SYMPTOMS IN BREAST CANCER SURVIVORS WHO HAVE COMPLETED PRIMARY THERAPY

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Faculty Disclosures

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Objectives

• Identify symptoms experienced by breast cancer survivors who have completed primary therapy.
• Discuss the impact of endocrine or hormonal therapy on symptom burden.
• Verbalize implications for practice and research.
Background

• Most common cancer in women worldwide (IACR, 2013)

• 89% survival - 5 years (ACS, 2013)

• 75% survival - 15 years (ACS, 2013)

• 3% growth per year in the number of cancer survivors (Maddams, et al., 2009)
Study Objectives

• To determine whether symptom burden differs between early survivors (less than 3 years post primary therapy) and long-term survivors (3 to less than 6 years post-therapy, inclusive).

• To determine whether symptom burden differs between women who take endocrine or hormonal adjuvant therapy and those who do not.
Symptom burden

- The subjective, quantifiable prevalence, frequency and severity of symptoms and encompasses the patient’s perception of the impact of symptoms (Cleeland, 2007; Gapstur, 2007)
Design and Setting

• Exploratory cross-sectional study design
• Setting: an academic, comprehensive cancer center located in Texas
Sample

- Adult women who completed primary treatment (chemotherapy/biotherapy, surgery, and/or radiation)
- Consecutively recruited as presented to the Breast Center for routine follow-up visit
- No evidence of disease
- Stratified by time (early 0-36 mos post primary therapy vs long-term 37-60 mos), disease stage (I, II, or III) and whether or not taking adjuvant hormonal or endocrine therapy
Instruments

• M. D. Anderson Symptom Inventory
• Karnofsky Performance Status
• Charlson Comorbidity Index
• Demographic/health history questionnaire
Statistical analysis

- Descriptive statistics to assess distributional characteristics and demographics across study population
- Chi-squared, Fisher’s exact test and \( t \)-test to determine whether characteristics differed by survivor status & adjuvant hormonal or endocrine therapy
- Two-way ANOVA to evaluate differences in symptom burden, symptom interference & burden/interference of individual symptoms
Demographics

- 133 participants, mean age 56
- Primarily white, non-Hispanic, English speaking, married, with high school education
- 59% estrogen receptor positive, 81% Her2/neu negative
- 56% mastectomy, 46% segmental mastectomy
- 49% sentinel node biopsy, 51% axillary node dissection
- Majority received chemotherapy & radiation
Results - Symptoms

- 81% reported 5 or more symptoms
- 44% reported at least one severe symptom
- Fatigue most commonly reported
- Sleep disturbance was rated highest in severity
Results – Symptom Severity

And

- Survivor status
- Karnofsky Performance status
- Charlson Comorbidity Index
- Adjuvant therapy use
Discussion

• Higher symptom severity scores; may be due to hormonal or endocrine therapy
• Younger median age
• More symptoms - poorer functional status
• Top 5 symptoms: fatigue, remembering things, disturbed sleep, pain & feeling drowsy
• Persistence of symptom burden
Implications

- **Research**
  - Most common, severe & distressing symptoms
  - Longitudinal studies
  - Long-term impact of symptoms & symptom distress

- **Clinical**
  - Routinely assess symptoms & symptom severity
  - Anticipatory guidance
Conclusions

• Establishing baseline will help to develop pilot interventions

• Understanding connections among symptoms, cancer therapy, comorbidities & functional status

• Improved symptom management & outcomes


Questions?