

Development of psychooncological stress in breast cancer patients – a longitudinal study

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Introduction

Breast cancer is frequently associated with psychooncological burden for the affected women. So far, little is known about the long-term development of this burden and the major factors of influence.

Objectives

The aims of this study were to monitor the psychooncological burden of breast cancer patients in the long-term and to analyse potential factors of influence.

For this purpose, the standardized self-assessment *Questionnaire on Stress in Cancer Patients – short form* (QSC-R10) was used (Book et al., 2011).

Methods

The QSC-R10 was to be answered twice by each patient during therapy:

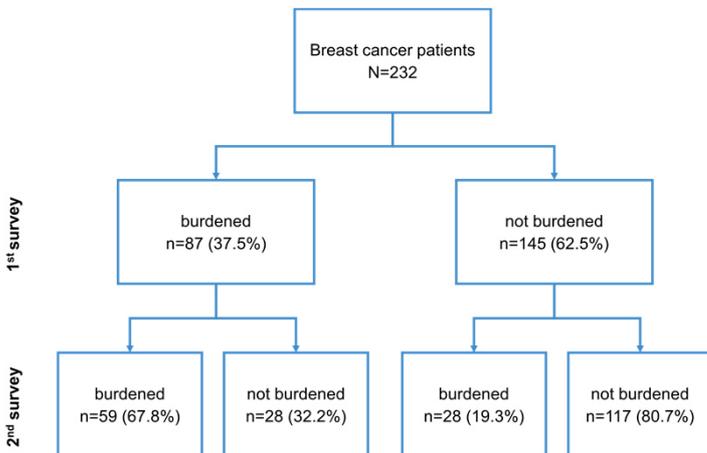
- Survey period: 05/2011 – 08/2015
- 17 participating study centres with focus on oncology
- All statistical analyses were conducted in SPSS.

Burden classification (according to Herschbach & Weis, 2010)

Patients were considered burdened if:

- ≥ 1 item was rated 5 or
- 3 items were rated 4 or
- if a patient was diagnosed at a total score of >14 .

Survey outcomes



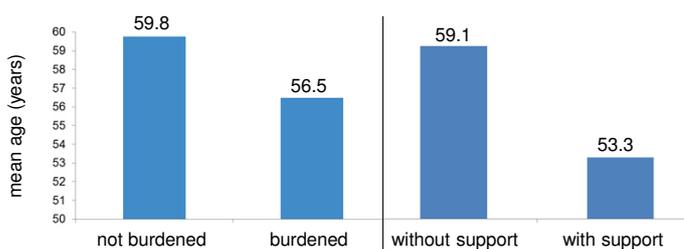
- 37.5% of the study population (N=232) were initially burdened.
- At the time of the 2nd survey, which was on average answered after 30 weeks, 67.8% of these patients still required psychooncological support.
- 19.3% of the initially burden-free patients were burdened according to the 2nd survey.

Psychooncological burden by treatment intention

Treatment intention	burdened		not burdened	
	1 st survey n/N (%)	2 nd survey n (%)	1 st survey n/N (%)	2 nd survey n (%)
curative, N=160	58 (36.3)	33 (56.9)	102 (63.8)	86 (84.3)
palliative, N=72	29 (40.3)	26 (89.7)	43 (59.7)	31 (72.1)

- No significant differences were observed in the proportion of burdened/not burdened patients between curative and palliative treated patients at the time of the 1st survey.
- In contrast, significantly more palliative treated patients were also burdened at the time of the 2nd survey (89.7% vs. 56.9%, $p=0.003$).
- Up to 27.9% of initially burden-free patients were indicated to be burdened at the time of the 2nd survey:
 - 16 (15.7%) out of 102 curative treated patients,
 - 12 (27.9%) out of 43 palliative treated patients.

Age vs. burden/psychooncological support



- Younger patients are more frequently burdened compared to older women ($p=0.037$).
- Younger patients more frequently seek psychooncological support compared to older women ($p=0.021$).

Conclusions

- Psychooncological burden is very common in breast cancer patients.
- Burden development significantly depends on the treatment intention.
- Younger patients are more frequently burdened and more often seek psychooncological support compared to older patients.
- Long-term monitoring provides information on burden development and factors of influence.

The long-term use of the QSC-R10 is strongly recommended!

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References: Book K, et al. Psychooncology 2011;20(3):287-93.

Herschbach P, Weis J. Screeningverfahren in der Psychoonkologie, 2. Auflage Berlin DKG, 2010.