

# Hospitalizations in Elderly Women with Breast Cancer Undergoing Adjuvant Chemotherapy

Jeffrey Sumith\*

Department of Oncology, St. Jude Children's Research Hospital, Memphis , United States of America

## Short Communication

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**\*For Correspondence:** Jeffrey Sumith ,

Department of Oncology, St. Jude

Children's Research Hospital,

Memphis , United States of America

**Email:** [jeffrey.smuith0101@stjude.org](mailto:jeffrey.smuith0101@stjude.org)

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## DESCRIPTION

Older women undergoing adjuvant chemotherapy for breast cancer often face toxicity-related hospitalizations, yet the utilization of geriatric assessments to identify at-risk individuals remains limited. One potential indicator of vulnerability in this population is a history of falls. This study, aimed to investigate whether falls prior to chemotherapy could serve as a predictive factor for toxicity-related hospitalizations during adjuvant chemotherapy for breast cancer in older women [1].

In this short communication study involving women aged over 65 with stage I–III breast cancer undergoing adjuvant chemotherapy, we categorized baseline falls within the past 6 months into three groups: no falls, one fall, and more than one fall. The primary endpoint was incident hospitalization during chemotherapy due to treatment toxicity. Utilizing multivariable logistic regression, we examined the association between falls and toxicity-related hospitalizations, adjusting for sociodemographic, disease-related, and geriatric factors [2].

Among the 497 participants, 60 (12.1%) reported experiencing falls before chemotherapy initiation, and 114 (22.9%) had one or more toxicity-related hospitalizations. After adjusting for relevant covariates, women who had more than one fall within the 6 months preceding chemotherapy showed significantly greater odds of being hospitalized due to toxicity during chemotherapy compared to those who did not experience falls (50.0% vs. 20.8% experienced toxicity-related hospitalization, odds ratio: 4.38; 95% confidence interval: 1.66-11.54,  $p=0.003$ ) [3].

source are credited.

In this cohort of older women with early breast cancer, a history of experiencing multiple falls prior to chemotherapy initiation was associated with over a four-fold increased risk of toxicity-related hospitalization during chemotherapy, independently of sociodemographic, disease-related, and geriatric factors.

Adjuvant chemotherapy plays a crucial role in treating high-risk early breast cancer in older adults, but it often leads to adverse events and subsequent hospitalizations. Identifying older patients at risk of toxicity-related hospitalization during chemotherapy is imperative for improving their health outcomes and reducing healthcare costs. While geriatric assessments can help pinpoint such individuals and guide supportive care interventions, their widespread use is constrained by resource limitations [4].

However, fall history, a component routinely captured in geriatric assessments, may serve as a simpler yet effective marker of vulnerability in older adults. Although falls are commonly associated with increased risk of hospitalization in the general older population, their predictive value in the context of breast cancer chemotherapy remains uncertain.

This study aimed to address this gap by examining the association between fall history and risk of toxicity-related hospitalization during adjuvant chemotherapy for breast cancer in older women. Our findings support the hypothesis that fall history could independently identify individuals at higher risk of chemotherapy-related hospitalizations, highlighting its potential utility in clinical practice for risk stratification and targeted intervention in this population [5].

In conclusion, the study underscores the significance of assessing fall history as a predictive marker for toxicity-related hospitalizations during adjuvant chemotherapy for breast cancer in older women. We found that a history of experiencing multiple falls prior to chemotherapy initiation was strongly associated with a heightened risk of toxicity-related hospitalization, independent of various sociodemographic, disease-related, and geriatric factors.

These findings highlight the potential utility of fall history assessment as a simpler yet effective tool in identifying older patients who may be at increased risk of adverse events during chemotherapy. By incorporating fall history into routine clinical assessments, healthcare providers can better stratify patients based on their vulnerability and tailor supportive care interventions accordingly, ultimately improving health outcomes and reducing healthcare costs.

While further research is needed to validate these findings and explore additional risk factors, our study contributes to the growing body of evidence supporting the integration of geriatric assessments, including fall history, into oncology practice. By identifying and addressing the unique needs of older adults undergoing breast cancer treatment, we can enhance the quality of care and optimize treatment outcomes in this population.

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