Introduction

The improving of socio-economic and environmental conditions have produced an increase in life expectancy, with greater observation of breast cancer in elderly. The actual data confirm this trend by estimating (Foncam) 1/400 in the detection of breast cancers in adults (over 70 years). This is related, in this decade of life, with varying the hormonal immune-modulation system, and with a relative decrease in vitamin consumption. The short comings are still present the hormonal immune-modulation system, and with a relative influence on the results of the cultural level and lifestyle.

Materials and Methods

Patients with breast cancer observed from 2000 to 2010 at the III clinical surgery (2000-04) and in the Department of Surgery Specialist II of the Policlinico Catania were 110. The criteria that we evaluated retrospectively the entire together they were: age (65-85) with mean age 75, of which 69.8% aged between 65-75 while the remaining 30.2% aged between 75-85 years; The TNM, finding stage I in 5 cases (4.5%), stage II No 56 cases (50.9%), stage III in 30 cases (27.3%), stage IV in 19 (17.2%). Associated diseases. Considered in the two groups were BPCO hypertension, cerebrovascular disease, BMI pathological.

Results: Surgical treatment was mastectomy, QUART, lumpectomy. And search for the sentinel node. The evaluation excluded patients treated on tumorectomy and mastectomy. Complications, shown in Tables 1, have been modest. Perioperative mortality was absent.

Discussion: In geriatric patients with breast cancer it is significantly detected as our series. This finding raises the question of what therapeutic strategy should be implemented to overcome the line of thought that suggests a limited therapeutic treatment, and therefore presumably inadequate. The TNM staging effective to determine the true extent of the disease is essential to avoid a therapeutic treatment is not appropriate, without unnecessary unless a truly effective treatment for elderly patients.

Conclusions: In the treatment of patients with geriatric breast cancer, TNM cancer criteria were adopted without removing other as ASA ‘Karnovsky Index. This therapeutic approach, beyond old age, considered almost a marginal factor, obtained satisfactory results with a lengthening of life expectancy.
Surgical treatment was palliative in the presence of widespread disease. Radiation therapy has had in these cases the meaning of local control. Risk factors such as comorbid conditions like high blood pressure, diabetes mellitus, the BPCO, chronic renal failure, did not affect the postoperative course. In patients with invasive carcinoma the incisional biopsy, breast after administration of radioactive material and mapping without ultrasound or clinical suspicion of lymph node involvement was also performed using the procedure of sentinel lymphonode biopsy, regardless of age. The dissection of the cable was complete after positive lymph in all patients treated, regardless of age. The dissection of the cable should be completed in case of positive lymph node examination impromptu (Research and identification of the sentinel lymph node can be helped by vital dye methylene blue), or after the operation in case of detection of micro metastases at' Pathologic examination definitive. La breast radiotherapy residual intervention should be considered in all women tumorectomy or quadrantectomy. For patients older data are controversial or insufficient. No doubt the postoperative RT should be undertaken for these patients if life expectancy is high or if there is a high risk of local recurrence (aggressiveness of the tumor resection margin tight, multicentric). For systemic treatments, are significant evidence of the prognostic factors predictive of recurrence, as well as predictors of response to treatment overall (proliferative index of the tumor, ER +, HER2). Hormonal therapy tamoxifen or aromatase inhibitors, goes undertaken in all patients receptor positive (+++ evidence. AIOM, 2014). It must of course also take into account the risk of thrombotic tamoxifen (countered with Aspirin small doses) and risks of weakening of the bones to aromatase inhibitors (countered with the intake of calcium, vitamin D and calcitonin). The

**Table 1a:** Surgical treatment.

| Procedure                        | Group I - 2 cases | Group II - 3 cases | (-5%) |
|-----------------------------------|-------------------|-------------------|-------|

**Table 1b:** Surgery Complications.

| Complication               | Group I - 10 cases | Group II - 12 cases | (-20%) |
|-----------------------------|--------------------|--------------------|--------|

**Table 1c:** Radiotherapy complications.

| Complication             | Group I - 5 cases | Group II - 7 cases | (-11%) |
|---------------------------|-------------------|--------------------|--------|

**Table 1d:** Hormone therapy.

| Treatment                  | Group I 4 cases   | Group II 3 cases   | (-7%)  |
|----------------------------|-------------------|--------------------|--------|

*Note Patients in both groups were treated with growth factors.

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The use of tamoxifen is based on the detection of the amount of estrogen receptors > 10 fmol [13], in order to increase the percentage of the number of responses and to obtain a prolongation of disease-free. Special attention was paid to the prevention of thrombotic risk (tamoxifen / aspirin) and osteoporosis (with calcium, and calcitonin vit.D / aromatase inhibitors). Chemotherapy has seen its application always based on the detection of positive lymph nodes (> 3) receptors and negative, in both groups of women. The lines have been represented by the CMF and administration taxanes transfuzumab in some cases improved the effectiveness of responses to chemotherapy, although the investigation is insufficient in older women. In stages III and IV, in the presence of ASA * is a high removal was performed (lumpectomy) under regional anesthesia with sedation, as proposed by several authors [14] and in day surgery [15,16].

Conclusions

In the evaluation of patients with breast cancer geriatric, evaluation criteria were adopted TNM without ignoring the parameters and the ASA ‘Karnosky Index. This more aggressive treatment approach has achieved satisfactory results with an increase in life expectancy in combination with a percentage of perioperative complications comparable to those of younger patients. TNM rating has allowed the treatment planning. For the successful treatment must be considered the ‘biological age of the patient and not the’ chronological age with particular attention to the correction of preoperative comorbidity parameters. Special attention can be given to drugs that affect the immune system. Useful in prolonging survival Even the understanding of the psycho-social aspects due to reduced cognitive ability often accompanied by depression has found support in specific therapy. Surgical treatment can then be customized, based on the principles of oncology, on the recovery of functional capacity and a careful evaluation of social factors.

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