

Contact:

Molly McDougall/Jeanne-Marie Phillips HealthFlash Marketing 203-977-3333 molly@healthflashmarketing.com Sharon Grutman
The American Society of Breast Surgeons
877-992-5470

Low-Risk Breast Cancer Survivors Experience Long-Term Symptoms and Concerns

New Study Suggests Patients Should be Followed for a Broad Range of Physical and Psychological Issues

Abstract: Ongoing Symptoms Experienced by Low Risk Breast Cancer Survivors Following Active Treatment

Columbia, MD, April 29, 2021—Survivors of low-risk breast cancer experience widely ranging, significant physical and psychological symptoms after cancer treatment, according to a new study presented at the Annual Meeting of the American Society of Breast Surgeons (ASBrS) this week. Researchers found that hot flashes (due to endocrine therapy), fatigue, back and joint pain, and anxiety were among the most common issues cited on a self-reported assessment.

Lead study author Jessica Schumacher, PhD, University of Wisconsin-Madison, notes that little research has focused on the post-treatment concerns of low-risk breast cancer survivors, and the study demonstrates that survivorship is rarely easy, regardless of the patient's care path and recurrence risk.

"This study suggests early stage survivors experience a high burden of symptoms and concerns that have important implications for their quality of life after cancer treatment," she notes. "It also suggests that a pre-visit self-assessment tool measuring symptoms and concerns may be helpful in identifying concerns that may not otherwise be recognized, given that follow-up physician visits are often subject to time limitations that make in-depth discussion of a full range of issues difficult."

The study examined responses from 98 women at a single institution with an average age of 61.3 years. Participants had a history of low-risk stage I and II, estrogen/progesterone+, HER2- cancers. They ranged from six months to five years post-breast cancer diagnosis with an average of 2.6 years. Of these women, 71.3% had received lumpectomies, while 28.7% had been treated with mastectomy. None received chemotherapy.

Survey topics were shaped in part by American Society of Clinical Oncology (ASCO) and American Cancer Society survivorship assessment guidelines. Respondents indicated the extent of their concerns on each issue based on several measurements. Clinical significance was determined through a variety of measurement tools as well as established thresholds for symptoms if relevant.

Common symptoms and concerns also included endocrine therapy, headaches, bone pain, arm swelling, and new breast symptoms potentially indicative of a recurrence. The most frequently cited issues are presented at the conclusion of the study abstract. Overall, 86.7% of patients reported clinically significant concerns, including 38.8% with one or two and 47.9% with three or more issues.

"Physicians should be aware that breast cancer survivorship comes with a significant ongoing burden of symptoms, even for those who experience a mild form of the disease and do not receive aggressive treatment," says Dr. Schumacher. "Our experience in developing this study suggests that a self-reported, pre-appointment assessment tool such as the one used here may be useful in helping physicians appropriately address patient concerns. It may alert them to symptoms with potential health implications and help physician visits focus on symptoms that are important to patients, providing a stimulus for meaningful discussions."

Dr. Schumacher notes that her own institution is exploring ways to incorporate a similar tool in their breast cancer follow up protocols.

Abstract, Official Proceedings

Ongoing Symptoms Experienced by Low Risk Breast Cancer Survivors Following Active Treatment

Authors: <u>Jessica R Schumacher</u>, Jennifer L Tucholka, Catherine R Breuer, Courtney Maxcy, Trista J Stankowski-Drengler, Nicholas A Marka, Bret M Hanlon, Amye J Tevaarwerk, Kristine L Kwekkeboom, Heather B Neuman

Institutions: University of Wisconsin-Madison, Madison, WI

Objective: Over 3.5 million breast cancer survivors living in the United States require follow-up care for recurrence, treatment adherence, and symptom management. Because of the time-limited nature of a follow-up face-to-face oncology visit, the current approach to follow-up does not readily allow for a comprehensive assessment of survivor symptoms or concerns during the visit. Though prior studies have described the symptom experience of survivors during treatment or diagnosed with later stage breast cancer, less is known about the symptom experience of survivors with early stage disease and low risk of recurrence. The study objective was to assess the prevalence of symptoms and concerns experienced by survivors with early stage breast cancer following active treatment.

Methods: Survivors were eligible if they had a history of stage I-II estrogen or progesterone receptor positive, HER2neu negative breast cancer, were 6 months to 5 years post-diagnosis, were cancer free, and did not receive chemotherapy. Survivors were enrolled at the time of their follow-up visit at the University of Wisconsin Breast Center and emailed a link to a REDCap survey. Survivors who preferred a paper survey were sent the instrument by mail. Reminder emails and calls were initiated 48 hours after enrollment if there was no response. The survey included patient reported outcomes (PRO) addressing survivorship domains informed by ASCO survivorship guidelines and 10 survivor and provider stakeholders (Figure). Survivors were asked about the presence/absence of these concerns, along with frequency and the extent to which concerns interfered with their life. Concerns were considered to be clinically significant if they: 1) were moderate to severe, 2) interfered with their life quite a bit or very much, or 3) otherwise met a validated clinically relevant threshold identified for the PRO scale (e.g., depression screening). The proportion of survivors experiencing these clinically significant concerns are reported.

Results: Of 130 patients approached, 76.1% (n=99) enrolled and 99.0% (n=98) of those who enrolled completed the assessment. On average, participants were 61.3 years of age (SD=11.5) and 2.5 years from diagnosis (SD=1.2), with 71.3% undergoing a breast conserving procedure. On average, the percentage of participants who chose not to respond to certain topics was low (2.0%), with the topic of sexual health skipped most frequently (14.3%). The vast majority (86.7%) of survivors experienced clinically significant concerns, with 38.8% reporting 1-2 and 47.9% reporting 3 or more concerns. The most common clinically significant concerns are presented in the figure.

Conclusions: Early stage breast cancer survivors report a high burden of symptoms and concerns. Given the fact that nearly 50% of survivors report 3 or more concerns, many topics may not be discussed or addressed during the course of a regular time-limited follow-up visit. Some concerns, such as sexual

health, may not be feasible to address in the clinic visit given their complex and sensitive nature. Use of patient reported outcomes to assess symptoms and concerns in survivors diagnosed at an early stage allows for a comprehensive evaluation with identification of previously unrecognized needs. This represents a clear opportunity to improve survivorship care.

Figure 1: Percent of Survivors Reporting Significant Patient Reported Outcomes Symptoms (n=98)

