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Quality of life among long-term breast cancer survivors diagnosed before the age of 50.

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Background: Successes in breast cancer screening and treatment have led to an increase in the number of long-term survivors of breast cancer. With this rise there has been an increasing interest in the quality of life (QOL) and consequences of therapy for long-term survivors. Though there has been a great deal of work on the QOL of breast cancer patients, most of it has focused on the early years of treatment and among older women. The purpose of this study was to describe the QOL and determine the correlates among a well-defined group of long-term (5-10 years post diagnosis) survivors of breast cancer diagnosed between age 40 and 49.

Methods: Eligible participants were Group Health Cooperative female enrollees who had an initial diagnosis of invasive breast cancer or ductal carcinoma in-situ 5 to 10 years before June 30, 1998. A mailed questionnaire was administered to measure QOL and other factors. The questionnaire included standardized measures of QOL (e.g., the Cancer Rehabilitation Evaluation System (CARES-SF) and the SF-36), the CESD scale for depression, and general demographic and medical information. Logistic regression was used to estimate the correlates of self-reported QOL.

Results: 217 women completed the questionnaire. The mean age at diagnosis was 44.4 years, and the average time since diagnosis was 7.3 years. QOL scores on the standardized measures indicated a high level of functioning compared to the general population. Preliminary evaluation of the correlates of QOL in this population found that the presence of symptoms at survey, stage at diagnosis, type of primary and/or adjuvant therapy, and age at diagnosis were significant correlates of QOL. Across all outcomes (CARES-SF, SF-36, CESD), the presence of pain at the time of survey was the strongest univariate correlate and remained highly significant after adjustment for time since diagnosis, stage, age and other demographic variables.

Conclusions: Health care providers may find these results useful in managing the health care of this population, now the largest group of female cancer survivors.