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

Jo Deni (Principle Investigator, Calderdale and Huddersfield NHS Trust – CHIT), Veronica Allinson (CHIT), Annie Topping (University of Huddersfield – UH), John Stephenson (UH), Carol Ferguson (Yorkshire Cancer Network – YCN), Maxine McCoy (Breast Cancer Care – BCC), Stephanie Brayford (BCC)

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 29-85yrs.
- 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
- and 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

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