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Treatment Goals and Quality of Life (QoL) in a Survey of Patients with ER+/HER2- Metastatic Breast Cancer (mBC)

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Introduction

- The foremost concerns of patients with ER+/HER2- metastatic breast cancer (mBC) regarding their mBC treatment goals and quality of life (QoL) are often assumed by providers but are vastly understudied and unknown

Objective

To better comprehend treatment goals and QoL concerns in patients with ER+/HER2- mBC

Methods

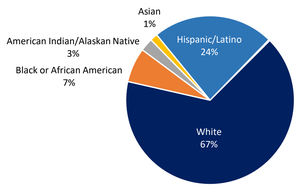
- The 42-question, online EQUALS (*ESR1* QUAlity of Life Survey) was sent (June-September 2022) to US patients with mBC from
  - The Cure Media Group (by email)
  - Private Facebook groups of patients with mBC
  - The advanced breast cancer clinic at St. Luke's Cancer Institute
  - FORCE (Facing Hereditary Cancer EMPOWERED)
  - The Chrysalis Initiative
  - METAvivor: mBC research, support and awareness
- Participants were eligible if they had ER+/HER2- mBC
- A $10 gift card was awarded to participants at survey completion
- Survey answers were summarized descriptively

Results

Patient demographics

- 474 respondents had a mean age of 45 years (range, 19–83 years), 72% had a higher education degree, and 46% had household income ≥$75K; mean year of mBC diagnosis was 2018 (Table 1)
- Almost one-third of patients were non-White (Figure 1)

Figure 1. Race/ethnicity of survey population



Metastatic breast cancer treatments

- Most common first-line mBC treatments were aromatase inhibitors (AI) (31%), AI + CDK4/6 inhibitor (CDK4/6i; 23%), fulvestrant + CDK4/6i (18%), and selective estrogen receptor modulators (tamoxifen; 18%); 77% had chemotherapy in the metastatic setting
- Information about mBC was most frequently from physicians, hospital-based websites, and other people with mBC; new mBC treatment information was from physicians, other people with mBC, health information blogs, or social media websites (Figure 2)

Table 1. Baseline patient characteristics

Characteristics		ER+/HER2- mBC (n=474)
Age, y	Mean ± SD (range)	45 ± 14 (19–83)
Race/ethnicity, n (%)*	White	319 (67)
	Hispanic/Latino	112 (24)
	Black/African American	32 (7)
	American Indian/Alaskan Native	12 (3)
	Asian	7 (1)
	Declined to answer	1 (0)
Living setting, n (%)	Rural	144 (30)
	Suburban	162 (34)
	Urban	168 (35)
Average household income $, n (%)	<25,000	14 (3)
	25,000 to <50,000	116 (25)
	50,000 to <75,000	104 (22)
	75,000 to <100,000	83 (18)
	100,000 to <150,000	87 (18)
	≥150,000	46 (10)
	Decline to answer	24 (5)
Highest level of education, n (%)	Some high school	7 (1)
	High school	125 (28)
	Bachelor's degree	244 (51)
	Master's degree	79 (17)
	Doctoral degree (law, medical, PhD)	19 (4)
mBC diagnosis, y	Mean (range)	2018 (1989–2022)

*Could select more than one option.

Quality of life

- 48% of patients reported good/very good QoL and 22% poor/very poor QoL
  - Those <50 years, Black/African American, or making <$50k were less likely to have a good/very good QoL (Figure 3)
- Common side effects impacting QoL the most/moderately were fatigue, joint pain, vaginal atrophy/dryness, and vasomotor symptoms (Figure 4)
  - Most (90%) were comfortable/very comfortable discussing side effects with their medical team
- Many worried about disease progression and having to change treatments
  - 28% worried about progression a few times a month, 26% everyday, 19% a few times a week, and 18% before scans; only 6% never worried
  - When changing treatments, patients worried most about efficacy, having additional options, and side effects (Figure 5)
- About half (52%) of patients were very concerned that their mBC diagnosis impacted their family, although 69% felt supported at home
  - Hispanic/Latino patients (31%) were less likely to have support at home than white (79%) or Black/African American (81%) patients
- Since diagnosis, patents' major/moderate life impacts were side effects, mental health/stress, QoL, and finances (Figure 6)
- Most (91%) were concerned that their treatments may have a negative impact on their bones
- Patients' current treatment goals were to control cancer growth/spread, prolong life, tolerate side effects, maintain quality of life, and relieve suffering/pain (Figure 7); similar to their goals at diagnosis
  - More than half of the patients' medical teams addressed these goals at the beginning of treatment (55%) and continued to annually (62%)

Figure 2. Information obtained about mBC and new mBC treatment

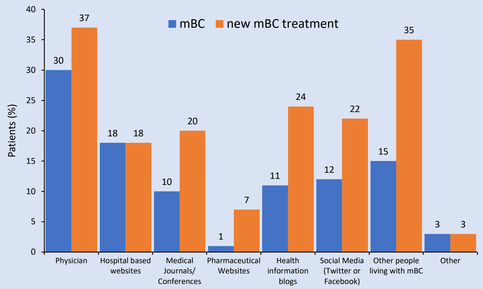


Figure 3. Good/very good QoL by baseline characteristics

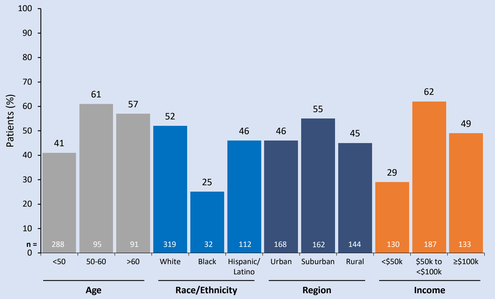


Figure 4. Side effects impacting QoL

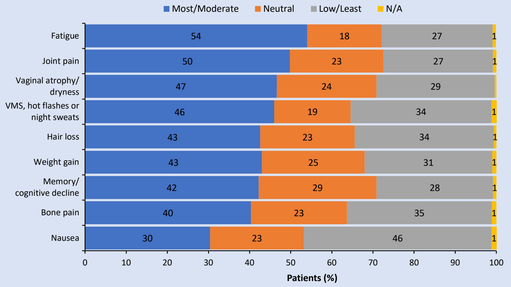


Figure 5. Worries about changing mBC treatment

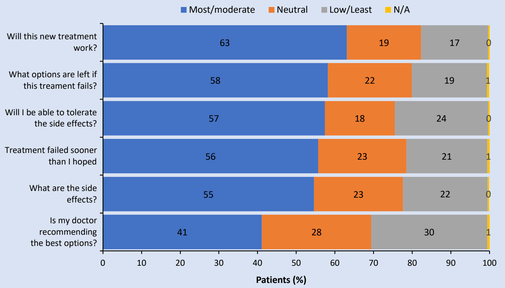


Figure 6. mBC diagnosis impact on life

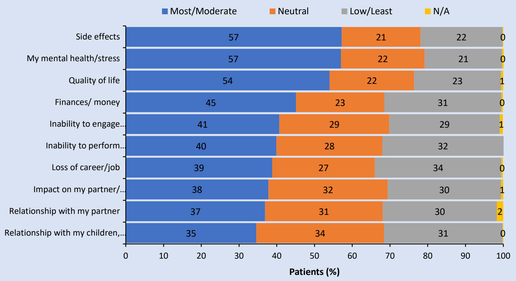
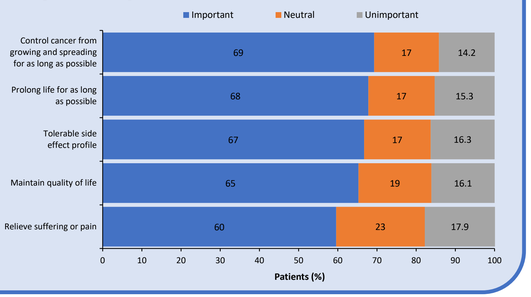


Figure 7. Current goals for mBC treatment



Impact on sexual intimacy

- Most patients thought their mBC or treatment negatively impacted their intimate/sexual relationship (60%) and worried about sexual intimacy (62%)
- Only 39% were comfortable discussing intimacy/sexual side effects with their medical team
  - 40% and 36% of patients who had female and male oncologists, respectively, were comfortable discussing such side effects; similar proportions were observed with breast (45%) vs general (34%) oncologists

Key Takeaways

- Patients received medical information from medical sources, as well as other mBC patients
- Patients are nearly equally concerned about disease progression, QoL, and treatment side effects, with side effects impacting QoL the most
- Disparities in QoL and support at home exist based on ethnicity, age and income groups
- mBC advocacy groups can help reach ethnically diverse populations, which may help recruiting for clinical trial or disseminating patient education

Conclusions

- In this survey of patients with ER+/HER2- mBC, patients received information about new mBC treatments mostly from physicians, other mBC patients, and social media/blogs
- Patients reported disease control, prolonging life, and side effects/QoL as equally important goals at the beginning of treatment and later in their disease course. Only 55% of medical teams addressed patients' goals in the beginning of treatment
- Treatment side effects had the most impact on QoL; mental health/stress, intimacy and relationships, and bone health were also impacted by their mBC diagnosis
- mBC diagnosis and treatments impact QoL; patients who are younger, Black/African American or with low income were more likely to have worse QoL

Disclosures

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