Quality-of-life in HER2-positive metastatic breast cancer for patients initiating an oral anticancer drug: results from a French prospective observational study

Merrouche Y¹, Flinos A², Benjamin L³, Chabernaud H², Woronoff-Lemsi MC¹, Lortholary A⁴, Espié A⁶

¹Institut de Cancérologie Lucien Neuwirth, Saint-Priest-en-Jarez, France; ²Kantar Health, Montrouge, France; ³Laboratoire GlaxoSmithKline, Marly-le-Roi, France; ⁴CHRU Besançon, Besançon, France; ⁵Centre Catherine de Sienne, Nantes, France; ⁶Hôpital Saint-Louis, Paris, France

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Background

• While the principal objective in the treatment of metastatic breast cancer – as in other cancers – remains overall survival, the objective of survival without progression associated with an improvement in quality of life (QoL) represents increasingly important demands. Despite this, little data is available to date on the impact of disease on QoL of patients.

Objective and design

• A prospective observational and multicenter study was conducted in France among 68 oncologists who included at least one HER2-positive metastatic breast cancer patient initiating a treatment containing oral anti-cancer drugs (OAD).

• One of the aims of the study was to measure the evolution of quality of life (QoL) in HER2-positive metastatic breast cancer patients initiating a treatment containing an oral therapy.

• QoL was assessed using generic (SF-12) and specific (EORTC QLQ-C30) questionnaires. General health status was evaluated through an additional question. This question was specifically developed for this study in order to get the patient’s opinion on their general status by rating their general health status on a five-point Likert scale from “bad” to “excellent”.

• Physicians and patients both filled questionnaires at the beginning of the treatment (T0) and then every 3 months for a maximum of 9 months. In total 284 patients were included (158 patients received an OAD only and 126 received oral and intravenous (IV) treatments).

• Data was collected on:
  - clinical characteristics,
  - treatment patterns,
  - adherence and
g QoL.

• Among the 284 patients included in the study, data on QoL at T0 and T6 were available for 64 patients. The evolution between T0 and T9 was notanalyzed because of the low sample size.

Patient’s opinion on their general health status

- Among the 57 patients who rated their health by answering the additional question on general health at T0 and at T6, 70% thought that their health state was good or excellent at T6 in comparison with only 48% at the oral treatment initiation (T0).
  - Good
  - Excellent
  - Very Good
  - Mediocre
  - Bad

- The chart below shows that 49% of the patients noted an improvement in their general health status during the 6-month follow-up.

QoL (SF-12 & EORTC QLQ-C30)

- Apart from a significant impact of systemic therapy side effects (p<0.023 / see table bellow) on QoL between T0 and T6, there is no significant difference in the dimensions explored by the QLQ-C30 scale.

- The results from the SF-12 scale showed no difference on either dimensions.

Discussion

• This study focused on treatments containing of at least one oral therapy allowed the evaluation of patients’ quality of life receiving this type of treatment. Therefore it cannot claim to be representative of all patients treated for breast cancer.

• It could be interesting to compare these results with those of patients receiving only IV therapy.

• It might be worthwhile conducting such a study on a larger sample.

Conclusions

Overall, no significant trend was observed in the evolution of QoL over the follow-up period. This is possibly due to the low number of patients analyzed, which is usually the case in such studies. Consequently, results showed stable QoL scores on a large majority of criteria. Patients felt an improvement in their general health status at 6 month as compared to the initiation of the treatment. Even though this study is not comparative, the convenience of oral anticancer drugs may partially explain stable QoL outcomes across time but this statement should be interpreted with caution due to the low sample size and to the non-comparative design of the study. This is an assumption that could be evaluated in a further study with the appropriate design.

Conflict of Interest: The study was sponsored by GlaxoSmithKline who is purveyor of several oral molecules including lapatinib for the treatment of HER2-positive metastatic breast cancer. Experts have perceived fees for their participation to the steering committee. Kantar Health is the CRO in charge of this study.