

EQUALS: Vaginal/Sexual Health (VSH) in Patients with ER+/HER2- Metastatic Breast Cancer (mBC)

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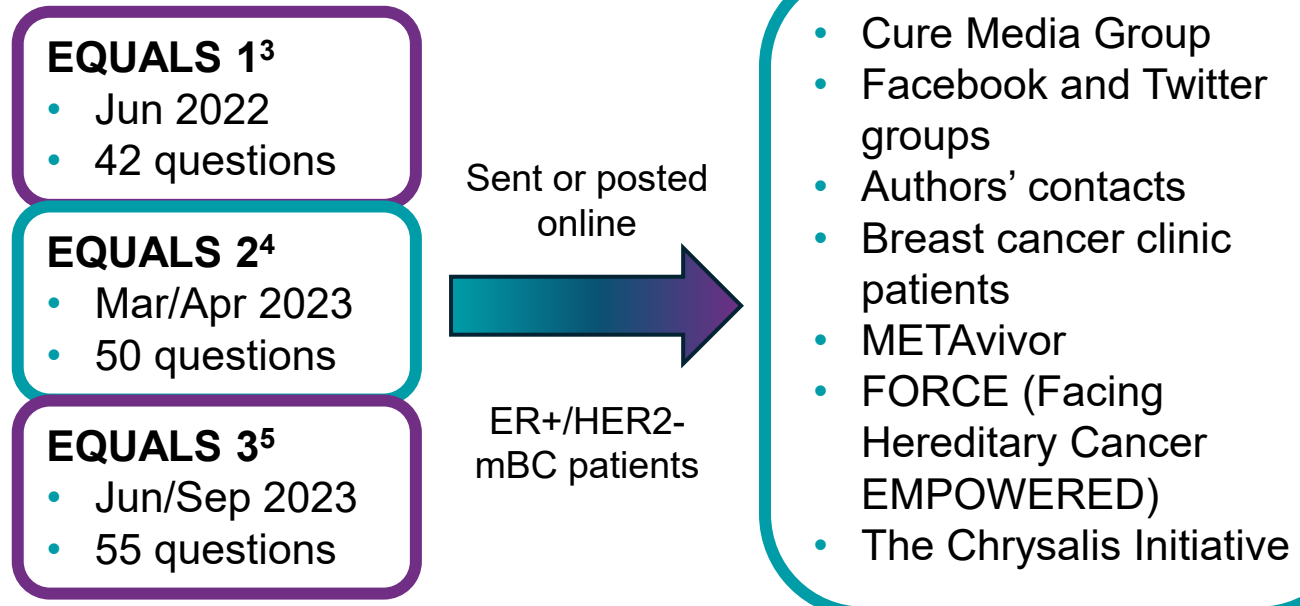
Introduction

- Vaginal and sexual health (VSH) issues are commonly reported, in more than two-thirds, of women with breast cancer (BC)^{1,2}
- However, these concerns are often under-recognized and understudied in women with BC being treated with endocrine therapy (ET)
- Studies on the prevalence, impact, and management of vaginal and sexual side effects are limited in women with metastatic BC (mBC)
- The overall objectives of EQUALS (ESR1 QUALity of Life Survey) were to explore quality of life (QoL) and symptoms, biomarkers, treatment side effects, and patient-medical team communication of women with ER+/HER2- mBC³⁻⁵
- Among these surveys, we found that VSH issues were a primary QoL concern among women with mBC³⁻⁵

Objective

To summarize the common VSH thread in ER+/HER2- mBC patients from three EQUALS studies³⁻⁵

Methods



- Questions on QoL varied between surveys (EQUALS 2 focused mostly on VSH)
- Survey answers were summarized descriptively and reported according to questions asked in each survey
- Patients received a \$10 gift card at survey completion

Results

- Women (n=887) were a wide range of ages; one-third and one-half were non-white in EQUALS 1 and 3, respectively; most were white in EQUALS 2
- Half (EQUALS 2 and 3) to almost three-quarters (EQUALS 1) lived in an urban and/or suburban setting
- About three-quarters had completed some higher education
- Most household incomes ranged from \$25,000 to \$100,000
- Women had received 1-4 lines of mBC treatment, including endocrine therapies, targeted therapies, antibody-drug conjugates, chemotherapy, and others

Table 1. Responder characteristics³⁻⁵

		EQUALS 1 (n=474)	EQUALS 2 (n=200)	EQUALS 3 (n=213)
Age, years	Distribution (varied by study)			
	<40	189 (40)	<47 43 (22)	<40 19 (9)
	40-49	99 (21)	47-55 52 (26)	40-49 74 (34)
	50-59	95 (20)	56-60 47 (24)	50-59 72 (34)
	60-69	73 (15)	>60 58 (29)	60-69 26 (12)
	≥70	18 (4)		≥70 23 (11)
Race/Ethnicity, n (%)	White	319 (67)	170 (85)	94 (44)
	Hispanic/Latino	112 (24)	15 (8)	103 (48)
	Black/African American	32 (7)	13 (7)	9 (4)
	American Indian/Alaskan Native	12 (3)	1 (1)	4 (2)
	Asian	7 (1)	1 (1)	0
	Declined to answer	1 (0)	1 (1)	3 (1)
Living setting, n (%)	Rural	144 (30)	101 (51)	109 (51)
	Suburban	162 (34)	73 (37)	58 (27)
	Urban	168 (35)	26 (13)	46 (22)
Highest education, n (%)	Some high school	7 (1)	18 (9)	5 (2)
	High school	125 (28)	36 (18)	57 (27)
	Bachelor's degree	244 (51)	110 (55)	118 (55)
	Master's degree	79 (17)	26 (13)	25 (12)
	Doctoral degree	19 (4)	10 (5)	8 (4)
Average household income, n (%)	<\$25,000	14 (3)	3 (2)	11 (5)
	\$25,000 to <\$50,000	116 (25)	18 (9)	45 (21)
	\$50,000 to <\$75,000	104 (22)	76 (38)	87 (41)
	\$75,000 to <\$100,000	83 (18)	36 (18)	29 (14)
	\$100,000 to <\$150,000	87 (18)	28 (14)	15 (7)
	≥\$150,000	46 (10)	23 (12)	9 (4)
	Declined to answer	24 (5)	16 (8)	17 (8)

Vaginal symptoms prevalence

- Common side effects impacting QoL were vaginal atrophy/dryness in EQUALS 1 and 3,^{3,5} and sexual dysfunction in EQUALS 3⁵
- In EQUALS 2,⁴ vaginal symptoms were experienced by 61% of patients (Figure 1) and associated with BC treatment for a mean of 4.8 years
- Most bothersome symptoms were vaginal dryness, painful intercourse, vaginal itching, and vaginal irritation (Figure 1)⁴

Impact of vaginal/sexual side effects on QoL

- In EQUALS 1, vaginal atrophy/dryness impacted QoL the most or moderately in 47% of patients (Figure 2A)³
- Sexual dysfunction and vaginal atrophy/dryness were the first and third side effects impacting QoL the most in EQUALS 3 (Figure 2B)⁵
- In EQUALS 2, vaginal/sexual side effects negatively impacted frequency of sexual intercourse (61%) and self-esteem (64%) and made 51% feel isolated
- Most commonly reported effects of vaginal dryness were limited enjoyment of sexual activity, pain with intercourse, and vaginal itching/burning (Figure 3)⁴
- More than half (54%) reported that they never/almost never felt sexual desire/interest in the past month⁴
- This was especially true when prior ET had negatively impacted sexual health (61%)⁴
- Low sexual desire bothered 56% of patients⁴

Vaginal/sexual Side effects were concerning

- EQUALS 1: 64% of patients worried about sexual intimacy³
- EQUALS 2: 80% of patients were concerned about the vaginal and sexual side effects of BC treatment⁴
- EQUALS 3: In 27% of patients, sexual dysfunction was reported as extremely/moderately concerning⁵

Figure 1. Vaginal symptom prevalence⁴

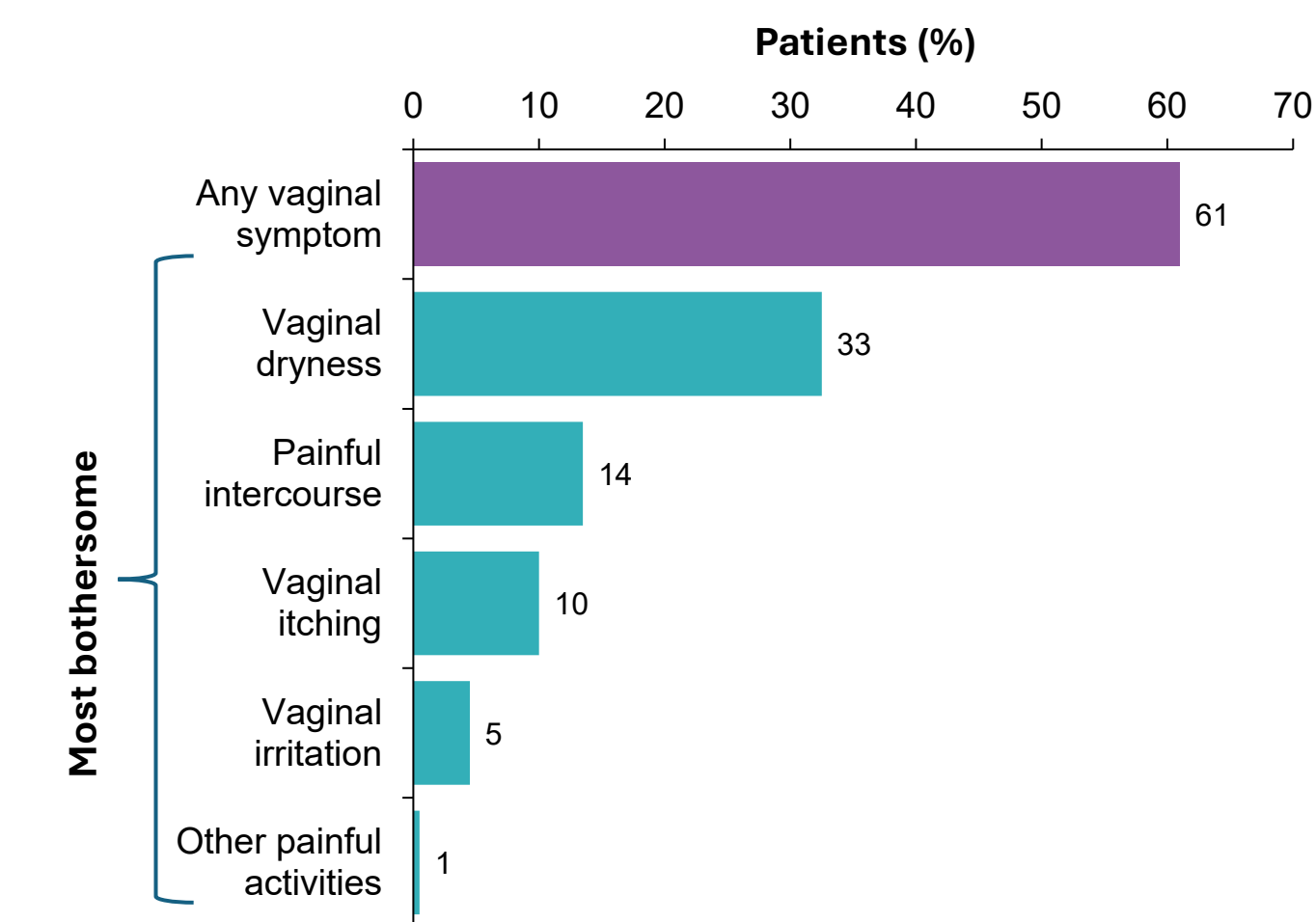
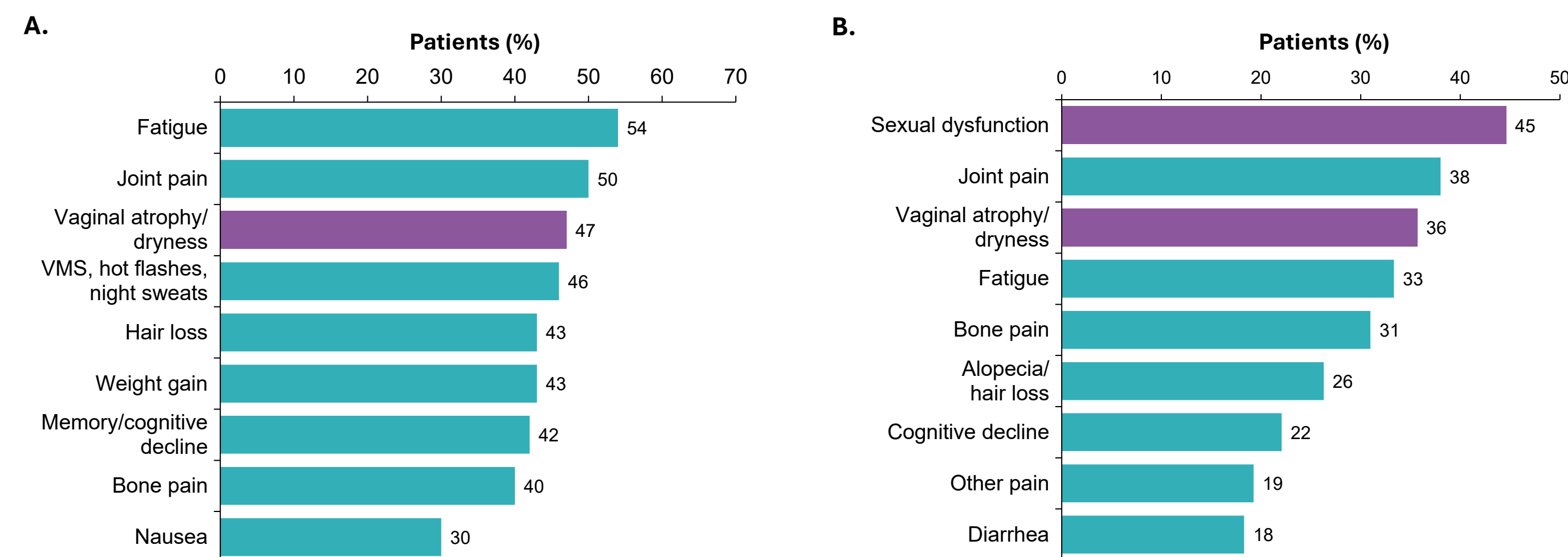


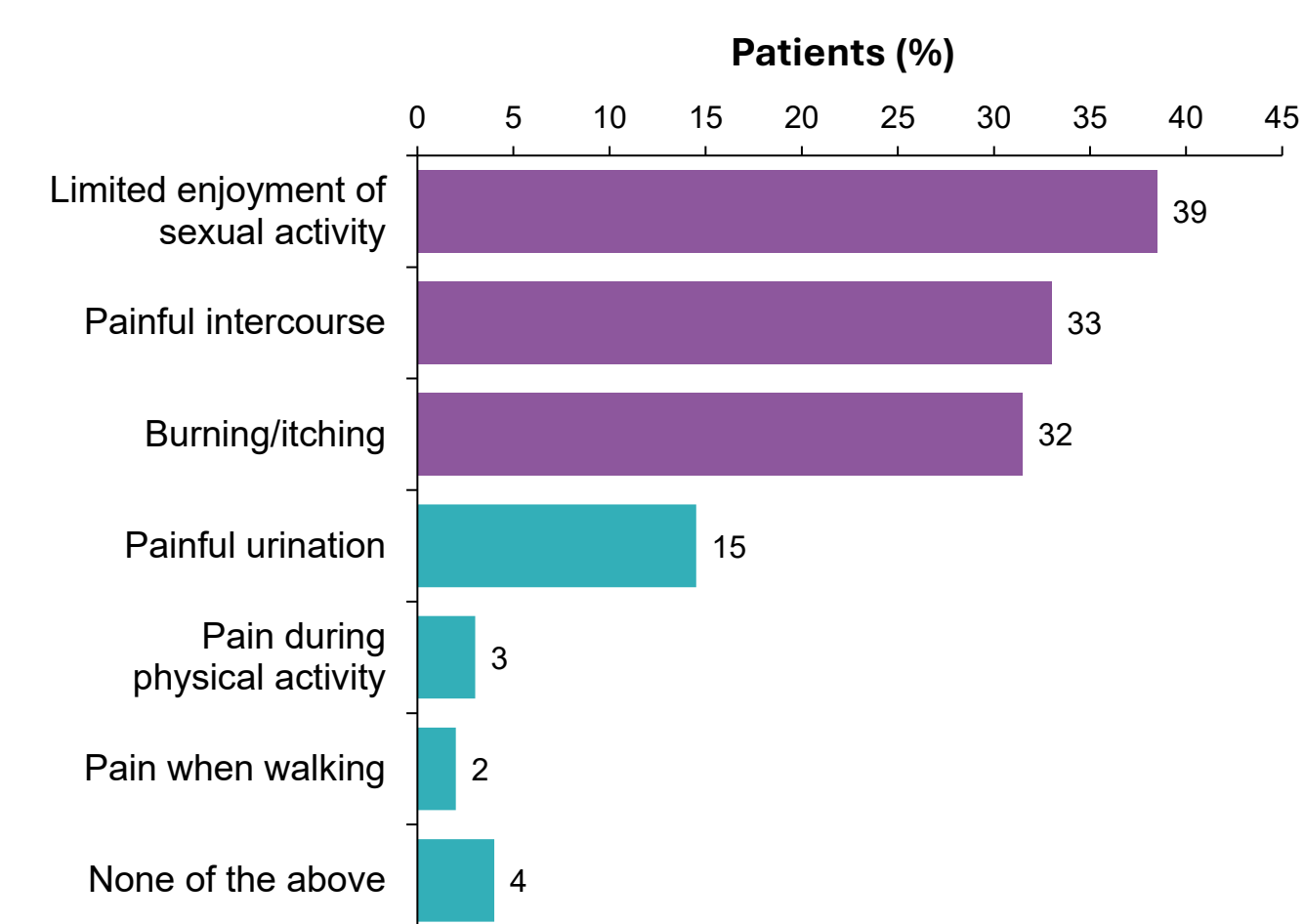
Figure 2. Vaginal/sexual impact QoL in (A) EQUALS 1³ and (B) EQUALS 3⁵



Discussing vaginal/sexual side effects

- 31% to 61% of women were uncomfortable discussing sexual side effects with their medical team^{3,4}
- Oncologist gender influenced women's comfort discussing vaginal/sexual side effects^{3,4}
 - 41% to 60% of women with female oncologists felt uncomfortable
 - 56% to 64% of women with male oncologists felt uncomfortable
- Approximately one-third of women felt⁴
 - Poorly informed about these side effects by their medical team (38%)
 - Poorly equipped to improve these side effects (33%)
- Most (93%) patients in EQUALS 2 expressed interest in an FDA-approved, well-tolerated, BC treatment that also improved vaginal and sexual health⁴

Figure 3. Impact of vaginal/sexual side effects on QoL⁴



Key Takeaways

- Many women with mBC experience vaginal and sexual symptoms that negatively impact their QoL
- These women are also uncomfortable discussing VSH with their medical teams and feel poorly equipped to manage the symptoms

Conclusions

- Our review of three EQUALS confirms that
 - Women being treated for ER+/HER2- mBC experienced and were concerned about their vaginal/sexual side effects
 - Such side effects negatively impacted many women's frequency of intercourse, self-esteem, and feelings of isolation
- Many women were uncomfortable discussing these symptoms with their medical team and felt poorly informed and equipped to manage them
- While patients with mBC were surveyed, early-stage BC patients also encounter such treatment side effects, highlighting the need for
 - Therapies that improve vaginal/sexual outcomes and side effects
 - Better communication between patients and their medical team about managing these side effects

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