Mammo-50 : MAMMOGRAPHIC SURVEILLANCE IN EARLY BREAST CANCER PATIENTS AGED OVER 50 YEARS – PATIENT REPORTED OUTCOMES 3 YEARS POST DIAGNOSIS

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ABSTRACT

Introduction: There is a lack of evidence or consensus on the optimum frequency and duration of mammographic surveillance and follow-up for breast cancer patients aged 50 years and older at diagnosis. Quality of life (QoL) was assessed in a sub-study of the main Mammo-50 trial.

Methods: A multi-centre, randomised controlled, phase III trial of annual mammography versus 2-yearly for conservation surgery and 3-yearly for mastectomy patients with an observational cohort to explore reasons for non-participation. The trial randomised 5235 women between April 2014 September 2018 and 915 registered in the cohort; 90% of women agreed to participate in the QoL sub-study. QoL questionnaires were completed at trial entry (3 years post-surgery) and annually for up to 10 years. The distress thermometer was used as a patient reported measure of distress and concerns throughout the trial. The trial team contacted the patient's clinical care team informing them of the reasons causing patients' *high* levels of distress.

Results: 4521 (74%) women completed the distress thermometer at baseline. Of these, 289 (6.4%) reported high levels of distress (score 8-10), 825 (18.2%) medium levels of distress (score 5-7), 2033 (45.0%) low levels of distress (1-4) and 1374 (30.4%) reported no distress.

Common reasons for high distress levels (score, 8-10) in the 289 patients were sleep problems and/or nightmares (135 (47%)), fatigue, exhaustion or extreme tiredness (132 (46%)), worry, fear or anxiety (111 (38%)), hot flushes (94 (33%)), pain (89 (31%)), memory or concentration (84 (29%)) and sadness or depression (84 (29%)) of patients.

Conclusions: Within the Mammo-50 trial, 6.4% of women reported high distress levels upon trial entry; 25% women reported high/medium levels of distress. These results have been fed-back to the UK NCRI breast cancer symptom management group whose remit it is to identify and provide guidelines for supporting women with unmet needs.

INTRODUCTION

The Mammo-50 trial is investigating the optimal frequency of mammographic surveillance for breast cancer patients aged 50 years and older at diagnosis.

Women should receive enough mammograms to detect any cancer recurrence promptly and to offer further treatment appropriately, but not so many that they cause undue anxiety and become too costly for both individuals and the health service.

Given that breast cancer is becoming more common, with around 55,900 new cases diagnosed annually in the UK, and survival is improving, the cost of follow-up represents a significant and increasing burden for the National Health Service.

Mammo-50 will provide clinicians with valuable, risk-adjusted information to guide future practice; due to report December 2023. Quality of life (QoL) was assessed in a sub-study with baseline results reported here.

METHODS

The trial randomised 5235 women between April 2014 and September 2018 and a further 915 were registered in the cohort; 90% of women agreed to participate in the QoL sub-study.

QoL questionnaires were completed at trial entry (3 years post-surgery) and then annually up to 10 years post-surgery. Within the questionnaire, a distress thermometer was used as a patient reported measure of distress and concerns (Brennan, J., et al. Psychooncology (2012) **21**, 1346–1356).

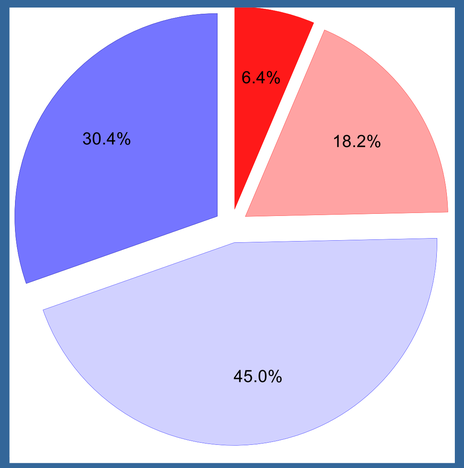
The trial team contacted the patient's clinical care team informing them of the reasons for high levels of distress.

RESULTS

A total of 4521 (74%) women completed the distress thermometer at baseline (3 years post-diagnosis). Of these, 289 (6.4%) reported high levels of distress (score 8-10), 825 (18.2%) medium levels of distress (score 5-7), 2033 (45.0%) low levels of distress (1-4) and 1374 (30.4%) reported no distress, **Figure 1**.

The most common reasons for causing high levels of distress (score 8-10) in the 289 patients were fatigue, exhaustion or extreme tiredness (164 (57%)), sleep problems and/or nightmares (155 (54%)), worry, fear or anxiety (140 (48%)), hot flushes (115 (40%)), pain (114 (39%)), memory or concentration (112 (39%)) and sadness or depression (100 (35%)) of patients, **Table 1**.

Figure 1: Levels of distress at baseline for all patients



No distress	0
Low levels of distress	1-4
Medium levels of distress	5-7
High levels of distress	8-10

Table 1: Main reasons causing high levels of distress

Reason	N (%)
Fatigue, exhaustion or extreme tiredness	164 (57)
Sleep problems and/or nightmares	155 (54)
Worry, fear or anxiety	140 (48)
Hot flushes	115 (40)
Pain	114 (39)
Memory or concentration	112 (39)
Sadness or depression	100 (35)

CONCLUSIONS

At 3 years post-diagnosis, upon entry into the Mammo-50 trial, 18.2% of women reported raised levels of distress using the distress thermometer (score 5-10); 6.4% reported very high levels of distress (score 8-10).

Levels of distress remain constant across clinical characteristics but were slightly raised in those women who had received hormone therapy and then stopped.

Main concerns were fatigue, sleep problems, worry/fear, hot flushes, pain, memory/concentration and sadness/depression; as identified by the distress thermometer used within the trial, but which may go unnoticed in routine follow-up.

These results have been fed back to the UK National Cancer Research Institute breast cancer symptom management group whose remit it is to identify research gaps and inform guidelines to support women with unmet needs.

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