

# Patients' experiences of a supported self-management pathway in breast cancer (PRAGMATIC): 3 month Quality of Life Results

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## Background

A major priority of the NHS Long Term Plan for Cancer is the implementation of personalised stratified follow up and Supported Self-management (SSM) in early breast cancer (EBC). However, there is a lack of published data on patients' experiences in these pathways. The PRAGMATIC study evaluated the experiences of EBC patients entering SSM, its impact on quality of life (QoL) and NHS service use. We present the 3-month QoL results.

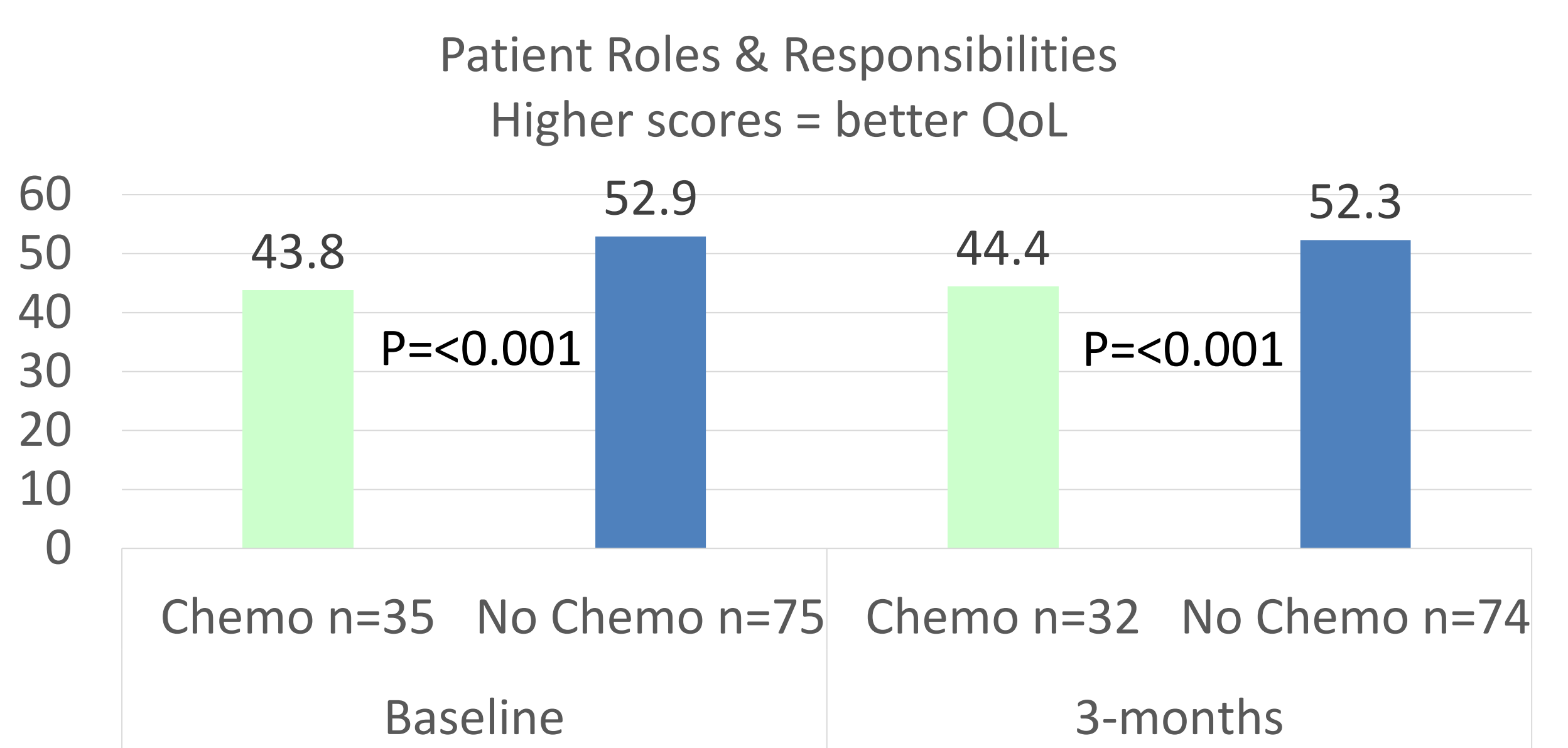
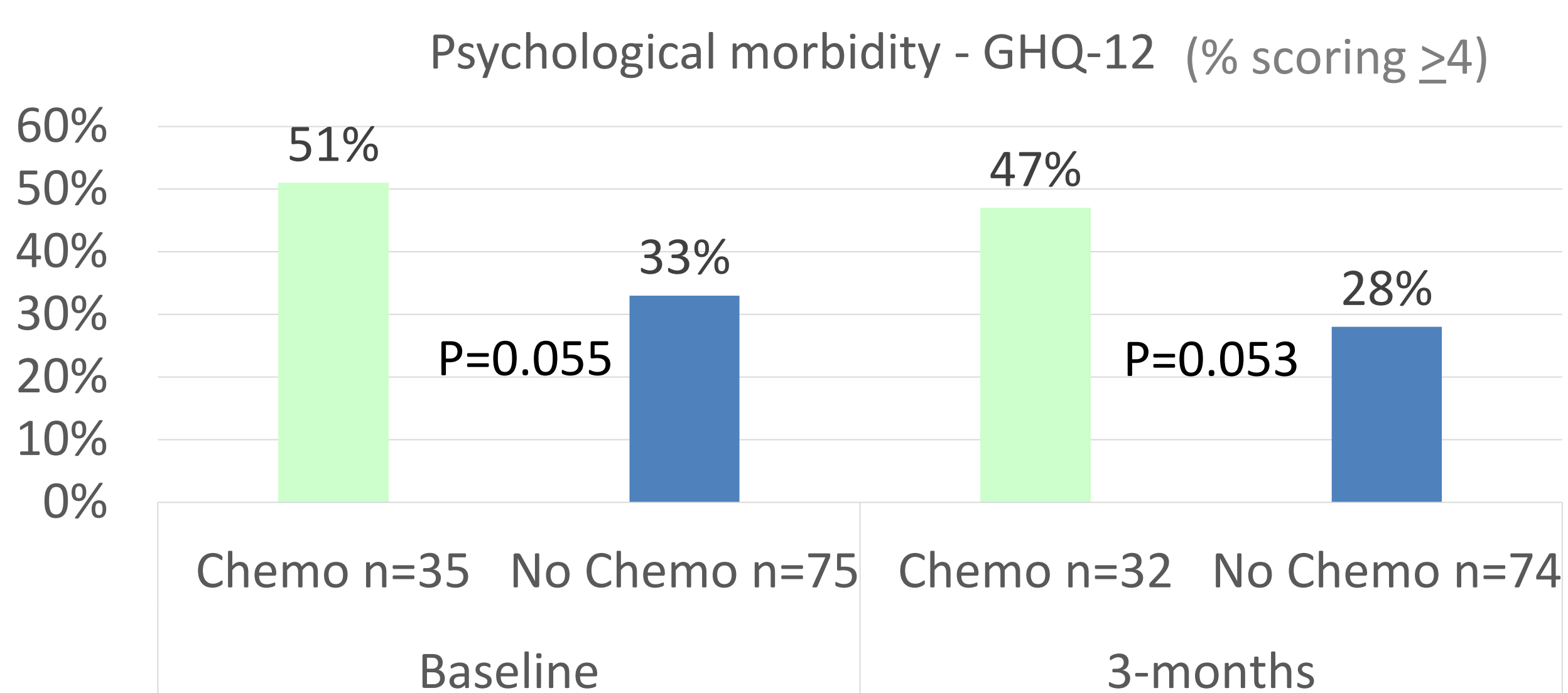
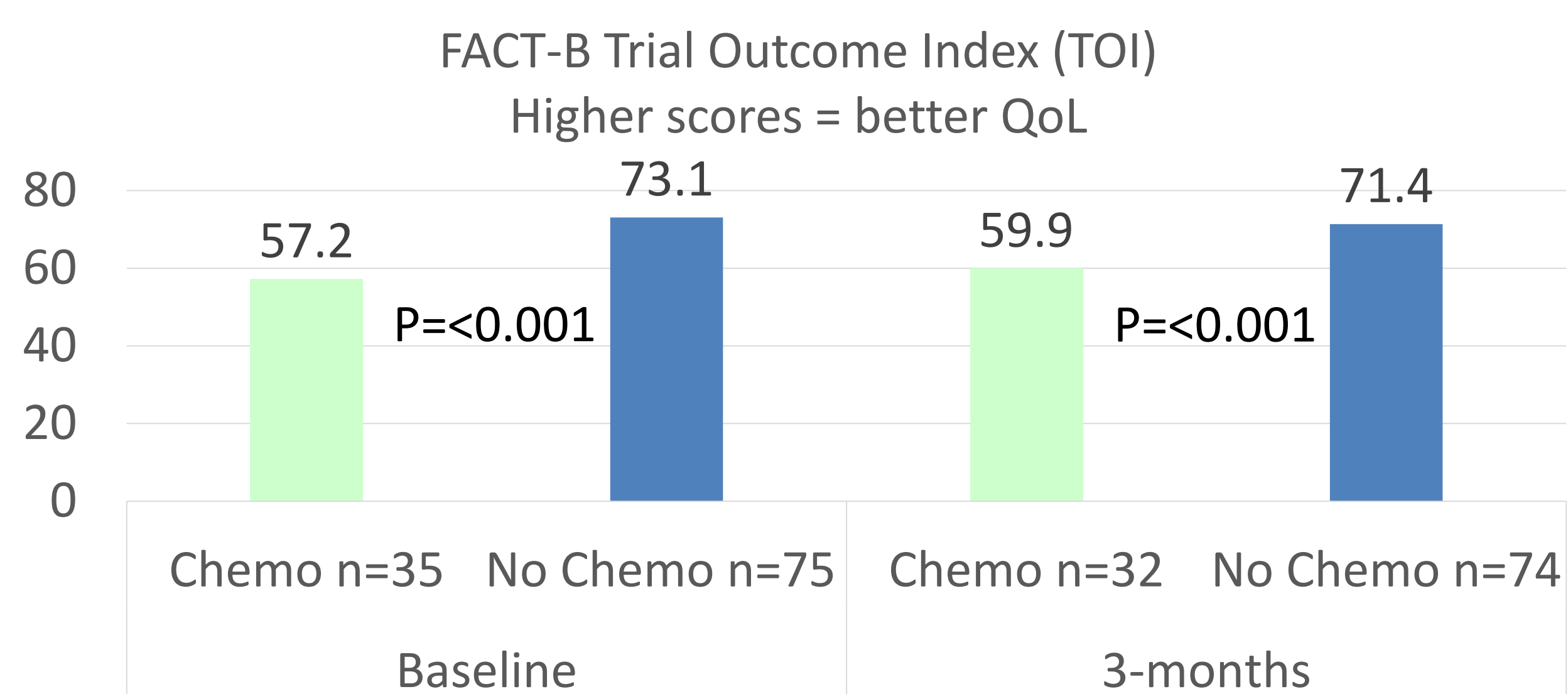
## Methods

- ❖ Three clinical teams identified patients about to enter the SSM pathway
- ❖ Study introduced by clinical team and expression of interest sent to SHORE-C researchers
- ❖ SHORE-C contacted potential participants 48 hours later, received consent and managed all data assessments
- ❖ Teams provided patients' clinical details and treatment history
- ❖ Participants completed questionnaires over a 12 month period (baseline, 3, 6, 9 and 12 months)
  - Quality of Life (Functional Assessment of Cancer Therapy-Breast, FACT-B)<sup>1</sup>, General Self-Efficacy Scale (GSE)<sup>2</sup>, psychological morbidity (General Health Questionnaire-12, GHQ-12)<sup>3</sup>, Patient Roles & Responsibilities Scale (PRRS)<sup>4</sup>
  - Calculated Trial Outcome Index (TOI) for QoL (Physical & Functional well-being + breast cancer concerns subscale)

## Results

- ❖ 110 pts were recruited between Feb and Nov 2020 from 3 centres:- Ashford and St Peter's (47), Brighton (31) and Worthing (32)
- ❖ Patient characteristics are shown in Table 1
- ❖ 106 pts have completed all 3-month assessments
- ❖ At baseline & 3 months, chemotherapy patients had lower QoL scores, higher psychological morbidity & greater difficulty fulfilling their roles & responsibilities
- ❖ Self efficacy mean group scores were in normal range
- ❖ Figure 1 show baseline and 3-month mean FACT-B TOI, GHQ-12 and PRRS scores

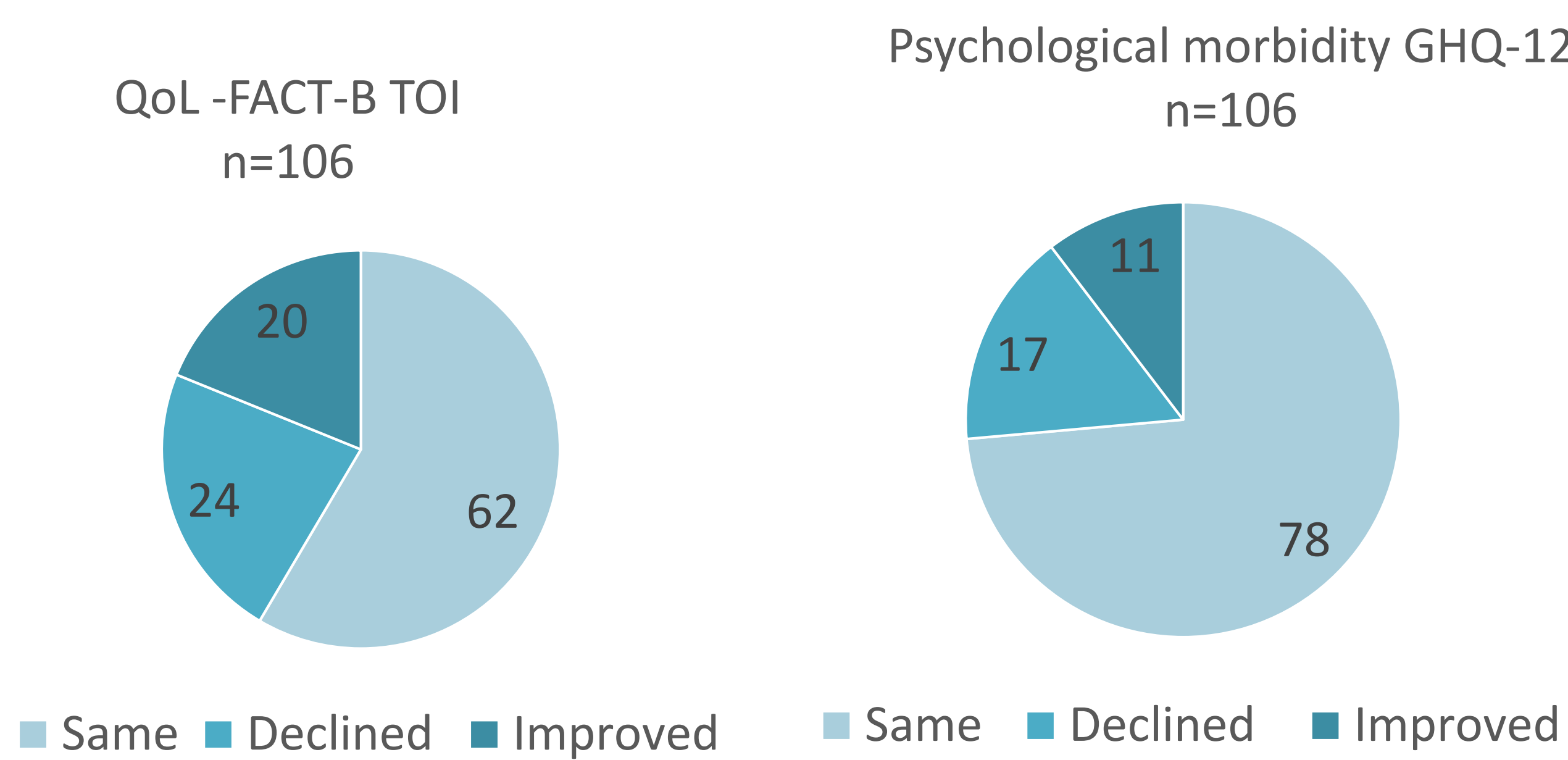
**Figure 1: Baseline & 3 month Mean Group Scores**



	Chemo (n=35)	No chemo (n=75)
Sex	Female	74
	Male	1
Age	<50	6
	50-70	51
	>70	18
Partner	Yes	51
	No	24
Employed	Yes	32
	No (incl. sick leave)	43
Grade	DCIS	9
	I	12
	II	40
Surgery*	Breast Conserving Surg.	14
	Mastectomy	64
		12

\*1 participant had a left WLE & a right mastectomy

**Figure 2: Proportion of changes in mean scores over 3-months**



	Chemo (n=32)	No chemo (n=74)	Total N=106
Contacted SSM helpline	18 (56%)	35 (47%)	53 (50%)
Attended clinic for review	15 (47%)	14 (19%)	29 (27%)

- ❖ Of those 53/106 who telephoned the breast nurse for advice; 45% (24/53) had high levels of psychological morbidity and 55% (29/53) went on to have a clinic visit

## Conclusions

Initial findings show that EBC patients who receive chemotherapy had lower QoL scores and higher psychological morbidity and may require more support as they enter the SSM pathway. Having chemotherapy did not result in increased contact with the SSM helpline, but resulted in a higher rate of clinic attendance.

## References

- 1) Brady et al. FACT-B, 1997 2) Schwarzer et al. GSE, 1995 3) Goldberg & Williams GHQ-12, 1988 4) Shilling et al. PRRS, 2018