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TO FOLLOW UP OR NOT?
A NEW MODEL OF SUPPORTIVE CARE FOR EARLY BREAST CANCER.
INTERIM RESULTS

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Aims
To investigate the efficacy of open access care for patients with low-moderate risk early breast cancer compared with standard hospital visits.

Background
• Routine follow-up exists to monitor for local recurrence and provide support
• Hospital visits can be stressful when most recurrences are first identified by the patient
• No evidence that hospital follow up improves overall survival
• Current practice is to provide follow up for 5 years
• Women attend from 7 to 17 clinics during this time
• An internal audit of 54 relapsed cases, <10% were identified at routine visits by clinicians
• These visits lengthen waiting times for new referrals
• The value of resource-intensive clinical follow-up is constantly being questioned

Methods
• Unblinded, randomised pilot study testing the feasibility of a new supportive follow up model using quality-of-life (QOL) questionnaires
• Local research ethical approval - October 2007
• Women with low-moderate risk breast cancer. Received curative treatment. Not requiring chemotherapy
• All attended 4 half day patient education workshops funded by Yorkshire Cancer Network and facilitated by Breast Cancer Care
• Sessions included:
  - Self awareness
  - Lymphoedema
  - Menopausal symptoms
  - Moving forward after diagnosis and
  - Healthy eating
• Following this, patients were randomised to open access (OA) or standard care with hospital follow up (HFU).
• Equal support from the breast care nurses. Annual mammography. Direct access back into secondary care
• 3 QOL questionnaires were given to all patients at baseline and again at 6 months (presented). Further QOL sent at 12, 18 and 24 months
  - EORTC Quality of Life QLQ-C30 and QLQ-BR23
  - Hospital Anxiety and Depression Score (HADS),
• Responses analysed using univariate and multivariate analysis of covariance
• Illustrations show change in scores from baseline to 6 months, not the actual scores recorded

Results
• 106 women were recruited to the pilot study between March 2008 and May 2010.
• 53 were randomised to hospital follow up and 53 to open access.
• Age ranged from 29-85 yrs.
• No statistically significant differences in change scores between either group, or between patients of different ages, on any of the three questionnaires.
• Effect of group had a greater effect on change (baseline-6 months) scores than the effect of age.
• Improved performance in some individual function and symptom scales in the open access group

Summary
• Of 24 sub-scales in 3 questionnaires
  - Open access > Hospital follow up group in 16
  - Hospital follow up > Open access in 7
  - 1 is equal
• Over first 6 months, open access group do slightly better than hospital follow up, but not statistically significant

Limitations
• Early data. Await 12, 18 and 24 months QOL from both groups
• Assumes all sub-scales in QOL are equal, which they may not be
• Margin of improvement/deterioration not quantified

Conclusion
• Based on high patient satisfaction and current QOL offering a group support course and open access appears feasible and a favourable option that avoid unnecessary hospital appointments
• Support given by National Cancer Action Team
• Now local care standard and adoption across West Yorkshire is underway
• Successful collaboration between - Local trust
  - Cancer Network
  - National charity
  - University

Global Health Scores
• Strong correlation between baseline and 6 month score
• High baseline score = high at 6m
• Low baseline score = low at 6m
• Slight upward trend for both
• No evidence that open access are performing worse than hospital follow up

Analysis of HADS
• Open access group improves in both anxiety and depression scales.
• Hospital follow up group in anxiety scale only
• Open access group improves more than hospital follow up group in both scales

Analysis of QLQ-C30
• Hospital follow up group improves in 2 out of 6 scales, open access group improves in 3 out of 6 scales
• Open access group improves more than hospital follow up group in 4 out of the 6 scales, including the global health scale
• The most dramatic difference between the groups is in social functioning: 12% improvement in open access; no change in hospital follow up

Analysis of QLQ-BR23
• Changes between baseline and 6 months are in general much smaller than on the C30 scales.
• Hospital follow up group improves in 1 out of 4 scales.
• Open access group improves in 2 out of 4 scales.
• Open access group improves more than hospital follow up group only on body image, with hospital follow up group improving more on sexual functioning and future perspective