

BACKGROUND

TNBC is aggressive in nature and treatment which can cause adverse symptoms and side effects affecting health-related quality of life (HRQOL). Palliative care (PC) is intended to improve HRQOL for patients with serious disease at any stage of their illness. However, PC is often conflated with end-of-life care which can affect its rates of utilization.

AIMS

1. Explore how TNBC patients characterize their HRQOL by time since diagnosis
2. Describe the rate of utilization in the past year of PC providers for symptom and side effect management in a subsample ($n = 66$)

METHODS

Data was collected through Cancer Support Community's Cancer Experience Registry® (CER). From Jan 2015 to Aug 2021, 210 individuals with TNBC completed the Patient-Reported Outcomes Measurement Information System-29 (PROMIS-29 v2.0) profile measure. Five domains assess symptoms with higher scores corresponding to worse symptomology (depression, anxiety, pain interference, fatigue, and sleep disturbance) and two domains assess function with lower scores corresponding to worse functioning (physical and social). Scale scores were converted to standardized T scores and compared against the U.S. population ($M=50$, $SD=10$) and reference values for recently diagnosed patients with all types of breast cancer (Jensen, 2017). We considered a group score difference of 3 points clinically meaningful.

PARTICIPANTS

<i>N</i> = 210 Individuals with TNBC	Mean / <i>n</i>	SD / %
Age (years) $n=204$, range (28-77)	M=53.0	SD=10.3
Race & Ethnicity		
Non-Hispanic White	170	81%
Non-Hispanic Black	15	7%
Non-Hispanic other/Multiracial	14	7%
Hispanic	11	5%
Household Income		
<\$40,000	35	17%
\$40,000 or above	134	64%
Employment Status		
Employed Full-Time or Part-Time	120	57%
Retired	36	17%
Unemployed due to disability or other reason	51	24%
Years since diagnosis $n=209$, range (<1-46)	M=3.9	SD=5.5
<2 years	84	40%
≥2 years	125	60%
Ever metastatic	54	26%
Currently receiving treatment	86	41%

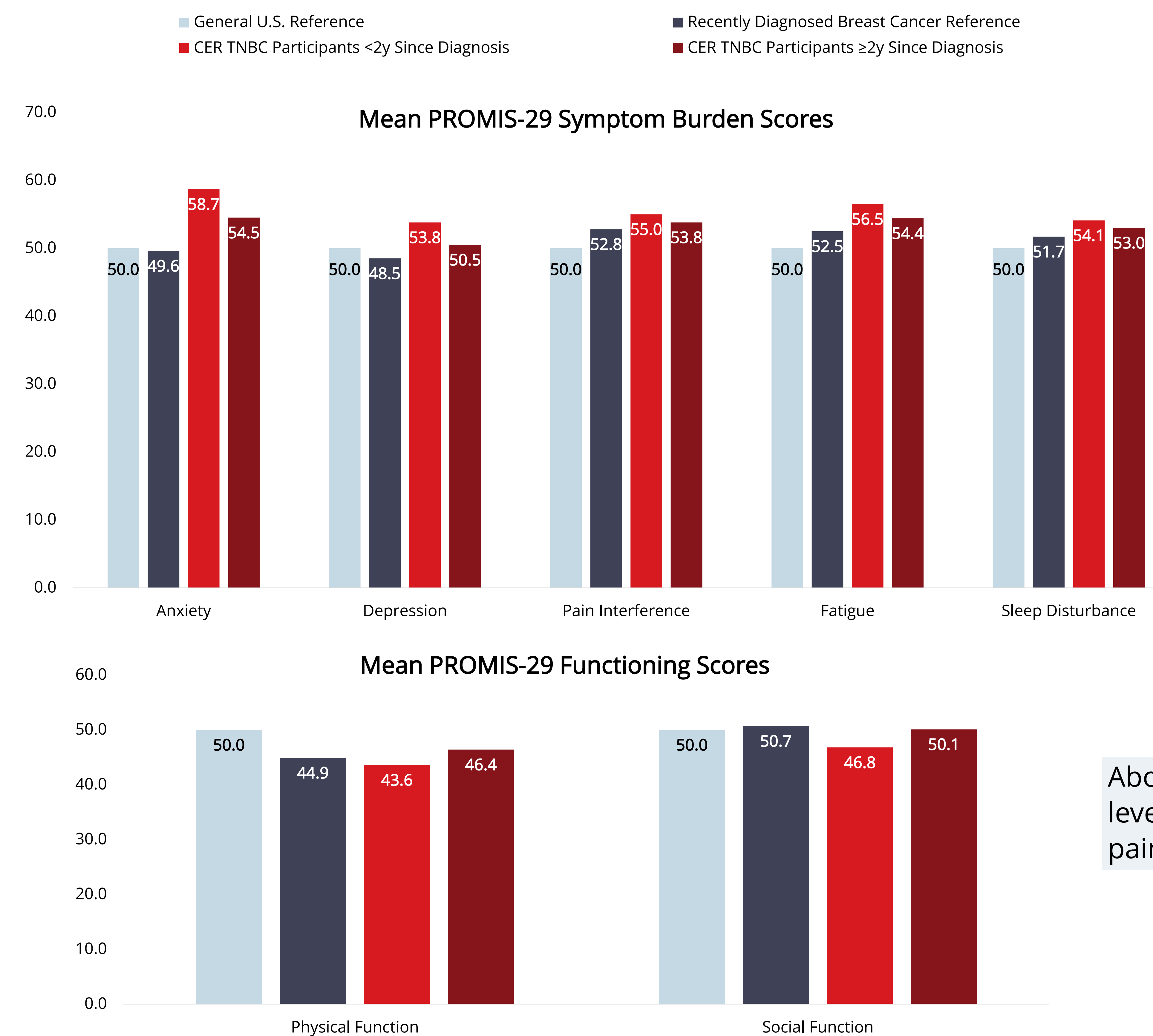
ACKNOWLEDGMENTS

Support for this study was provided by: Amgen, Genentech, Gilead Sciences, Lilly Oncology, Novartis, and Pfizer

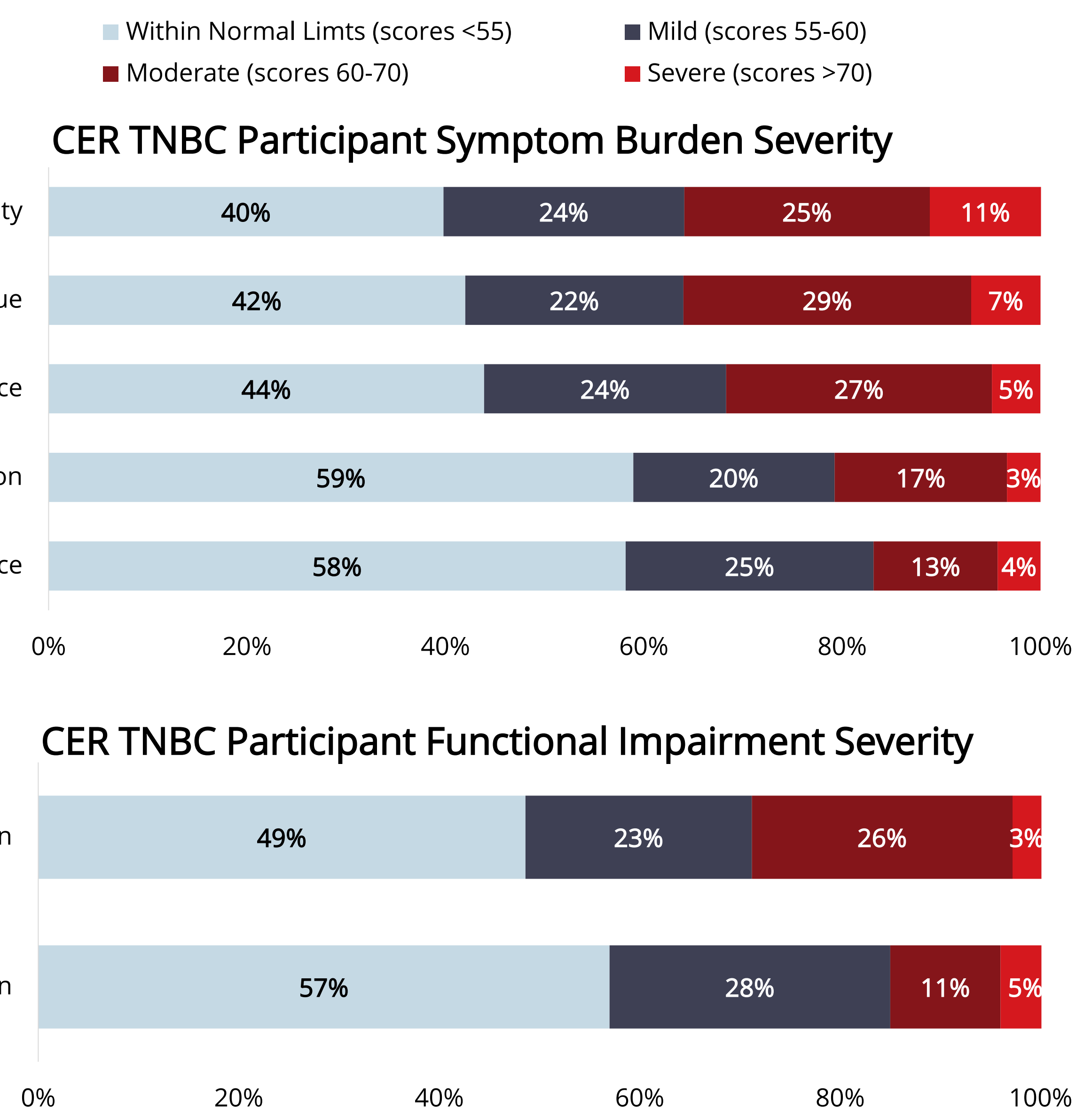
REFERENCE

Jensen, R. E., Potosky, A. L., Moinpour, C. M., Lobo, T., Cella, D., Hahn, E. A., Thissen, D., Smith, A. W., Ahn, J., Luta, G., & Reeve, B. B. (2017). United States Population-Based Estimates of Patient-Reported Outcomes Measurement Information System Symptom and Functional Status Reference Values for Individuals With Cancer. *Journal of Clinical Oncology: Official Journal of the American Society of Clinical Oncology*, 35(17), 1913-1920. <https://doi.org/10.1200/JCO.2016.71.4410>

RESULTS

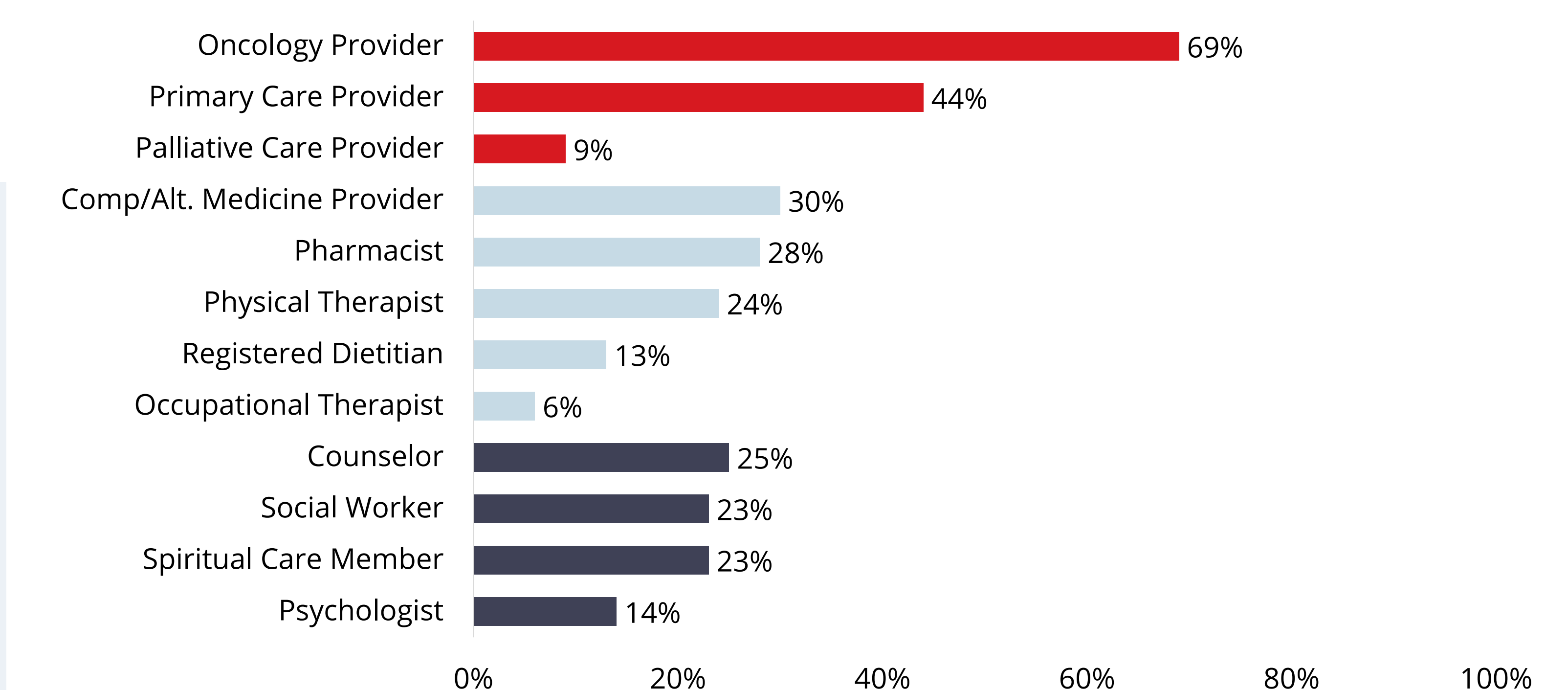


- CER participants with TNBC reported notably worse symptoms and functioning (difference ≥ 3) relative to the general U.S. population aside from depressive symptoms and social function in CER TNBC participants $\geq 2y$ since diagnosis ($n=125$).
- Compared to reference values for recently diagnosed patients with all types of breast cancer, CER TNBC participants $<2y$ since diagnosis ($n=84$) reported elevated symptoms for anxiety, depression, fatigue, and depression, and worse social function (score differences, 9.1, 5.3, 4.0, and 3.9, respectively).
- Among CER TNBC participants, those recently diagnosed ($<2y$) reported notably worse anxiety, depression, and social function than those $\geq 2y$ since diagnosis (score differences, 4.2, 3.3, and 3.3, respectively).



About one-third of CER TNBC participants reported moderate to severe levels of symptom impairment for anxiety (36%), fatigue (36%), and pain interference (32%).

PC Utilization for Symptom and Side Effect Support in the Prior Year



Most TNBC patients sought care for their symptoms and side effects from their oncologist (69%) or primary care provider (44%).

CONCLUSIONS AND IMPLICATIONS

- Integration of palliative and supportive care early in the cancer experience may help to address symptom burden and functioning deficits of TNBC patients.
- TNBC patients and survivors most frequently rely on primary care and oncology care teams for management of symptoms which may be due to limited access outside of inpatient settings. Future research should examine access barriers to palliative care providers.
- Healthcare facilities can facilitate and serve this need by providing supportive care at any point in the cancer experience.

