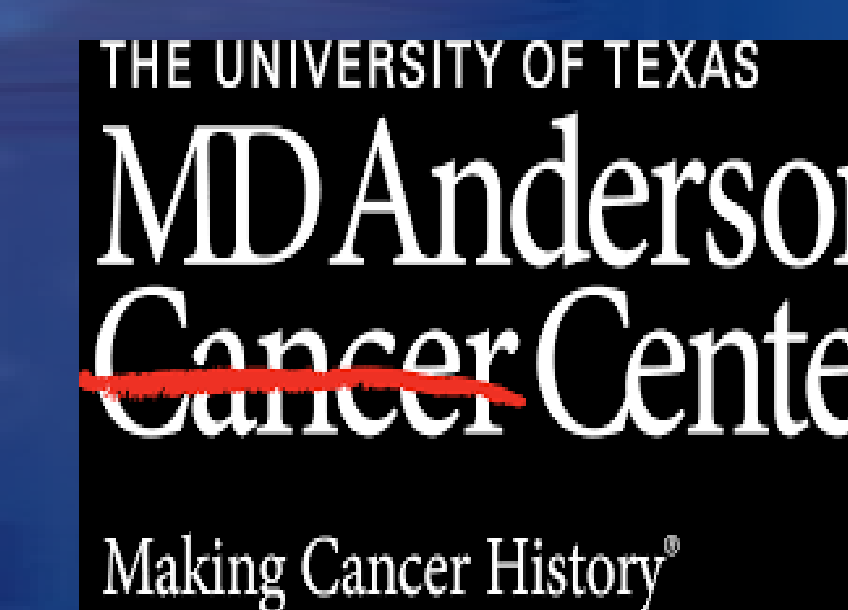


THE SYMPTOM BURDEN OF WOMEN AT HIGH RISK FOR BREAST CANCER

Meagan S. Whisenant,¹ Darcy A. Ponce,¹ Alyssa Garcia,¹ Annaliese Gonzalez,² Chloe Denham,² Emily Solis,³ Hannah Warlick,³ Mason Allen,³ Sharvari Kamat,³ and Jessica Trevino Jones²

¹Department of Behavioral Science, The University of Texas MD Anderson Cancer Center; ²McGovern Medical School, The University of Texas Health Science Center at Houston; and ³Cizik School of Nursing, The University of Texas Health Science Center at Houston



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BACKGROUND

- Despite the potential to reduce breast cancer occurrence by 50-65% in women at high risk, adherence to risk-reducing strategies is low
- Engaging in preventive care requires a healthy woman to navigate a complicated decision-making process involving barriers related to symptoms
- **Our aim was to describe the symptom burden experienced by women at high risk for breast cancer**

METHODS

- Eligibility criteria:
 - 18 years of age or older
 - Fluent in English
 - Diagnosed with high-risk for breast cancer
- All study participants (n = 65) completed:
 - MDASI-Breast
 - EuroQol EQ-5D-5L
 - PRO-CTCAE
 - Global QOL
- Subset of study participants (n = 50) receiving endocrine therapy completed the CASE adherence measure
- Descriptive statistics were used to describe the symptom burden
- Bivariate correlations were used to identify associations between variables

RESULTS

- Participants (n=65) had a mean age of 52.5 years; 31% were Hispanic; 69% were White; 59% were receiving a selective estrogen receptor modulator; 18% were receiving an aromatase inhibitor (Table 1)
- Mean symptom severity is reported in Table 2; most severe symptoms ($\geq 7/10$) reported were fatigue (21.7%), disturbed sleep (13.9%), feeling drowsy (13.9%), hot flashes (12.3%), decreases in sexual interest or activity (12.3%), and problems remembering things (9.1%)
- Interference with functioning was associated with QOL ($r = -.306, p < .01$)
- Overall health status was associated with symptom severity ($r = -.563, p = .000$), interference with functioning ($r = -.477, p = .000$), and QOL ($r = .331, p < .01$)
- Mean endocrine therapy adherence (n = 50) was 13.53 (SD = 2.83)

Table 2. Reported symptom mean and standard deviations (n=65)

Symptom	Mean (SD)
Fatigue	3.20 (3.16)
Disturbed sleep	2.71 (1.74)
Feeling drowsy	2.28 (2.87)
Problems remembering things	2.14 (2.46)
Decrease in sexual interest or activity	1.98 (3.00)
Hot flashes	1.91 (2.93)
Dry mouth	1.80 (2.71)
Distress	1.55 (2.27)
Constipation	1.51 (2.44)
Sad	1.48 (2.62)
Vaginal dryness	1.42 (2.56)
Pain	1.11 (2.17)
Numbness	1.06 (1.96)
Lack of appetite	0.95 (1.92)
Skin changes	0.88 (1.84)
Shortness of breath	0.86 (1.84)
Breast changes	0.80 (1.77)
Nausea	0.69 (1.74)
Nail changes	0.66 (1.71)
Vomiting	0.26 (1.28)
Arm swelling	0.25 (0.76)

Table 1. Informant characteristics (n=65)

	Mean (SD)
Age (years)	52.5 (12.67)
	Frequency (%)
Race	
White	45 (69.2)
Black/African American	13 (20.0)
Ethnicity	
Hispanic	20 (30.8)
Marital status	
Married/Partnered	36 (55.3)
Employment status	
Full-time	36 (57.1)
Current Treatment	
AI	12 (18.4)
SERM	38 (58.5)
No treatment	15 (23.0)

CONCLUSION

- Women at high risk for breast cancer experience numerous symptoms
- Symptom burden is associated with poorer health status and poorer QOL
- Frequent assessment of symptoms may present an opportunity to mitigate interference with daily functioning and improve adherence to recommended therapy
- Findings provide initial evidence of relevant symptom burden and the content domain for a PRO measure to be used in clinical care and research
- Next steps include longitudinal studies to capture the symptom burden over time and establish the psychometric properties of a measure of symptom burden