

Patient Reported Outcomes (PROs) in patients with breast cancer: a single institution analysis



HOSPITAL
MOINHOS DE VENTO

In Affiliation with
JOHNS HOPKINS MEDICINE INTERNATIONAL

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¹Hospital Moinhos de Vento

Abstract

The high survival rates of breast cancer patients make the monitoring of the quality of life of this population, through patient reported outcomes (PROs), extremely relevant for decision making and results. In 2017, ICHOM developed the Standard Set for this health condition and in 2018 it was implemented in our institution. This study aimed to add knowledge on PROMs within a Brazilian breast cancer population sample from a private hospital. One hundred and thirty three patients were included and prospectively followed, applying EORTC-QLQ-C30 and EORTC-QLQ-BR23 (satisfaction with breast module) before treatment and at 6 months, regardless of the treatment received, generating a scale of 0-100, with higher scores representing better QoL, except for 'Breast symptoms'/'Arm symptoms', 'Pain' and 'Fatigue'. The Global health status, emotional functioning and future perspectives were better at 6 months; Younger patients (<50 y) are emotionally and sexually better in 6 months. Patients submitted to

scores for se

Results

We obtained data from baseline and from 6 months follow up visit from 131 patients. Median age was 55 years; 94% were Caucasian, 66% married and 17% were premenopausal. Global health status was better in the 6 month-follow up visit when compared to baseline (score 84.8 x 71.9, respectively; $p < 0.0001$; table 1). The same was shown for emotional functioning (table 1). Sexual functioning was compromised at baseline and had not changed at 6 months follow up (table 1). Physical functioning, body image, therapy side effects and arm symptoms were worse after baseline; however, future perspectives were better at 6 months follow up (table 1). Younger patients (<50 years) had better emotional functioning and sexual functioning than older patients (≥ 50 years) [87.91 (± 13.9) x 81.1 (± 24.3); $p = 0.043$ and 40.1 (± 22.4) x 25.3 (± 28.3); $p = 0.004$, respectively]. Compared to patients submitted to breast conserving therapy, those who underwent mastectomy had significantly more fatigue, worse functional scores and lower scores for sexual functioning, sexual enjoyment and body image.

Introduction

Breast cancer is a disease with high incidence (12.5 million in 2018). Since its discovery in the world, patient evaluating treatment for Health Outcomes was among the conditions, including

PROMs within a Brazilian breast cancer population sample from a private hospital.

Methods

All participants were recruited prospectively and asked to complete the PROMs as proposed in the international ICHOM breast cancer outcome set after diagnosis and before treatment of breast cancer. The generic PROM EORTC-QLQ-C30 and the disease specific-PROM EORTC-QLQ-BR23 modules were applied. Scores range from 0 to 100; higher scores represent a higher quality of life, except for 'Breast symptoms'/'Arm symptoms', 'Pain' and 'Fatigue'. Normative scores of the EORTC-QLQ-C30 and references scores for the EORTC-QLQ-BR23 were used.



The TDABC in Healthcare Consortium is a collaborative group of researchers and institutions dedicated to improving the quality of projects that apply Time-driven Activity-based Costing (TDABC) method in healthcare and to sharing methodological advances for TDABC around the globe, to promote value-based healthcare (VBHC).



Brigham Center for Perioperative Research (C.P.R.)

	Baseline	6 months	P value
Global health status	71.9	84.8	<0.0001
Emotional functioning	71.9	84.8	0.024
Sexual functioning	71.9	84.8	0.031
Physical functioning	71.9	84.8	<0.0001
Body image	71.9	84.8	0.216
Therapy side effects	71.9	84.8	0.148
Arm symptoms	71.9	84.8	<0.0001
Pain	71.9	84.8	0.136
Fatigue	71.9	84.8	0.063
Future perspectives	71.9	84.8	0.007
Sexual enjoyment	71.9	84.8	<0.0001
Body image	71.9	84.8	0.578
Sexual functioning	71.9	84.8	<0.0001
Sexual enjoyment	71.9	84.8	0.164
Body image	71.9	84.8	0.164

Upset by hair loss¹

22.7 (± 36.2)

41.0 (± 42.1)

¹ Higher score represent lower quality of life.

Conclusion

Breast cancer diagnosis is associated with emotional, physical and social distress. ICHOM is a tool to guide treatment and discuss quality and functioning throughout care by the multidisciplinary health team. Although scores related to physical functioning and body image were worse after baseline, future perspectives were better, suggesting emotional recovery for most patients after initial treatment, mainly for patients <50 years old. We found a low score for sexual function among our patients after the diagnosis of breast cancer (before the initiation of oncologic treatment), which was worse for older patients and did not change after 6 months of follow up. This drives our attention to establish medical and psychological interventions before starting treatment, since surgery, chemotherapy and hormonal therapy may worsen all aspects of sexuality.