



# Treatment Goals and Quality of Life (QoL) in a Survey of Patients with ER+/HER2- Metastatic Breast Cancer (mBC)

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## Introduction

- The foremost concerns of patients with ER+/HER2- metastatic breast cancer (mBC) regarding their mBC treatment goals and quality of life (QoL) are often assumed by providers but are vastly understudied and unknown

## Objective

To better comprehend treatment goals and QoL concerns in patients with ER+/HER2- mBC

## Methods

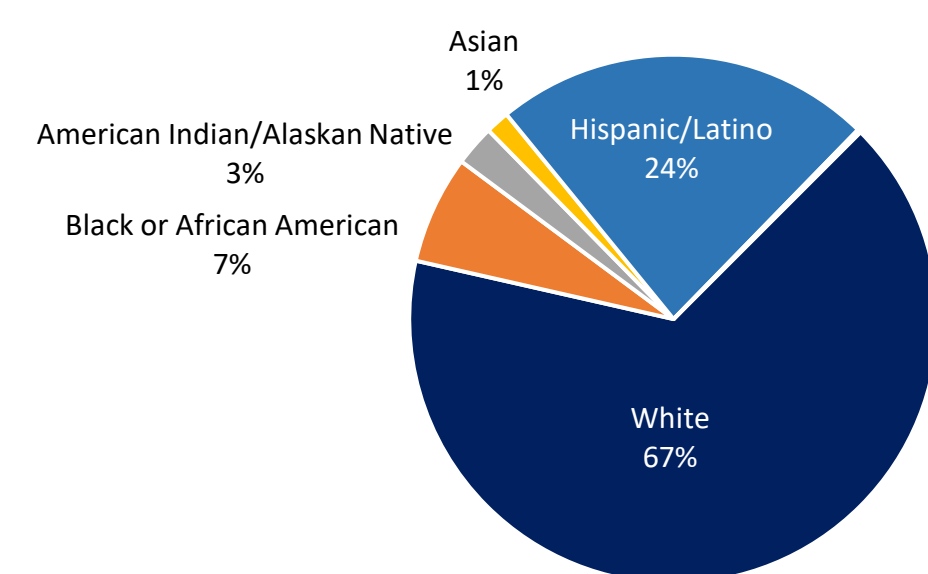
- The 42-question, online EQUALS (ESR1 QUALITY of Life Survey) was sent (June-September 2022) to US patients with mBC from
  - The Cure Media Group (by email)
  - Private Facebook groups of patients with mBC
  - The advanced breast cancer clinic at St. Luke's Cancer Institute
  - FORCE (Facing Hereditary Cancer EMPOWERED)
  - The Chrysalis Initiative
  - METAvisor: mBC research, support and awareness
- Participants were eligible if they had ER+/HER2- mBC
- A \$10 gift card was awarded to participants at survey completion
- Survey answers were summarized descriptively

## Results

### Patient demographics

- 474 respondents had a mean age of 45 years (range, 19–83 years), 72% had a higher education degree, and 46% had household income ≥\$75K; mean year of mBC diagnosis was 2018 (Table 1)
- Almost one-third of patients were non-White (Figure 1)

Figure 1. Race/ethnicity of survey population



### Metastatic breast cancer treatments

- Most common first-line mBC treatments were aromatase inhibitors (AI) (31%), AI + CDK4/6 inhibitor (CDK4/6i; 23%), fulvestrant + CDK4/6i (18%), and selective estrogen receptor modulators (tamoxifen; 18%); 77% had chemotherapy in the metastatic setting
- Information about mBC was most frequently from physicians, hospital-based websites, and other people with mBC; new mBC treatment information was from physicians, other people with mBC, health information blogs, or social media websites (Figure 2)

Table 1. Baseline patient characteristics

Characteristics	ER+/HER2- mBC (n=474)
Age, y	Mean ± SD (range) 45 ± 14 (19–83)
Race/ethnicity, n (%)	
White	319 (67)
Hispanic/Latino	112 (24)
Black/African American	32 (7)
American Indian/Alaskan Native	12 (3)
Asian	7 (1)
Declined to answer	1 (0)
Living setting, n (%)	
Rural	144 (30)
Suburban	162 (34)
Urban	168 (35)
Average household income \$, n (%)	
<25,000	14 (3)
25,000 to <50,000	116 (25)
50,000 to <75,000	104 (22)
75,000 to <100,000	83 (18)
100,000 to <150,000	87 (18)
≥150,000	46 (10)
Decline to answer	24 (5)
Highest level of education, n (%)	
Some high school	7 (1)
High school	125 (28)
Bachelor's degree	244 (51)
Master's degree	79 (17)
Doctoral degree (law, medical, PhD)	19 (4)
mBC diagnosis, y	Mean (range) 2018 (1989–2022)

\*Could select more than one option.

### Quality of life

- 48% of patients reported good/very good QoL and 22% poor/very poor QoL
  - Those <50 years, Black/African American, or making <\$50k were less likely to have a good/very good QoL (Figure 3)
- Common side effects impacting QoL the most/moderately were fatigue, joint pain, vaginal atrophy/dryness, and vasomotor symptoms (Figure 4)
  - Most (90%) were comfortable/very comfortable discussing side effects with their medical team
- Many worried about disease progression and having to change treatments
  - 28% worried about progression a few times a month, 26% everyday, 19% a few times a week, and 18% before scans; only 6% never worried
  - When changing treatments, patients worried most about efficacy, having additional options, and side effects (Figure 5)
- About half (52%) of patients were very concerned that their mBC diagnosis impacted their family, although 69% felt supported at home
  - Hispanic/Latino patients (31%) were less likely to have support at home than white (79%) or Black/African American (81%) patients
- Since diagnosis, patients' major/moderate life impacts were side effects, mental health/stress, QoL, and finances (Figure 6)
- Most (91%) were concerned that their treatments may have a negative impact on their bones
- Patients' current treatment goals were to control cancer growth/spread, prolong life, tolerate side effects, maintain quality of life, and relieve suffering/pain (Figure 7); similar to their goals at diagnosis
  - More than half of the patients' medical teams addressed these goals at the beginning of treatment (55%) and continued to annually (62%)

Figure 2. Information obtained about mBC and new mBC treatment

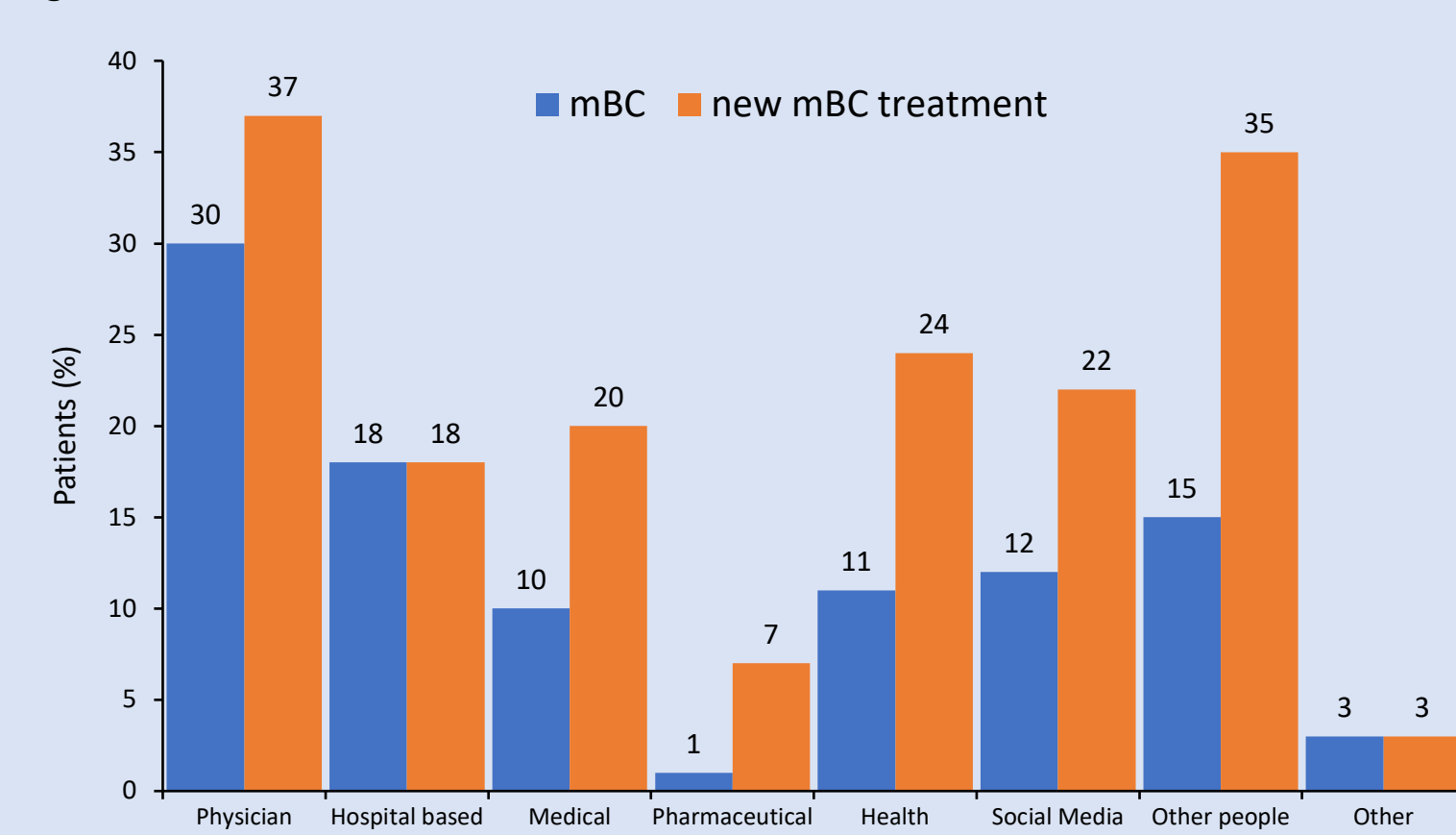


Figure 4. Side effects impacting QoL

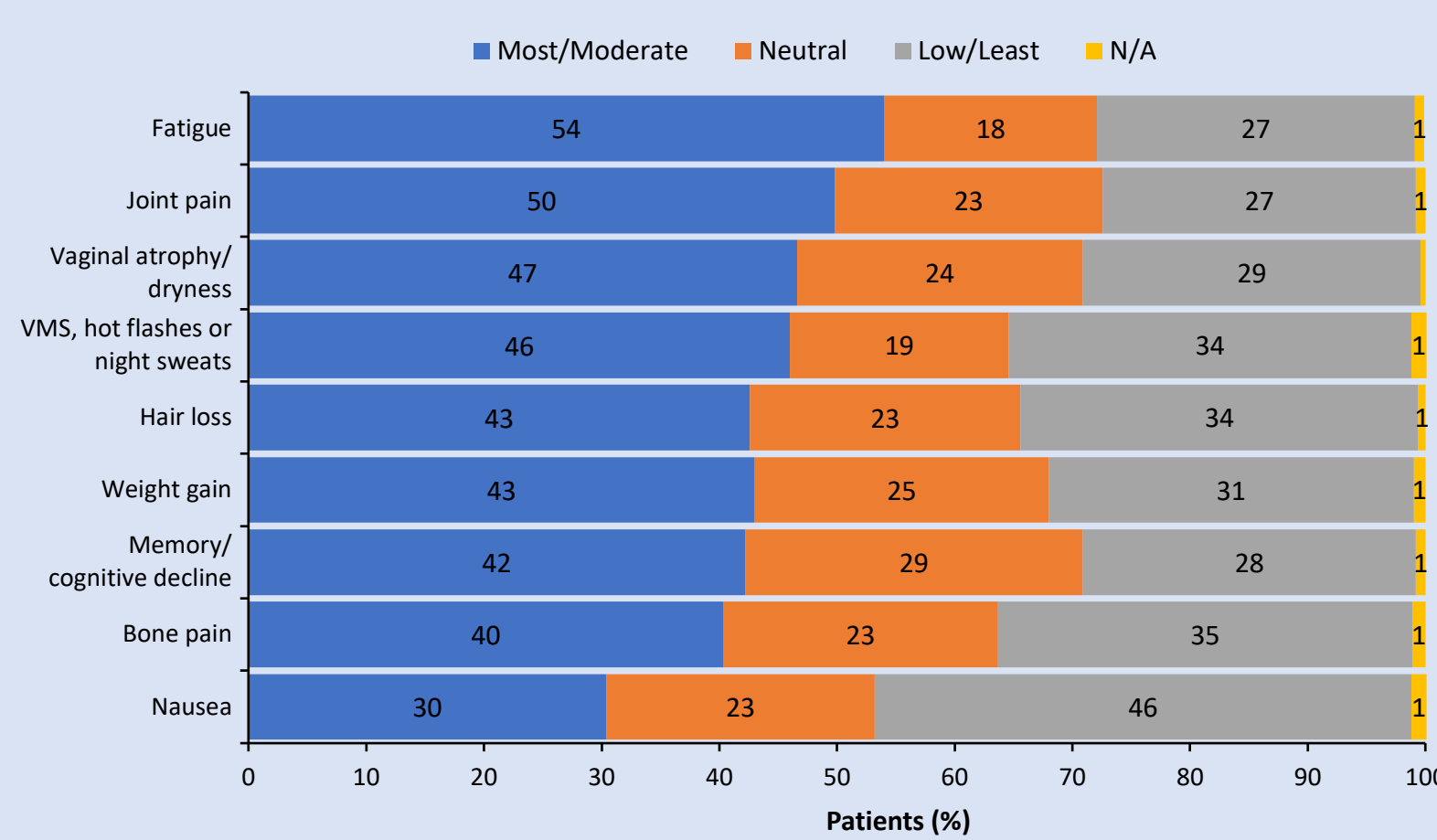


Figure 6. mBC diagnosis impact on life

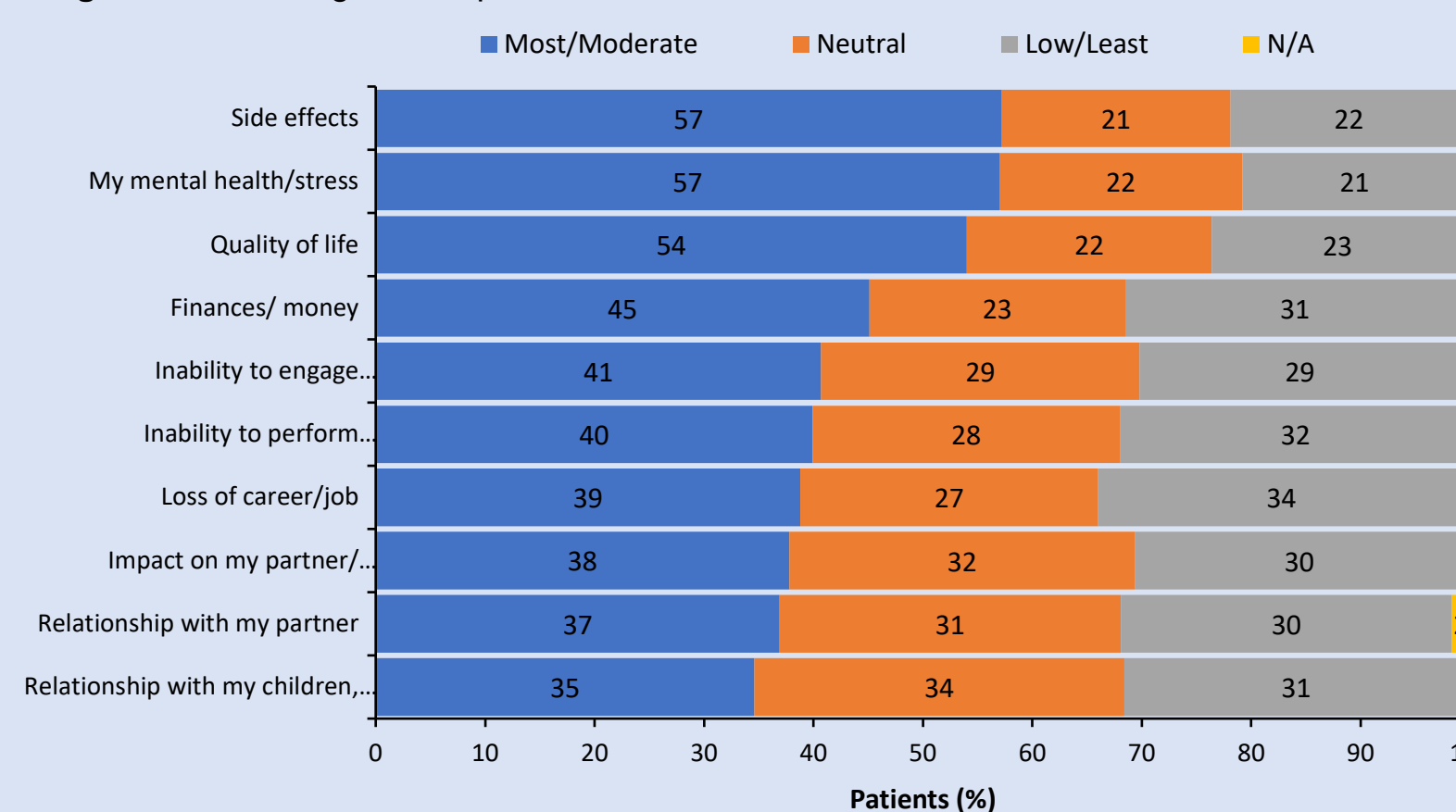


Figure 3. Good/very good QoL by baseline characteristics

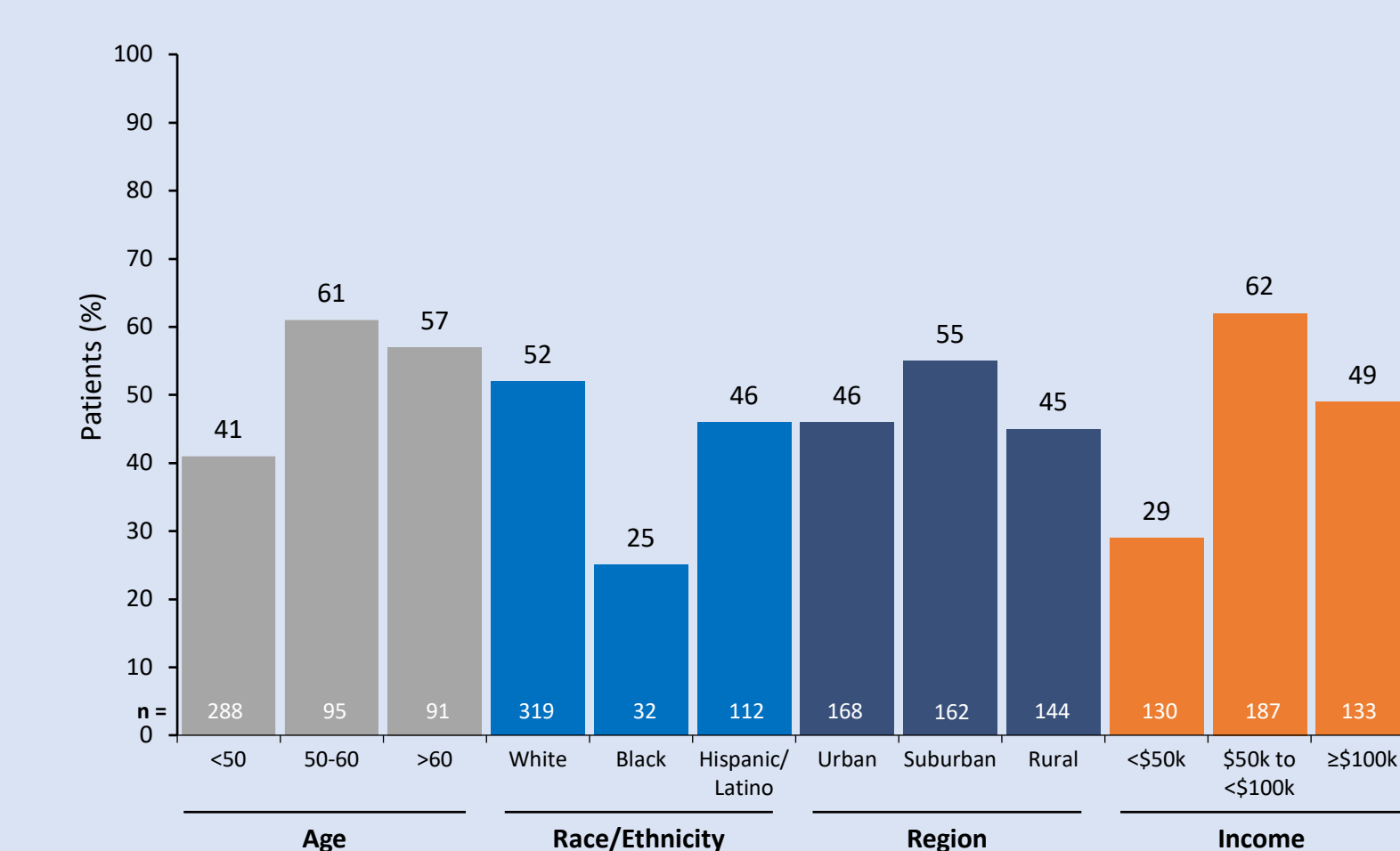


Figure 5. Worries about changing mBC treatment

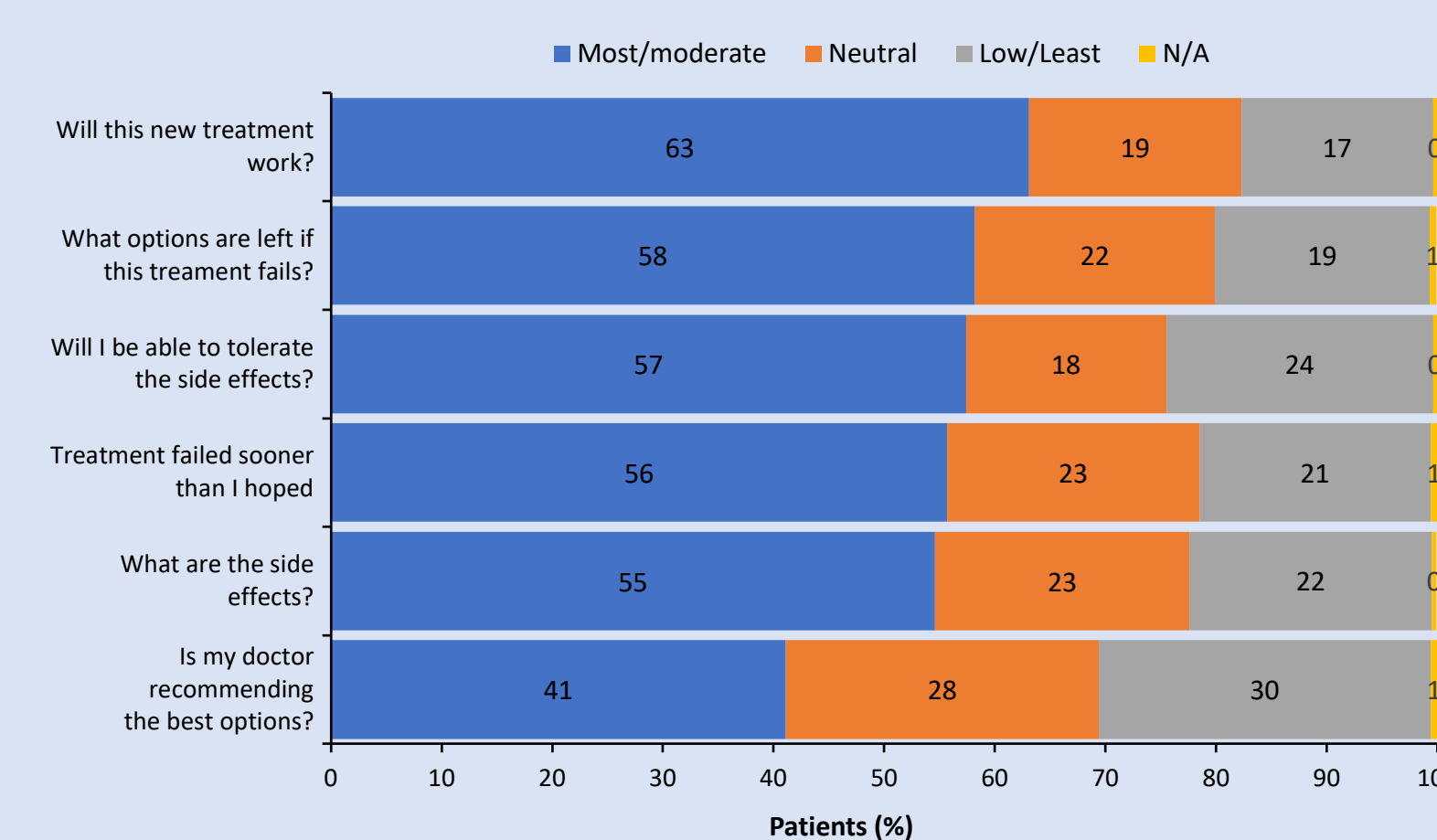
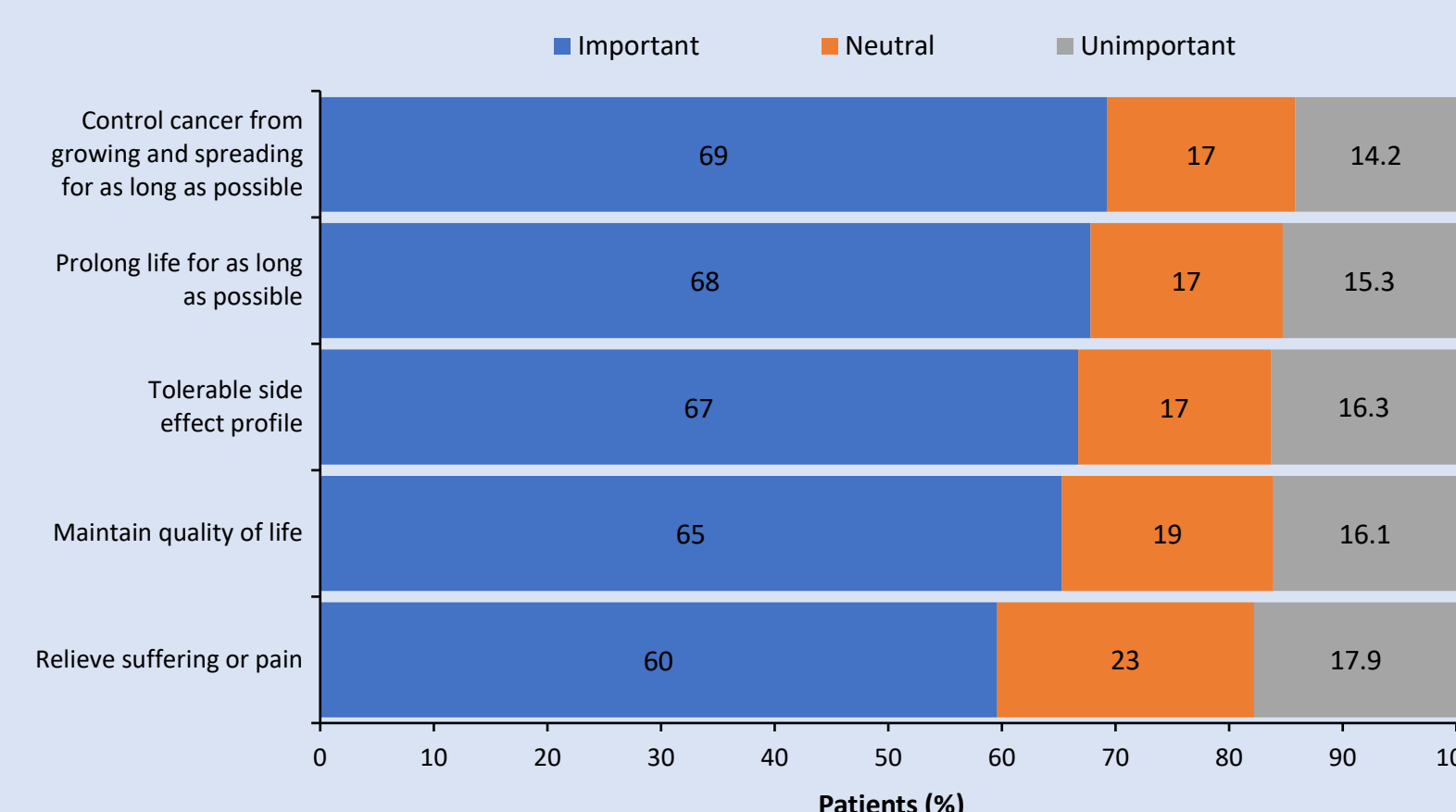


Figure 7. Current goals for mBC treatment



### Impact on sexual intimacy

- Most patients thought their mBC or treatment negatively impacted their intimate/sexual relationship (60%) and worried about sexual intimacy (62%)
- Only 39% were comfortable discussing intimacy/sexual side effects with their medical team
  - 40% and 36% of patients who had female and male oncologists, respectively, were comfortable discussing such side effects; similar proportions were observed with breast (45%) vs general (34%) oncologists

## Key Takeaways

- Patients received medical information from medical sources, as well as other mBC patients
- Patients are nearly equally concerned about disease progression, QoL, and treatment side effects, with side effects impacting QoL the most
- Disparities in QoL and support at home exist based on ethnicity, age and income groups
- mBC advocacy groups can help reach ethnically diverse populations, which may help recruiting for clinical trial or disseminating patient education

## Conclusions

- In this survey of patients with ER+/HER2- mBC, patients received information about new mBC treatments mostly from physicians, other mBC patients, and social media/blogs
- Patients reported disease control, prolonging life, and side effects/QoL as equally important goals at the beginning of treatment and later in their disease course. Only 55% of medical teams addressed patients' goals in the beginning of treatment
- Treatment side effects had the most impact on QoL; mental health/stress, intimacy and relationships, and bone health were also impacted by their mBC diagnosis
- mBC diagnosis and treatments impact QoL; patients who are younger, Black/African American or with low income were more likely to have worse QoL

### Disclosures

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