

BACKGROUND

- Within oncology, nutrition and eating behaviors are often tied to cancer prevention, incidence rates, progression, and healthy survivorship, as well as symptom and side effect management.
- While many nutrition-related resources and guidelines focus on physical health outcomes, support around nutrition and eating behaviors can have critical implications for mental health and quality of life outcomes among breast cancer patients and survivors.

AIMS

The aim of the present study was to describe the patient experience with professional support for eating and nutrition among women living with breast cancer and to explore the relationship between health-related quality of life and access to nutrition support.

METHODS

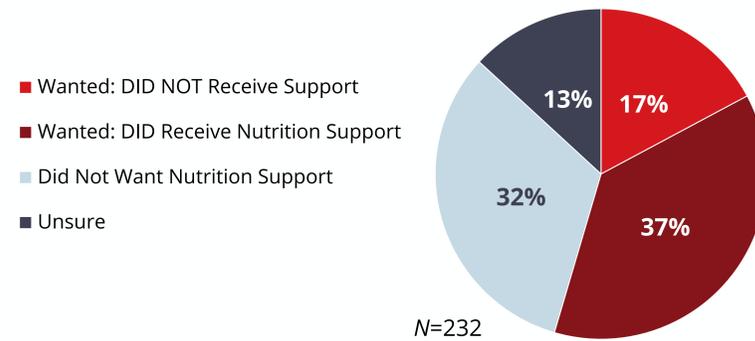
- The Cancer Experience Registry (CER) is an ongoing online research study conducted by the Cancer Support Community that seeks to uncover the emotional, physical, and financial impact of cancer.
- From November 2022-May 2023, **232 women with breast cancer**, who were enrolled in the CER, answered questions about their eating and nutrition experiences, including utilization of professional support for eating and nutrition since being diagnosed with cancer.
- Participants reported sociodemographic and clinical characteristics and completed the Patient-Reported Outcomes Measurement Information System (PROMIS-29v2.0).
- Frequencies were calculated and group differences among those who wanted professional support for eating and nutrition but either *did* or *did not* receive it were assessed using independent-samples *t*-tests.

PARTICIPANTS

<i>N</i> = 232 Respondents	Mean/ <i>n</i>	SD/ %
Age (years) <i>n</i> = 232, range (28-83)	<i>M</i> =60.5	<i>SD</i> =9.2
Race & Ethnicity		
Non-Hispanic White	188	81%
Non-Hispanic Black	20	9%
Non-Hispanic other/Multiracial	18	8%
Hispanic	7	3%
Household Income		
<\$40,000	36	15%
\$40,000-\$79,999	52	23%
\$80,000 or above	77	33%
Prefer not to share/ Don't know	67	29%
Employment Status		
Employed (Full-Time, Part-Time, Limited position)	95	41%
Retired	91	39%
Unemployed	45	20%
Current Cancer Status		
Localized	28	12%
Metastatic/ Stage IV	27	12%
Remission/ NED	163	70%
Don't know/missing	14	6%
Currently Receiving Treatment		
Yes	102	44%
No	127	55%
Years Since Diagnosis (range <1-39; Median=7.0)	<i>M</i> =9.2	<i>SD</i> =9.0

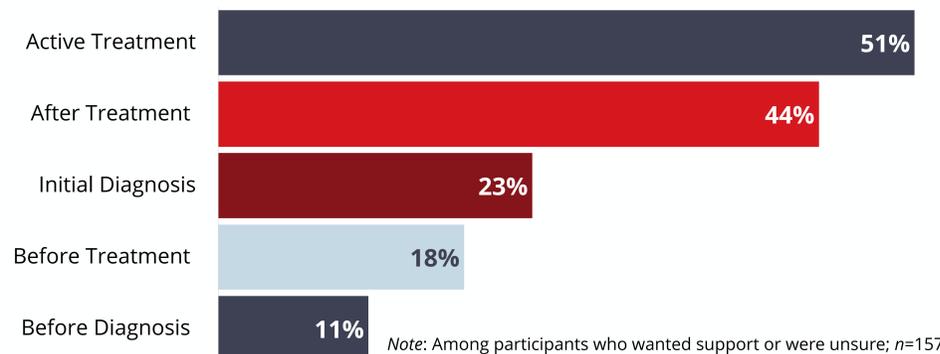
RESULTS

Figure 1. Experience with Professional Support for Eating and Nutrition



- In this sample, **37%** had received professional support for eating and nutrition since diagnosis with **12%** receiving support within the last 6 months.
- Among those who wanted and received professional support for eating and nutrition, **78%** utilized a registered dietitian.
- Regardless of access to professional eating and nutrition support, nearly **50%** of participants reported changing their eating patterns to manage symptoms and side effects; **57%** of participants reported changing their eating patterns to improve long-term health.

Figure 2. Preferred Timing of Eating and Nutrition Support among Participants



Participants most frequently reported their top needs from eating and nutrition professionals as:

- Support around my weight (**54%**): 40% losing weight, 9% maintaining, 5% gaining
- Achieving healthy eating patterns (**52%**)
- Increasing energy levels (**46%**)

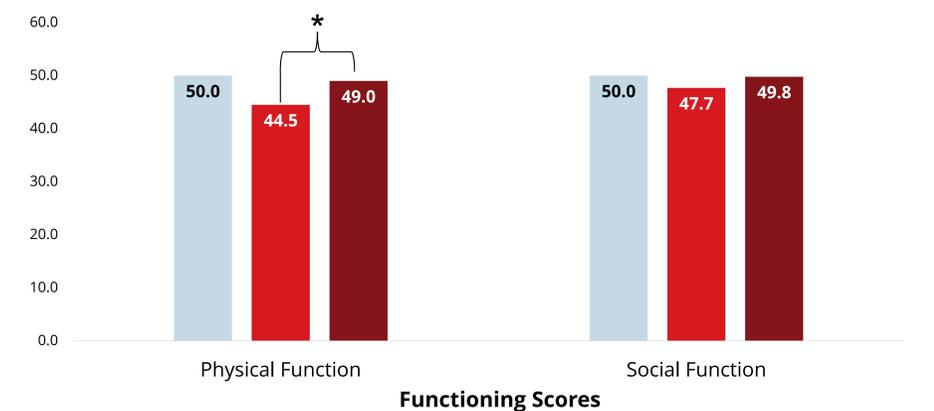
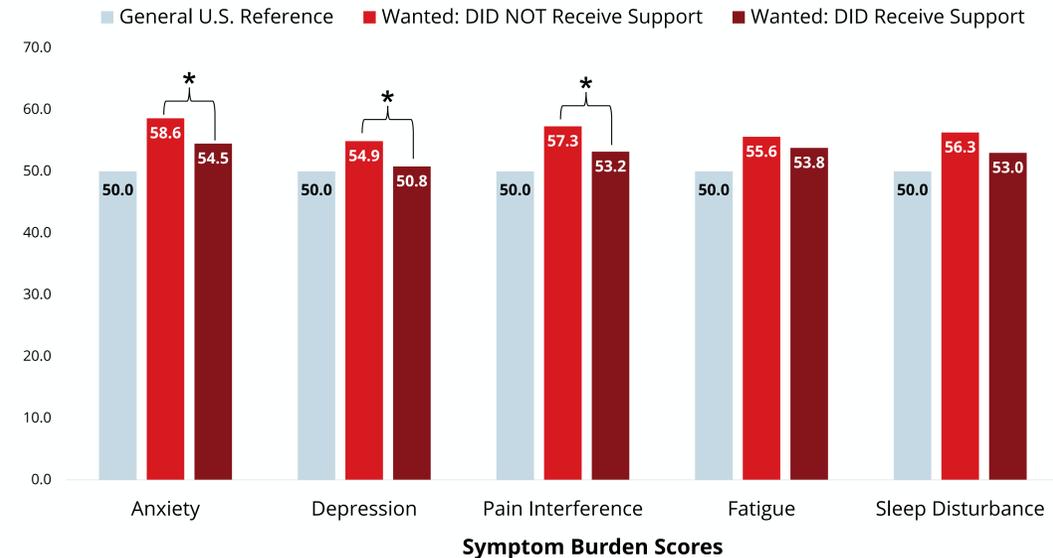
CONCLUSIONS AND IMPLICATIONS

- While there is a strong desire for professional support surrounding eating and nutrition among women with breast cancer, when that support is needed and what it aims to address varies greatly.
- Among those interested in receiving professional support for eating and nutrition, those who accessed support reported greater mental health and quality of life.
- Further research is needed to understand barriers to accessing eating and nutrition support among those who are not able to obtain it. Community-based advocacy organizations, like Unite for HER and Cancer Support Community, that offer access to free support services for eating and nutrition are critical for addressing unmet needs in this area to improve health and well-being among women with breast cancer.

ACKNOWLEDGMENTS

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Figure 3. Mean PROMIS-29 Scores



**p*<.05, *t*-test

- CER participants with breast cancer who did NOT receive nutrition support reported notably worse symptoms and functioning (difference ≥ 3) relative to the general U.S. population aside from social function.
- Among CER participants with breast cancer, those who did NOT receive nutrition support reported notably **greater symptoms of anxiety, depression, and pain interference**, and **worse physical function** than those who DID receive nutrition support (score differences, 4.1, 4.1, 4.1, and 4.5, respectively; all *ps*<.05).



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