Quality of life (QoL) and toxicity in patients (pts) with hormone receptor-positive, HER2-negative early breast cancer (HR+, HER2− eBC) treated with adjuvant (adj) endocrine therapy (ET) in the CANcer TOxicities (CANTO) study

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BACKGROUND

ET is the mainstay treatment for pts with HR+ eBC. However, pts have persisting side effects that negatively affect QoL, leading to early discontinuation and compromising outcomes.1

We describe the incidence of ET toxicity and its QoL impact in a cohort of French women (CANTO; NCT01993498) with HR+, HER2− eBC treated with adj ET.

METHODS

CANTO is a prospective, longitudinal cohort study enrolling pts with invasive (iBC) or in situ (isBC) BC from 24 French cancer centers. Inclusion and exclusion criteria are shown in Table 1. For the analysis of pts.

Pts with isBC, HER2+ eBC, treated with adj ET were followed for the first 3 years after eBC diagnosis.

Prevalence of muscular and joint pain slightly increased over time (Figure 2a). Global and functioning QoL remained high at baseline and during treatment (Figure 2b).

Descriptive analyses were conducted for frequency of symptoms and mean QoL questionnaires’ summary scores.

RESULTS

- Of the 5,504 pts who met the inclusion criteria, 4,930 had ≥3 years of follow-up. These pts had a median age at diagnosis of 57 years, 63% were postmenopausal and 52% had stage I eBC at diagnosis (Table 2).

- Pain was the most prevalent toxicity throughout the first 3 years after the start of treatment, reported in 12% (95% CI: 4.6–12.5%) of pts (excluding unconfirmed and at M0).

- There was no statistically significant toxicity (Figure 1).

- Pain prevalence and joint pain slightly increased over time (Figure 2b). Mean intensity of global, muscular and joint pain remained high over the course of ET (median intensity: ~6 [0–10 scale]; Figure 2b).

- Global and functioning QoL remained high at baseline and during treatment (Figure 3).

- Insomnia was the most impactful symptom to pts, followed by fatigue and pain; increases in pain were particularly pronounced after treatment started (Figure 3c).

- BC-specific symptoms persisted during treatment (Figure 3).

- Moderate psychological impact was observed, and anxiety improved over time (Figure 4).

- ET adherence was 81–93% over time; in the first 3 years, 23% of pts switched ET and 7% discontinued ET. Adherence was higher than reported in other studies (41–72%),2 possibly due to differences in study population, data collection and follow-up. Nevertheless, in those who did switch or discontinue ET, toxicity was the main reason.

- This study confirmed the long-term toxicity of ET, particularly pain. Better management of symptoms and supportive interventional strategies are needed to further improve QoL in eBC.

CONCLUSIONS

- While global and functional QoL remained high in the first 3 years after eBC diagnosis, BC-specific symptoms slightly increased/persisted during ET. In this particular cohort of pts with eBC, adherence was higher than reported in other studies (41–72%), possibly due to differences in study population, data collection and follow-up. Nevertheless, in those who did switch or discontinue ET, toxicity was the main reason.

- This study confirmed the long-term toxicity of ET, particularly pain. Better management of symptoms and supportive interventional strategies are needed to further improve QoL in eBC.

REFERENCES


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CONFLICTS OF INTEREST

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