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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.

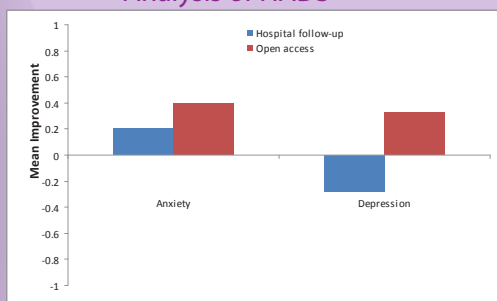
## Background

- 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

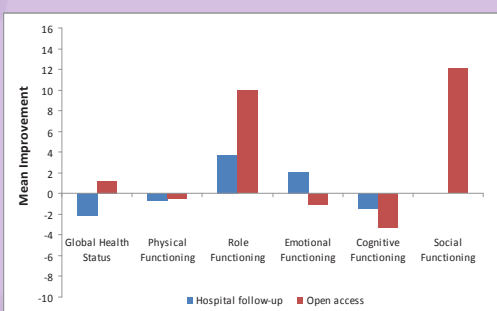
- Unblinded, randomised pilot study testing the feasibility of a new supportive follow up model using quality-of-life (QOL) questionnaires
- Local research ethical approval - October 2007
- **Women with low-moderate risk breast cancer. Received curative treatment. Not requiring chemotherapy**
- All attended 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

### Analysis of HADS



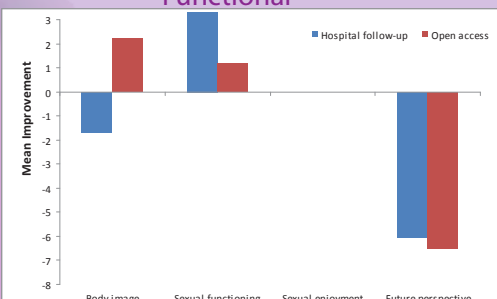
- Open access group improves in both anxiety and depression scales.
- Hospital follow up group in anxiety scale only
- Open access group improves more than hospital follow up group in both scales

### Analysis of QLQ-C30 Functional



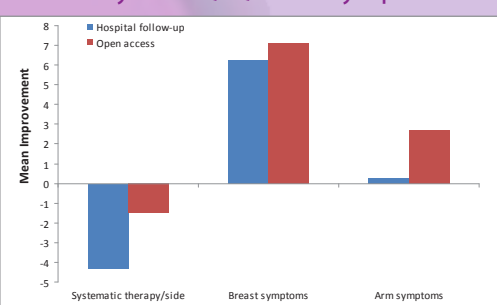
- Hospital follow up group improves in 2 out of 6 scales, open access group improves in 3 out of 6 scales
- Open access group improves more than hospital follow up group in 4 out of the 6 scales, including the global health scale
- The most dramatic difference between the groups is in social functioning: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

### Analysis of QLQ-BR23 Functional



- 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

### Analysis of QLQ-BR23 Symptoms



- Open access group improves more than hospital follow up group in both breast symptoms and arm symptoms, and deteriorates by less in systemic therapy/side effects

### 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

## 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

