



Treatment tolerability and adherence in people living with metastatic and non-metastatic breast cancer: Findings from the Cancer Experience Registry

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BACKGROUND

- Treatment adherence, an essential component of effective cancer care, can be affected by treatment tolerability.
- The widely accepted definition of tolerability, based on how well patients tolerate adverse events, does not fully address patient perspective and their quality of life.
- This study aims to further understand breast cancer patients' perceptions of treatment tolerability by metastatic status and association with adherence.**

METHODS

- 244 participants (242 women, 2 men) with a primary diagnosis of breast cancer enrolled in the Cancer Experience Registry, an online survey research study, between November 2023 and June 2024.
- For tolerability, participants rated the level of importance (1=Not at all to 5=Very much) for 11 factors when deciding if a treatment (past or current) is tolerable or not. Factors were selected based on a targeted literature review conducted by IQVIA, Inc. aimed at identifying key constructs of PRO measures for tolerability.¹
- For adherence, participants indicated if they ever deviated from their cancer care plan and rated the contribution of 8 factors to their non-adherence (1=Not at all to 5=Very much).
- Chi-square analysis was utilized to assess group differences among tolerability items based on metastatic status and adherence.

PARTICIPANTS

N = 244	Mean/n	SD/%
Age (years) (range 28-88)	M=63	SD=12
Race & Ethnicity		
Non-Hispanic White	n=206	84%
Non-Hispanic Black or African American	n=21	9%
Multiple/Other	n=17	7%
Gender Identity		
Woman	n=242	99%
Man	n=2	1%
Employment Status		
Employed (full-time, part-time, temporary)	n=98	40%
Retired	n=102	42%
Not employed (disability)	n=25	10%
Not employed (other)	n=19	8%
Education		
High school/trade school	n=23	10%
Some college	n=38	16%
Associate's degree	n=25	10%
Bachelor's degree	n=78	32%
Master's degree or higher	n=78	32%
Income		
<\$40K	n=53	22%
\$40K-\$79,999	n=47	19%
\$80K-\$119,999	n=39	16%
\$120K+	n=54	22%
I don't know / Prefer not to answer	n=51	21%
Ever Metastatic (yes)	n=41	17%
Years Since Diagnosis (range 2-41)	Median=9	
Currently in Treatment	n=83	34%
History of Recurrence (yes)	n=44	18%

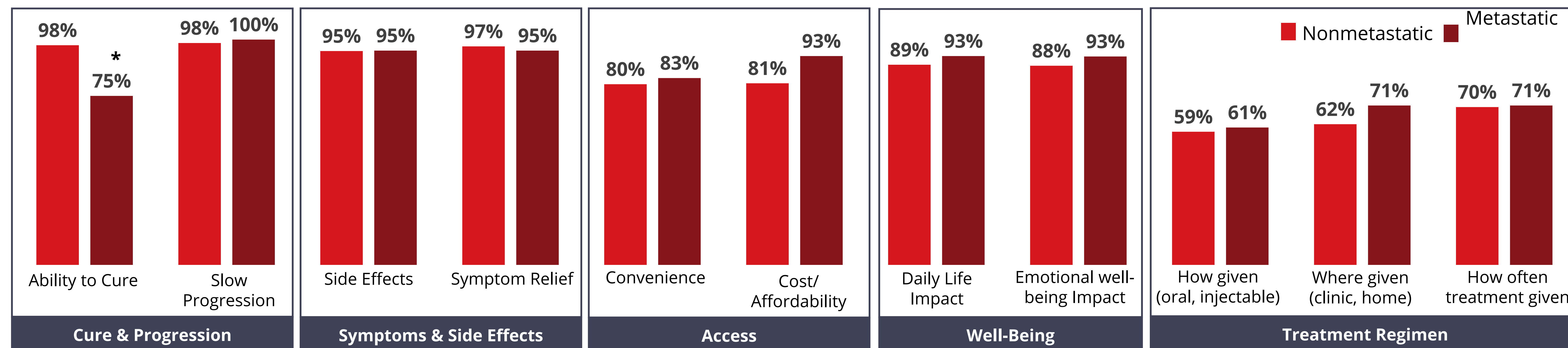
Please note: Percentages may not equal 100% due to missing data or rounding.

RESULTS

The three most important factors determining whether a treatment was tolerable, based on the percentage of respondents who rated them as *somewhat to very much* important, were: **ability to slow disease progression** (99%), **symptom relief** (96%), and **side effects of treatment** (95%).

- When looking at top factors by metastatic status, the top three remain unchanged for those who are metastatic (n=41).
- For those who are non-metastatic (n=200), while ability to slow disease progression and symptom relief remain important, potential cure was deemed more important than side effects; 98% of non-metastatic patients rated this as *Somewhat to Very much* important compared to 75% of ever metastatic patients ($\chi^2=28.8, p<.001$).

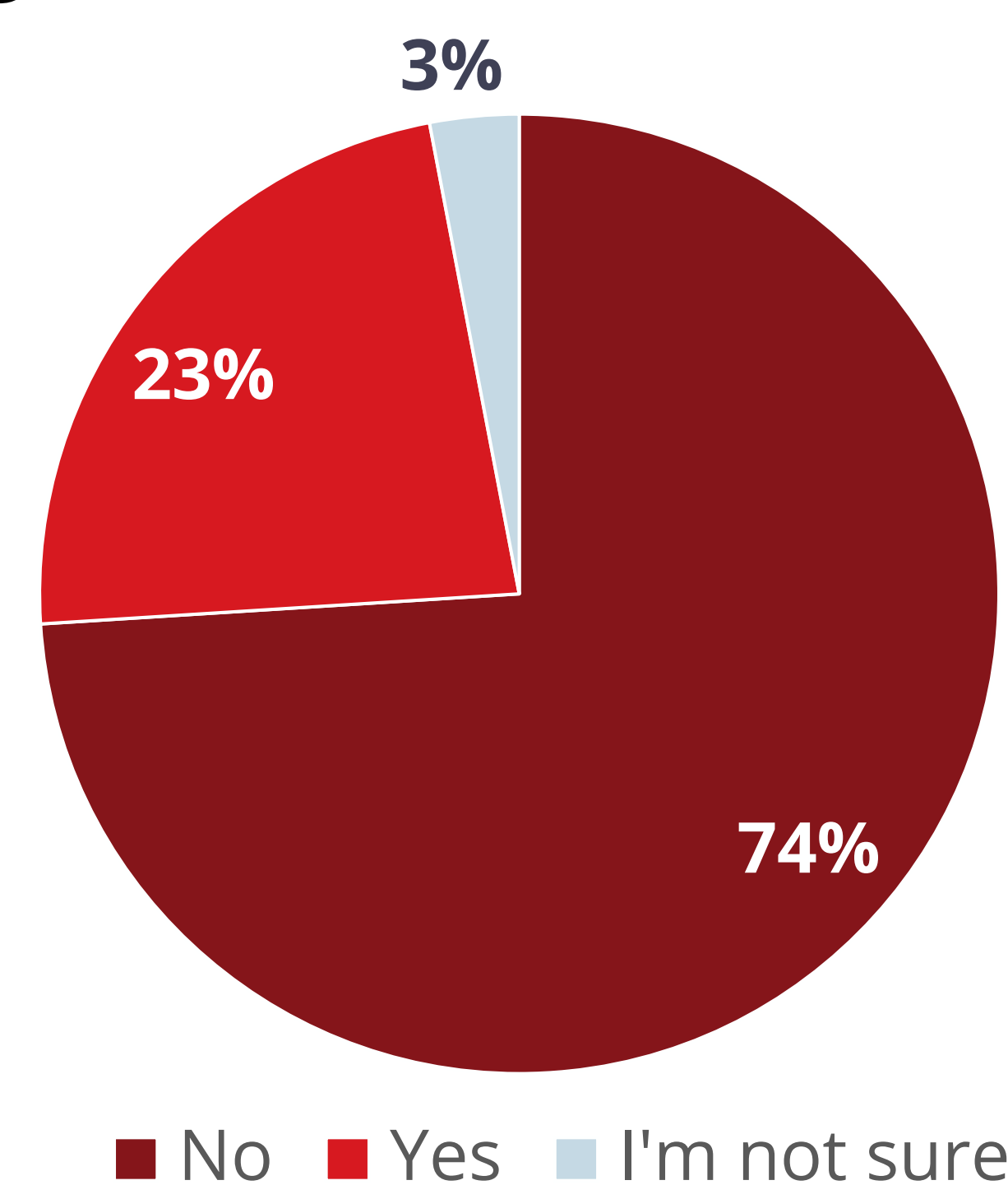
Figure 1. Important factors when considering treatment tolerability, differentiated by metastatic status



% reflects who rated these factors as *somewhat to very much* important

*Indicates significant difference ($p<.001$)

Figure 2. Treatment Adherence



Has there ever been a time when you did NOT follow your cancer treatment plan in the way you were supposed to?

Table 1. Reasons for not adhering to treatment plan

80%	I wanted to avoid the side effects of treatment
67%	My treatment interfered with my work or day-to-day activities
62%	My treatment interfered with my personal life
40%	I was following my doctor's instructions
19%	I decided to take a break from treatment to attend a social event
18%	I did not think treatment was working
18%	I preferred to get alternative forms of care
4%	I had difficulty getting to the treatment facility

% reflects who rated these factors as *Somewhat to Very much* contributed

- Of the 23% who had not always adhered to the treatment plan, 10 of 56 were metastatic. There was no significant relationship between metastatic status and adherence.
- The most frequently endorsed reasons included avoiding side effects (80%), interference with day-to-day activities (67%), and interference with personal life (62%).
- Those who reported non-adherence were significantly more likely to report high importance on the following tolerability items: cost/affordability of treatment ($\chi^2=5.77, p<.05$), impact of treatment on daily life ($\chi^2=5.88, p<.05$), and impact on emotional well-being ($\chi^2=6.06, p<.05$).**

CONCLUSIONS AND IMPLICATIONS

- Slowing disease progression, symptom relief, and side effects of treatment are among the most important factors for breast cancer patients when determining tolerability of treatment. Curative potential is also highly rated for non-metastatic patients.
- Non-adherence was specifically associated with some important factors related to treatment tolerability, including cost of treatment, treatment impact on daily life and emotional well-being.
- There are multiple drivers of treatment intolerance and multiple reasons for treatment non-adherence in breast cancer. Individual priorities, preferences, and expectations are important to consider to maximize treatment acceptability and adherence.

REFERENCES: ¹Roborel de Climens A, Ginchereau Sowell F, Shukla A, Buzaglo J. Understanding the concepts underlying the measurement of patient-reported tolerability. ISOQOL, Cologne, Germany, October 2024

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