Patient-Reported Quality of Life and Treatment Satisfaction in Patients With HR+/HER2− Advanced/Metastatic Breast Cancer

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ABSTRACT

Purpose: Globally, around 1.67 million new cases of breast cancer are diagnosed each year, with advanced breast cancer (ABC–Stage III) and metastatic breast cancer (MBC–Stage IV) together accounting for up to 22% of incident cases. Hormone receptor–positive/human epidermal growth factor receptor 2–negative (HR+/HER2−) breast cancer comprises 66% of ABC/MBC. Understanding disease-specific health-related quality of life and patient satisfaction with treatments currently available for HR+/HER2− ABC/MBC in clinical practice is essential for assessing potential unmet need in this patient population.

Methods: Data on treatment patterns in patients with HR+/HER2− ABC/MBC were collected from oncology practices across the United States and Europe in a cross-sectional study in a clinical practice setting, the Adelphi Real World Advanced Breast Cancer Disease Specific Programme. A subset of patients included in the study completed several self-reported tools, including the Functional Assessment of Cancer Therapy–Breast and the Cancer Therapy Satisfaction Questionnaire. Analyses were conducted using data from the overall cohort and stratified by current treatment, metastatic sites, and number of prior therapy lines.

Findings: Overall, 739 patients were recruited by 173 oncologists; 83% of patients had MBC, with the balance having ABC. The majority of patients with MBC had visceral metastases without bone metastases, and similar percentages of the total study population (≈40%) were receiving chemotherapy and endocrine therapy. Patients receiving only endocrine therapy had significantly better cancer-specific quality of life than did those receiving chemotherapy. Endocrine therapy also associated with fewer concerns about side effects and higher treatment satisfaction than chemotherapy. Statistically lower scores, indicating poorer well-being, were observed in patients with both bone and visceral metastases compared with those with either bone-only or visceral-only metastases for all but the Social/Family Well-Being and Functional Well-Being domains of the Functional Assessment of Cancer Therapy–Breast. Patients with bone and visceral metastases had significantly greater concerns about treatment side effects than those with metastases at other sites. Receipt of a greater number of prior lines of therapy was associated with poorer well-being scores. There was a significant negative association between number of lines of treatment and treatment expectations.

Implications: Findings from this study from clinical practice suggest that treatment outcomes in HR+/HER2− ABC/MBC could be optimized through improved understanding of the impact that components of patient care have on health-related quality of life and treatment satisfaction.

Key words: Advanced breast cancer, metastatic breast cancer, health-related quality of life, real-world, treatment satisfaction.

INTRODUCTION

Breast cancer is the second most frequently occurring cancer globally, with an estimated 1.67 million new cases diagnosed in 2012 worldwide, and the most frequently occurring cancer in women, accounting for 25.2% of incident cancers. Classification of breast cancer is by staging, from Stage 0 to Stage IV, according to the size and location of the tumor or
tumors. Advanced breast cancer (ABC) is classified as Stage III and metastatic breast cancer (MBC) as Stage IV; together ABC and MBC have been reported to account for between 8% and 22% of all incident cases of breast cancer. Hormone receptor–positive/human epidermal growth factor receptor 2–negative (HR+/HER2−) breast cancer forms the largest subtype (66%) of all ABCs/MBCs.

Endocrine therapy and chemotherapy are the most commonly used treatments in patients with HR+/HER2− ABC/MBC, with endocrine therapy being recommended in both US and European clinical guidelines. The side effects of chemotherapy are very well-documented, and include fatigue, gastrointestinal issues (loss of appetite, nausea, and vomiting), hair loss, and increased susceptibility to bruising and infections. Both chemotherapy and endocrine therapy have been reported to be associated with moderate to severe emotional distress, fatigue, and disturbed sleep, although these symptoms were reported by lower percentages of patients receiving endocrine therapy compared with those receiving chemotherapy. Additionally, musculoskeletal problems, including joint pain and stiffness, are commonly experienced in patients receiving aromatase inhibitors and have been reported to lead to discontinuation of treatment in a high percentage of patients. The side effects associated with the treatment options available to patients with HR+/HER2− ABC/MBC might be expected to affect patients’ satisfaction with their cancer treatment, but there is limited literature on the topic.

Past studies have found that patients with ABC/MBC experience lower physical functioning, as measured by the Physical Component Summary of the SF-36, and lower health-related quality of life (HRQoL), as measured with several patient-completed questionnaires, than the general population. Those studies were, however, limited to clinical trial settings, or included limited patient populations or generic HRQoL questionnaires; patient-reported breast cancer–specific HRQoL in ABC/MBC in clinical practice settings across multiple countries has not been well documented.

This study assessed breast cancer–specific HRQoL and treatment satisfaction in HR+/HER2− ABC/MBC patients in clinical practice. The findings reported here are from the total study population and from subgroups stratified by the type of therapy (endocrine therapy vs chemotherapy), sites of metastases (visceral vs nonvisceral), and number of treatment lines a patient has received. In addition, the study also assessed the association between HRQoL and treatment satisfaction.

MATERIALS AND METHODS

Data Collection

Data were taken from the Adelphi Real World Advanced Breast Cancer Disease-Specific Programme (DSP), a cross-sectional, patient record–based study in the clinical practice setting. Data were collected from the United States, France, Germany, Italy, Spain, and the United Kingdom between February and May 2015, prior to the introduction of cyclin-dependent kinase inhibitors for MBC in Europe.

Oncologists were identified from publicly available lists of health care professionals and were invited to participate in the DSP. To be included, physicians had to have qualified as oncologists between 1978 and 2011 and had to be actively involved in prescribing decisions in patients with ABC/MBC. Participating physicians recruited 8 to 10 patients aged >18 years with an oncologist-confirmed diagnosis of ABC/MBC and presently receiving drug treatment. Physicians completed a patient-record form, which included basic demographic and clinical characteristics (including HR and HER2 status) and treatment history, for each recruited patient.

Each patient was invited to complete a patient self-completed form (PSC) containing validated questionnaires, including the Functional Assessment of Cancer Therapy–Breast (FACT-B) and the Cancer Therapy Satisfaction Questionnaire (CTSQ). Completion of the PSC was not mandatory; only patients who completed a PSC were included in this analysis.

The original data collection for the DSP was conducted according to the European Pharmaceutical Market Research Association code of conduct. No personal identifiable information was collected; therefore, no approval was required by an independent review board.

FACT-B

The FACT-B is a modular approach to assessing patient-reported breast cancer–specific HRQoL using a core set of questions (FACT–General [FACT-G]) as well as the Breast Cancer Subscale (BCS), which includes items specific to HRQoL in breast cancer. The FACT-G is a 27-item compilation of general
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