Symptom and Functional Status for Individuals with Triple Negative Breast Cancer and Palliative Care Utilization: Findings from the Cancer Experience Registry

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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
M=210 individuals with TNBC
Mean / n ± SD / N
Age (years) / range (20-97) M=57 ± 10 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 / range (0-209, <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%

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 ≥2y since diagnosis (p=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 ≥2y since diagnosis (score differences, 4.2, 3.3, and 3.3, respectively).

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.

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REFERENCE

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