

Transcript Details

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www.reachmd.com
info@reachmd.com
(866) 423-7849

Experiences of Endocrine Treatment After Breast Cancer Surgery

Announcer:

You're listening to a special focus on breast cancer from *Advances in Women's Health*, sponsored by Lilly.

Dr. Birnholz:

Coming to you from the European Society for Medical Oncology's annual congress in Barcelona, Spain, this is Reach MD. I'm Dr. Matt Birnholz. I'm joined by Susanne Ahlstedt-Karlsson from Sahlgrenska University Hospital in Gothenburg, Sweden. She is first author of a study called Experiences of Endocrine Treatment After Breast Cancer Surgery, and I'm so delighted to have you here and to talk to you about this study. Welcome to you.

Ms. Ahlstedt-Karlsson:

Thank you. Thank you so much.

Dr. Birnholz:

So, Susanne, maybe you can tell us a little bit about how this study came up, and what you were looking to find.

Ms. Ahlstedt-Karlsson:

So I work at Sahlgrenska University Hospital, and I work with women, and men for that matter, that have breast cancer and have surgery due to breast cancer. And one of the first findings I found was that you don't talk that much about endocrine therapy and what it does to persons – to patients who have that treatment. So – and at the same time, you change the treatment period from five years to ten years for some patients, so I wanted to find out what it was like for patients to have this treatment, and how can we help them.

Dr. Birnholz:

So being able to follow them beyond where most studies go, where they just look at the immediate outcomes, or they look at overall survival or progression-free survival, but don't actually evaluate the experience.

Ms. Ahlstedt-Karlsson:

No. It's – you talk about adherence and compliance and persistence, and it doesn't tell you about how the patient actually feels about the treatment, and that's what I want to find out.

Dr. Birnholz:

And how did you go about evaluating this? Are they through in-person interviews, or are they through surveys?

Ms. Ahlstedt-Karlsson:

This first study, it was a group – focus group interview with 25 women treated with tamoxifen in this specific study. And we interviewed them for one hour and in seven groups.

Dr. Birnholz:

Just to get a sense of it, what kind of results did you get? What response or feedback did you get? And were there any surprises for you?

Ms. Ahlstedt-Karlsson:

Yes, it was. I had to categorize them as the treatment creates discomfort, it promotes levels of management, and it caused feeling of abandonment. If it creates discomfort, they have side effects obviously from the treatment. But also they have preconceptions about the treatment, even before they start the treatment. So when they come to the clinic to see the doctor, he tells them they are going to get this

treatment after their breast cancer surgery, and the patients have a knowledge about what kind of treatment this is, and what kind of affect it will have on their lives. So it's something that needs to be addressed. And also they feel protected by the treatment, but their protection has a backside because if you feel protected and then for some reason you don't have the treatment, maybe due to the prescription has been late, so you don't have a new – you don't – cannot get your new medications. They feel that the breast cancer is recurrent immediately.

Dr. Birnholz:

So there are fears that, whether they're substantiated or not, these fears grow in the wake of access issues to medications, access issues to healthcare professionals, and if there's anything off in the plan, patients can be – can feel like they're left on their own, that they're abandoned.

Ms. Ahlstedt-Karlsson:

Yeah. But also not only by us in the healthcare, but also from their relatives and the families because they don't know – they don't understand this treatment and what the treatment does to a person. And they're supposed to be the ally with the patients. So it's something that we need to work on; how can we make the relatives an ally to the patient to be able to help and understand what it's like to maybe be in your 40s and have this treatment and what it does to you.

Dr. Birnholz:

And one of your take-home messages I see was it's really about trying to tailor endocrine treatments to the individual patients' specific needs, which is a – very much a touchstone of what we would consider personalized or precision medicine. Is that the direction that this needs to go in order to optimize treatment outcomes with these people?

Ms. Ahlstedt-Karlsson:

Yes. I think we need to address every specific patient individually. And you cannot inform every patient as the next one and the next one, because some patients need lots of information and requires it and get it from wherever. And other patients, they don't want information, and you don't know what kind of information they want, if they do want information. So you have to ask the patients.

Dr. Birnholz:

Are there any patient advocacy support groups, both locally for you, or even internationally that you've seen, had an interaction with, or would advocate for that might be able to assist with this type of approach? Or does it really come down to the healthcare professionals who need to institute this type of practice?

Ms. Ahlstedt-Karlsson:

I think so. Because we are the ones that are informing patients. We are the ones that prescribe this treatment. So it has to come down to the healthcare workers. It is our duty to inform the patients. And absolutely together with patient groups, but it has – we cannot think that they are the one to inform the patient; it's our duty.

Dr. Birnholz:

Well, I really want to thank you for your time. It's been great to learn more about this study. And I hope that your future research helps move in this direction of precision medicine.

Ms. Ahlstedt-Karlsson:

Yeah. I hope so too. Thank you.

Dr. Birnholz:

For access to this, and other episodes, visit ReachMD.com, where you can be part of the knowledge. I'm Dr. Matt Birnholz. Thanks for listening.

Announcer:

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