

Background

The National Health Service (NHS) Long Term Plan for Cancer prioritises the implementation of Personalised Stratified Follow up and Supported Self-management (SSM) in early breast cancer (EBC). PRAGMATIC evaluated the experiences of EBC patients entering SSM and the impact on quality of life (QoL) over a period of 12 months

Methods

- Three Surrey and Sussex clinical teams identified patients
- Study introduced by team & expression of interest sent to SHORE-C
- SHORE-C received consent & managed assessments
- Teams provided patients' clinical details & treatment history
- Questionnaires completed at baseline, 3, 6, 9 and 12 months

Questionnaires

- FACT-B specific QoL tool for patients with BC¹
- EQ-5D-5L is a generic HRQoL tool²
- GSE measures general coping style³
- GHQ-12 screens for psychological morbidity⁴
- PRRS measures degree of financial burden and caring responsibilities⁵



Results

- Baseline characteristics shown in Table 1.
- 110 pts were recruited between Feb and Nov 2020; 99 completed 12 month assessments
- 32% (35/110) had received chemotherapy

Quality of Life

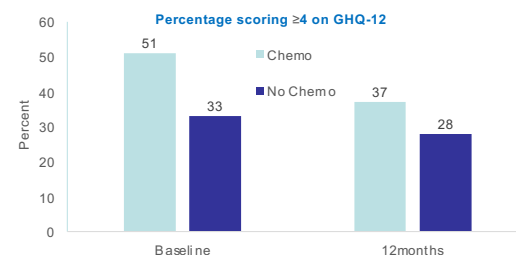
- FACT-B mean scores were significantly worse for patients who had chemotherapy
- Mean differences between chemotherapy and no chemotherapy groups were 8.53 (95% CI: 3.42 to 13.64), 5.38 (95% CI: 0.17 to 10.58) and 8.00 (95% CI: 2.76 to 13.24) at 6, 9 & 12 months, respectively

Table 1: Participants	Chemotherapy (n=35)	No Chemotherapy (n=75)
Sex: Male	1	1
Female	34	74
Age group (y): <50	13 (37%)	6 (8%)
50-70	20 (57%)	51 (68%)
>70	2 (6%)	18 (24%)
Partner: Yes	22 (63%)	51 (68%)
Employed: Yes	21 (60%)	32 (43%)
Grade: DCIS	0	9 (12%)
1 or 2	12 (34%)	52 (69%)
3	23 (66%)	14 (16%)
Surgery* BCS	24 (69%)	64 (85%)
Mastectomy	11 (11%)	12 (16%)
Endocrine therapy: Yes	26 (74%)	60 (80%)
Co-morbidities ≥2	10 (29%)	32 (43%)

* 1 participant had left BCS and right mastectomy

GHQ-12 Results

- Scores of ≥4 on GHQ12 indicates probable psychological morbidity
- Odds of psychological morbidity 5.5 fold higher in those who had chemotherapy
- 10 patients (4 chemo; 6 no chemo) had persistently high levels of psychological morbidity for 12 months

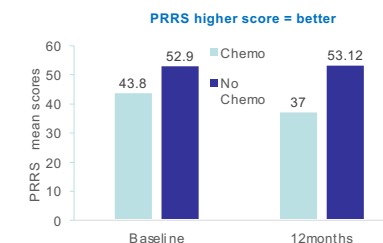


GSE results

- There was no statistically significant decline from baseline in self efficacy (GSE scores) for either group (means 31.6 chemotherapy; 31.1 no chemotherapy)
- GSE scores and psychological morbidity had a significant effect on the mean FACT-B total score, showing QoL decline in patients with high levels of psychological morbidity

PRRS Results

- At baseline 48% (53/110) were employed
- 12/53 stopped employment during the 12 months
- Chemotherapy patients had lower scores across 12 months



Service Use

- Contact with community services was relatively low
- 68.2% contacted breast care nurses by phone or email, 53.3% visited a hospital breast clinician

Conclusions:

- EBC patients who received chemotherapy had lower QoL compared to those who did not have chemotherapy
- QoL was significantly impacted by high levels of psychological morbidity
- BC teams could consider screening for heightened anxiety/depression before starting SSM to identify patients who may benefit from active interventions and/or closer monitoring

References

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