

Breast Cancer Patient-Reported Outcomes: Real-World Data from a Private Hospitals' Network in Portugal

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Objective

To evaluate the disease burden, it is essential to consider the patient's perspective on their health status, quality of life, and symptoms. These outcomes enable a comprehensive understanding of the disease and treatment impact on patients' lives. We aim to describe the patient outcomes in a cohort treated at CUF, a private Hospitals' network in Portugal.

Method

A cohort of patients with breast cancer seeking treatment has been under follow-up since 2016. All women with a new diagnosis of invasive breast cancer or ductal carcinoma in situ, undergoing any treatment are included. Patients with phyllodes tumors and recurrence at the time of program recruitment were excluded. The program collects electronic patient-reported outcomes measures (ePROMs) according to ICHOM standard sets which include EORTC QLQ-C30, EORTC QLQ-BR23, additional questions from BREASTQ and FACT-ES, through Promptly Collect platform at baseline, 6 months, and yearly to all patients.

Results

A total of 856 patients were included until June 2024. The EORTC QLQ-C30 Global Health Status Scale baseline score was 68.64. Emotional functioning was the lowest-scoring domain (69.6), while insomnia and fatigue were the symptoms with the greatest impact, scoring 31.4 and 18.7, respectively. In EORTC QLQ-BR23, sexual pleasure, body image and hair loss were the domains with higher impact at baseline (73.3, 59.3 and 53.3 respectively). Throughout the follow-up period, the average scores varied across nearly all scales. In the EORTC QLQ-C30, the impact of symptoms like insomnia and fatigue were also among the highest among and also including pain and financial difficulties (24.18 and 24.18 at 6 year). In the EORTC QLQ-BR23, most of the dimensions had similar results with "Future Perspectives" being the one with the lowest results among all follow-up timings.

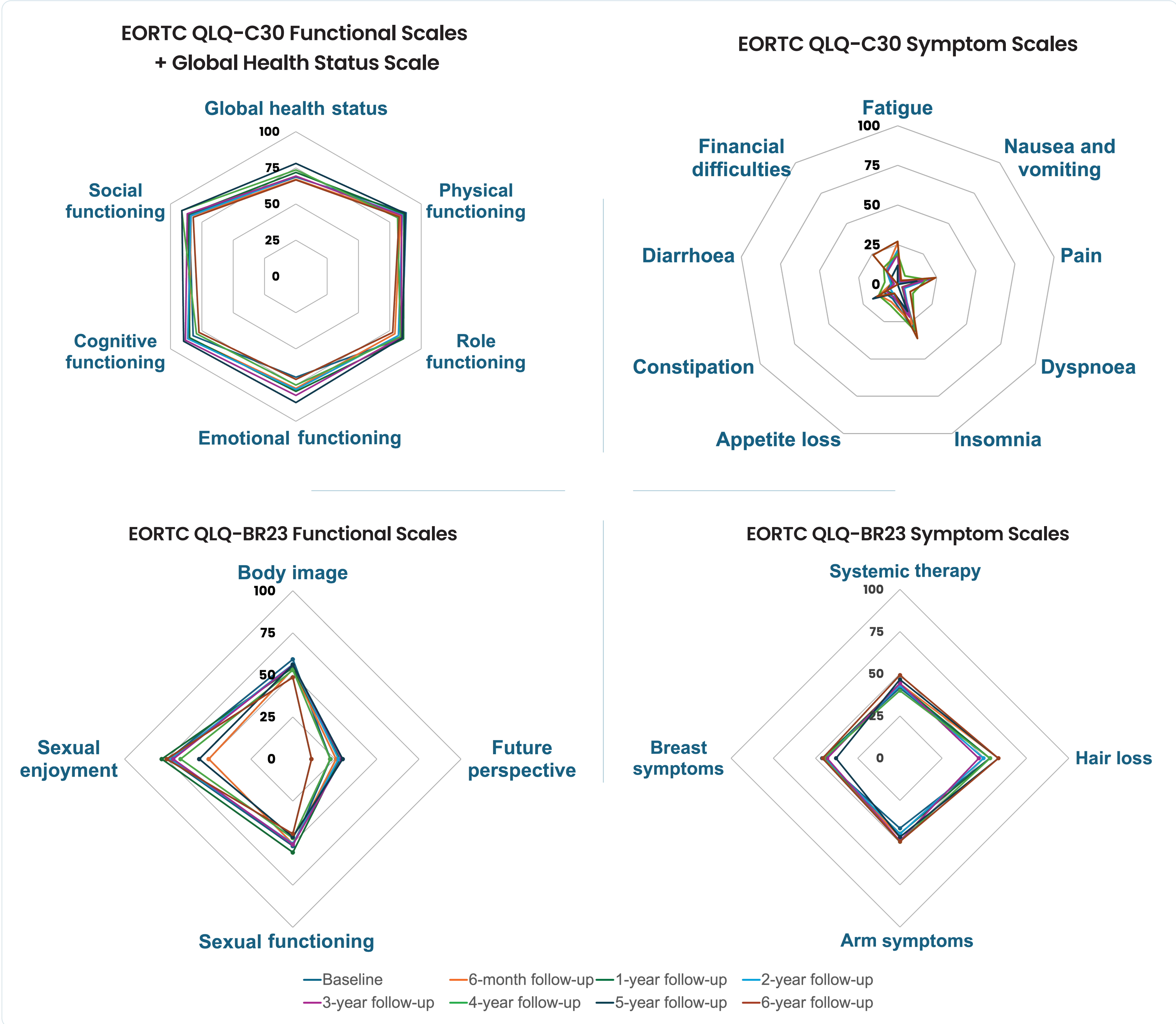


Fig. 1 – Radar charts of EORTC QLQ-C30 and EORTC QLQ-BR23. All of the scales range in score from 0 to 100. Values are expressed in means. On function and global health status scales, higher scores indicate better health-related quality of life. On the symptom scale, a higher score indicates more symptoms and worse health-related quality of life.

Conclusions

The results show variation in PROMS over time, highlighting the importance of continuous monitoring of quality of life and symptoms in breast cancer patients. This ongoing assessment provides a patient-centered view of treatment impact, helping to identify specific areas where additional support or interventions could enhance patient well-being.

