati con procedura chirurgica conservativa

Accesso RT

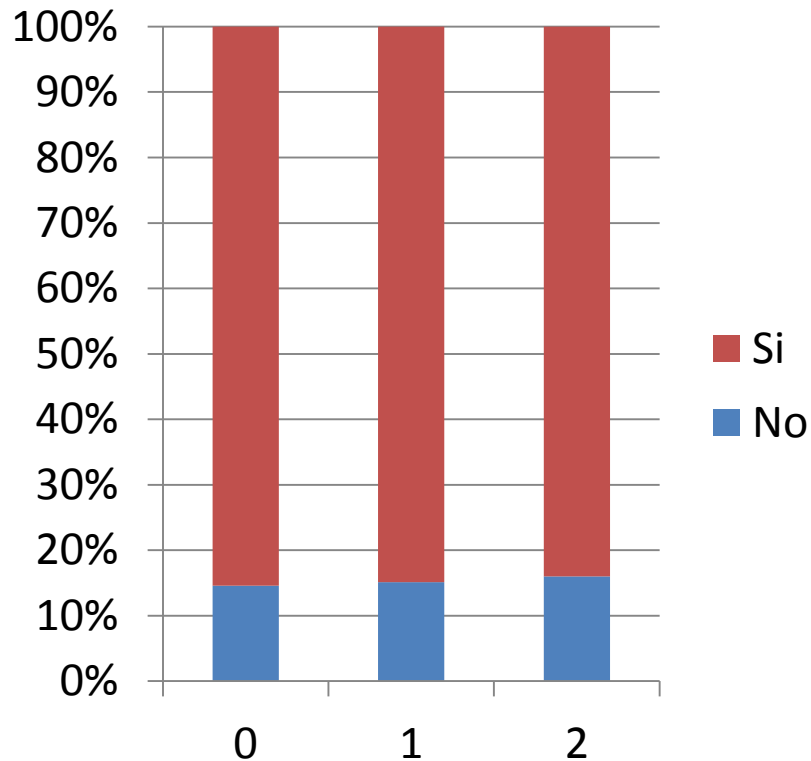


Delay intervento - RT

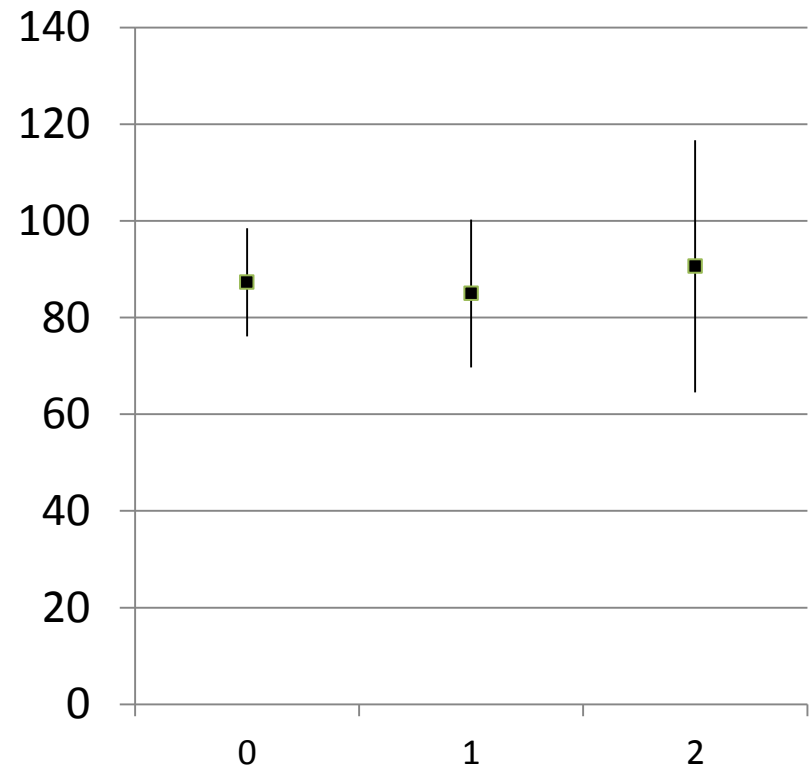


Radioterapia nei casi trattati con quadrantectomie *pT1N0*

Accesso RT

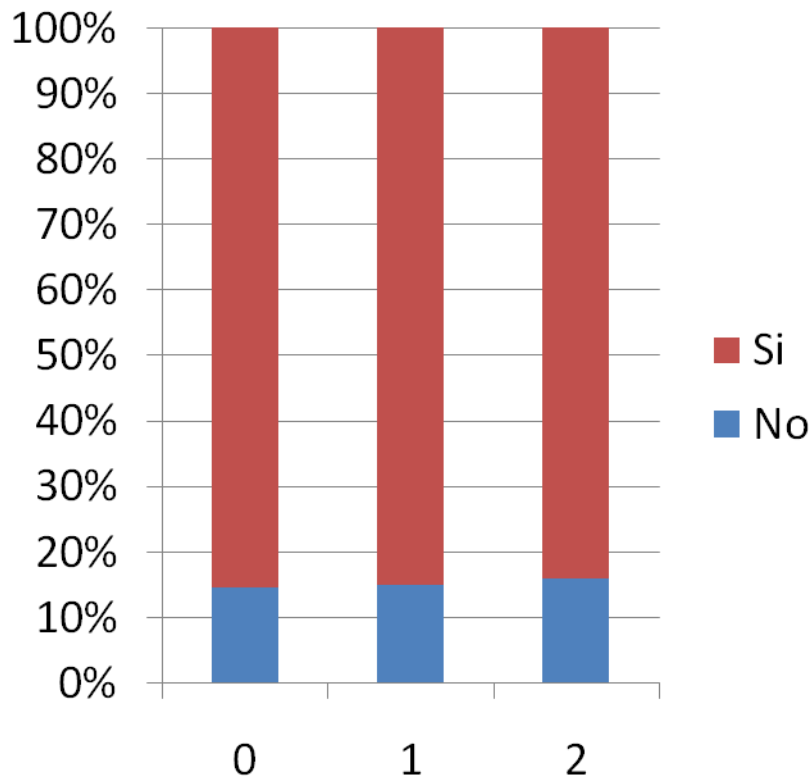


Delay intervento - RT

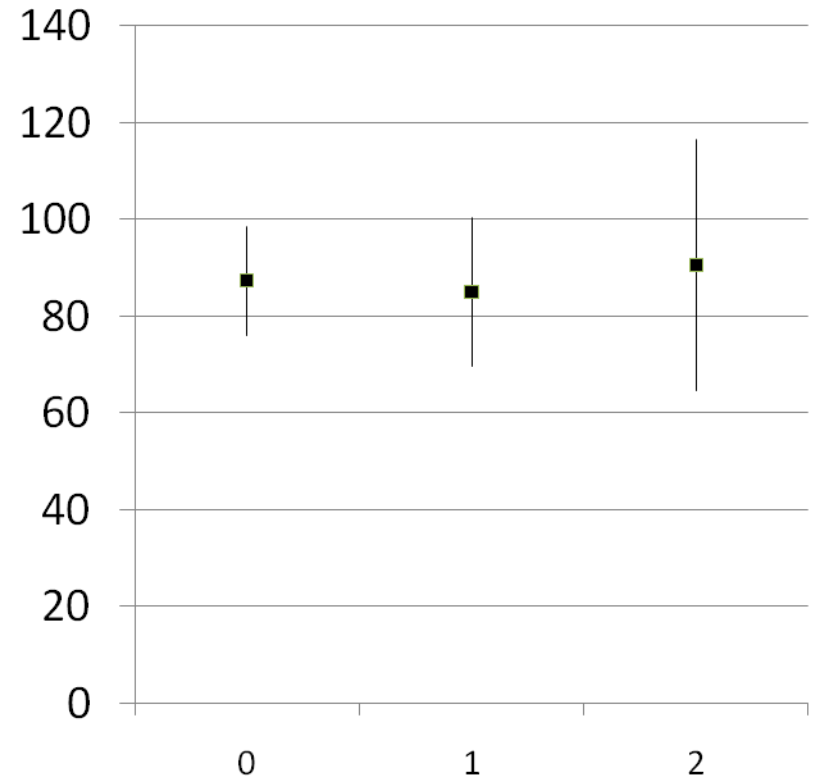


Radioterapia nei casi trattati con quadrantectomie *pT1N0*

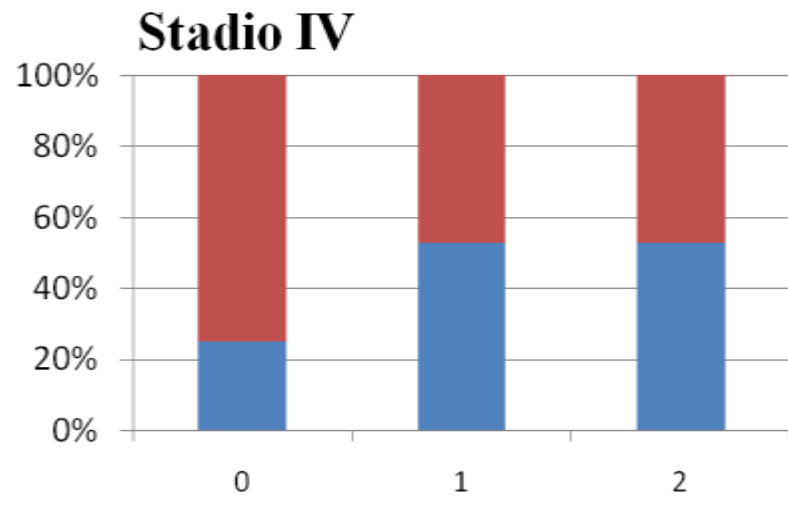
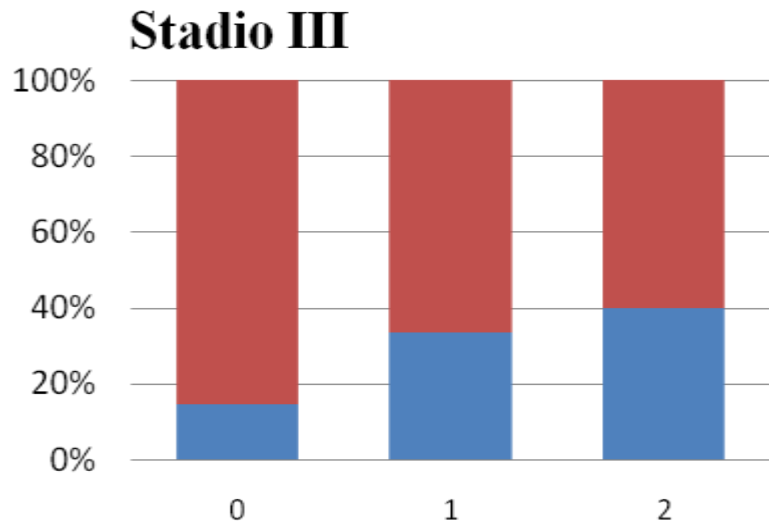
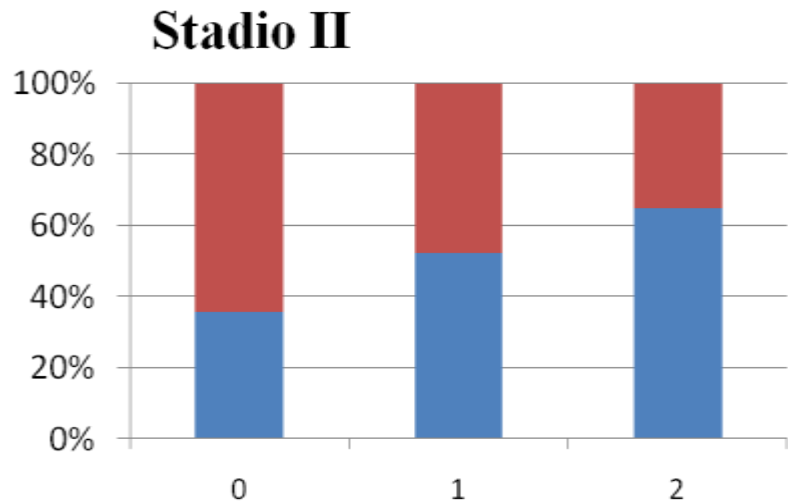
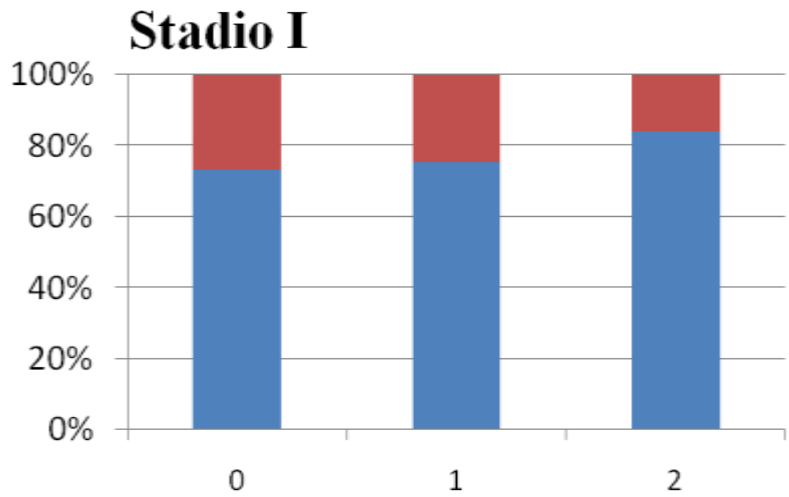
Accesso RT



Delay intervento - RT



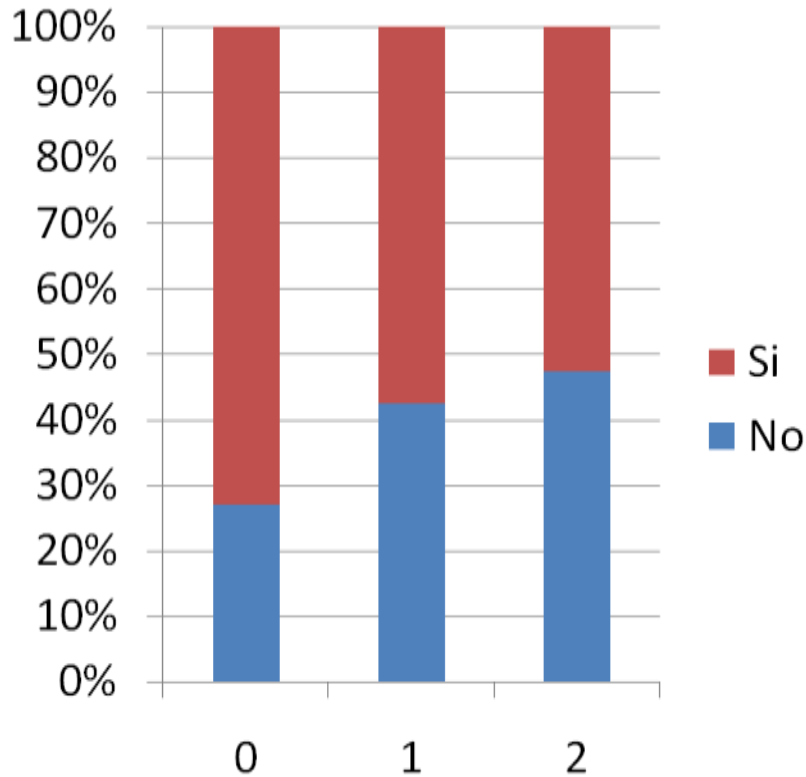
ACCESSO ALLA CHEMIOTERAPIA PER STADIO



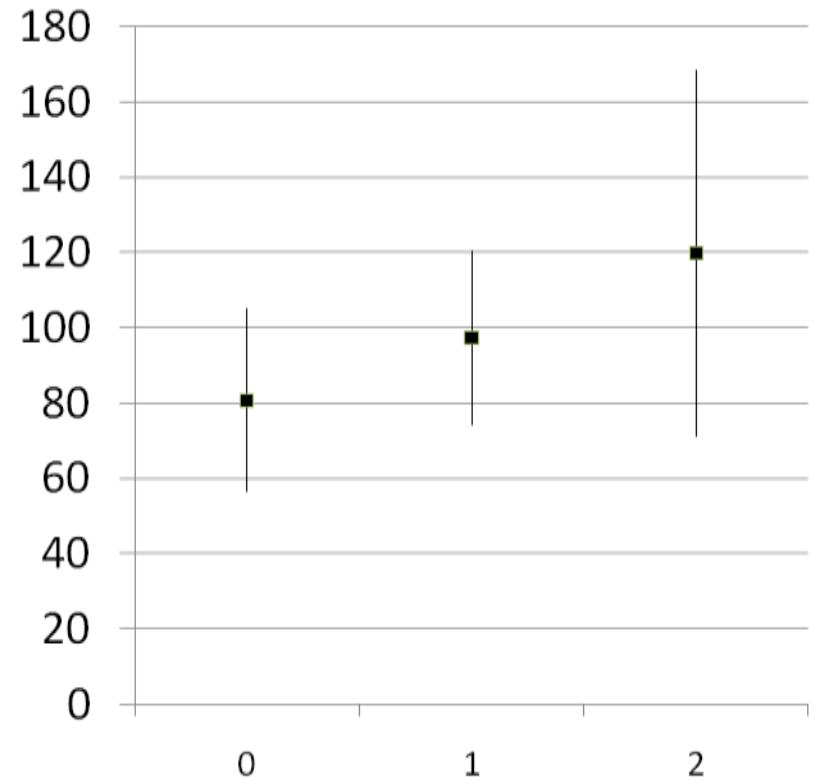
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CHT nei casi N+

Accesso CHT



Delay incidenza - CHT



CONCLUSIONI

- le comorbidità rappresentano un modificatore di effetto indipendente dallo stadio di malattia
- a parità di età e stadio le comorbidità che maggiormente influenzano la sopravvivenza sono le patologie neurologiche, le epatopatie e le BPCO
- la presenza di patologie modifica l'accesso al trattamento chirurgico e alla chemioterapia producendo un delay dell'inizio del trattamento
- le comorbidità non sono presenti solo nell'anziano
 - nel 30% dei casi < 50 anni è presente una o più comorbidità