

University Medical Center Rotterdam



# HEALTH-RELATED QUALITY OF LIFE (HRQOL) AFTER DIFFERENT AXILLARY TREATMENTS IN WOMEN WITH BREAST CANCER: A 1-YEAR LONGITUDINAL COHORT STUDY

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## **PURPOSE**

As life expectancy continues to rise, post-treatment health-related quality of life (HRQoL) of breast cancer patients becomes increasingly important.

This study examined the one-year longitudinal relation between axillary treatments and physical, psychosocial, and sexual wellbeing and arm symptoms.

### **METHODS**



Women diagnosed with breast cancer who received different axillary treatments being axilla preserving surgery (APS) with or without axillary radiotherapy or full axillary lymph node dissection (ALND) with or without axillary radiotherapy were included.

HRQoL was assessed at baseline, 6- and 12-months postoperatively using the BREAST-Q and EORTC QLQ- BR23.

Mixed regression models were constructed to assess the impact of axillary treatment on HRQoL. HRQoL at baseline was compared to HRQoL at 6- and at 12-months postoperatively.



#### RESULTS

In total, 552 patients were included in the mixed regressions models.

Except for ALND with axillary radiotherapy, no significant differences in physical and psychosocial wellbeing were found. Physical wellbeing decreased significantly between baseline and 6- and 12-months postoperatively (p < 0.001, p = 0.035) and psychosocial wellbeing decreased significantly between baseline and 12 months postoperatively (p = 0.028) for ALND with axillary radiotherapy compared to APS alone.

 6
 12
 0
 6

 Timepoint (months)
 Treatment
 Axilla preserving surgery
 ALND
 Axilla preserving surgery + Rtx
 ALND + Rtx

# CONCLUSION

Physical and psychosocial wellbeing decreased significantly for ALND with radiotherapy compared to APS alone. Shared decision making and expectation management pre-treatment could be strengthened by discussing arm symptoms per axillary treatment with the patient. Arm symptoms increased significantly between baseline and 6 months and between baseline and 12 months postoperatively for APS with radiotherapy (12.71, 13.73) and for ALND with radiotherapy (13.93, 16.14), with the lowest increase in arm symptoms for ALND without radiotherapy (6.85, 7.66), compared to APS alone (p < 0.05).

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