

High distress portends worse patient reported outcomes among newly diagnosed breast cancer patients

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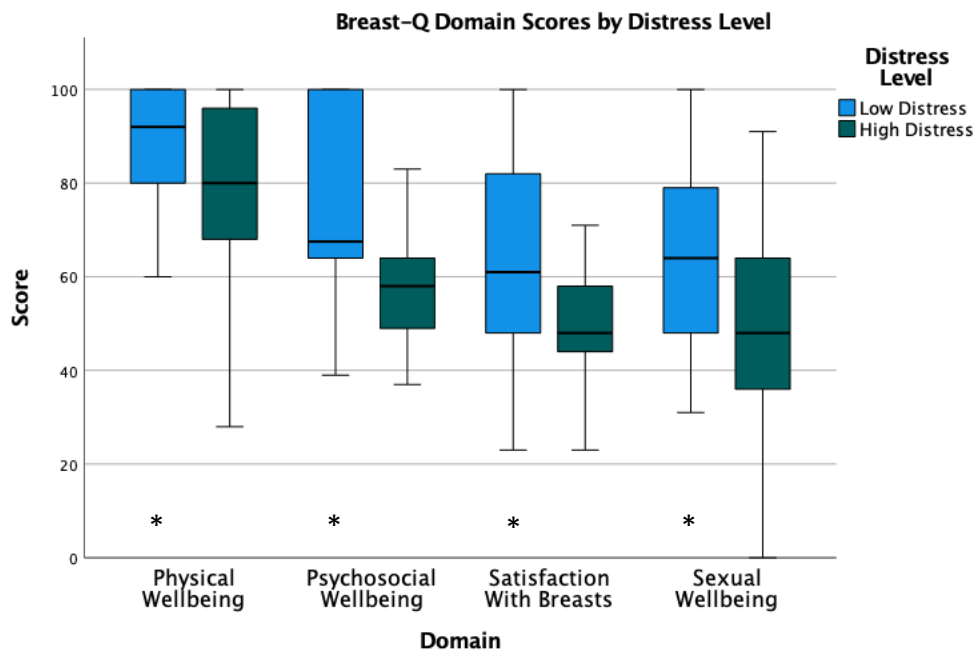
Background: Breast cancer is the most diagnosed form of non-skin cancer in women in the United States. New cancer diagnoses may lead to heightened levels of distress, which may affect quality of life (QoL). In this study, we aimed to evaluate the relationship between high distress and patient-reported outcomes (PROs).

Methods: All patients evaluated for stage 0-III breast cancer at the University of Colorado were offered a cancer distress screening tool which measures 4 domains of distress: emotional, health, social, and practical. High distress was defined as a score greater than 5 out of 10 in any domain. Patients were then invited to complete the Breast-Q module, a validated PRO scale evaluating QoL across 4 domains: satisfaction with breasts (SB), psychosocial wellbeing (PsW), physical wellbeing (PhW), and sexual wellbeing (SW). The primary outcomes were scores for each Breast-Q domain. Univariate analyses by independent-samples t-test and Mann-Whitney-U test and multiple regressions were performed.

Results: A total of 170 patients completed both the distress screen and the PRO survey. Eighty-nine patients (52%) had high distress, while 81 patients (48%) did not have high distress. In the univariate analysis, patients with high distress had lower SB ($p=0.01$), PsW ($p<0.01$), PhW ($p<0.01$), and SW ($p=0.02$) scores. In the multivariate analysis, high distress was an independent predictor of lower scores for SB ($p=0.04$), PsW ($p<0.01$), and SW ($p<0.05$).

Conclusion: Breast cancer patients with high distress at diagnosis report worse QoL compared to their peers. Early interventions should be provided to improve QoL in this patient population.

Figure 1. Median scores for all four Breast-Q domains by distress level



*P-value < 0.05