

Behavioral Symptom Management for Patients with Advanced Breast Cancer: The Feasibility and Acceptability of a Cross-cultural Intervention

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BACKGROUND

- Advanced breast cancer is associated with the highest cancer mortality and morbidity rates among women.
- Up to two thirds of women with advanced breast cancer experience significant symptoms such as distress (i.e., anxiety, depression), pain and fatigue.
- Therapy interventions based on the cognitive behavioral therapy (CBT) framework has been shown to be effective in increasing quality of life of patients with early stage cancers; however, less is known about its effect in patients with advanced cancer.
- Therapy interventions have shown promise in early stage cancers in Western cultural settings. Less is known about the use of behavioral symptom management interventions in patients with advanced cancer and/or in Asian settings.

STUDY OBJECTIVES

The aim of the current RCT pilot study is to explore the feasibility and acceptability of a Behavioral Multi-symptom Management Protocol for women with advanced breast cancer in Singapore and in the USA.

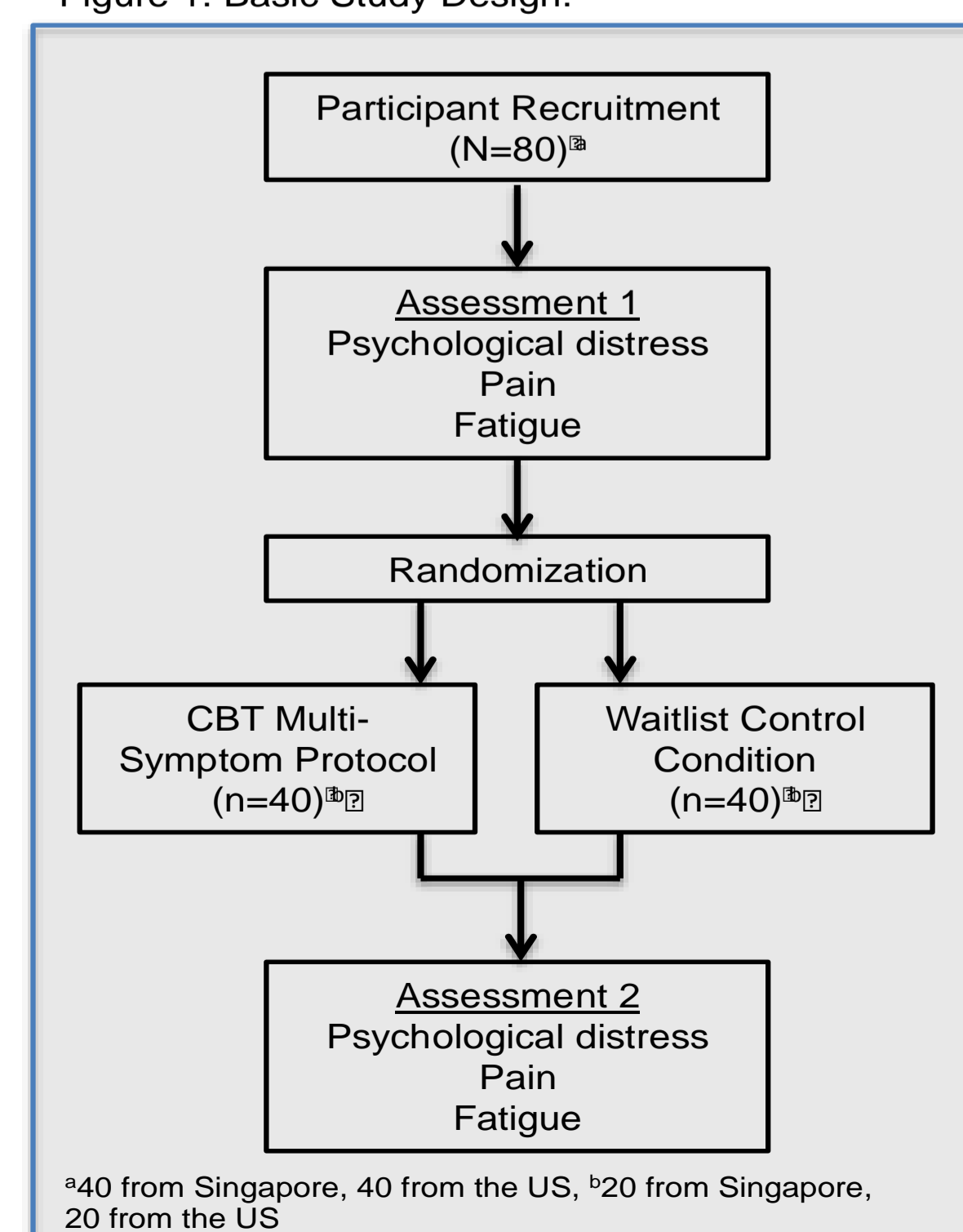
Four sessions (each lasting approximately 60 mins long) with a psychologist are delivered in individual therapy format within 8 weeks in an outpatient setting.

METHODS

- Recruitment was conducted in outpatient oncology clinics at the National Cancer Centre (Singapore) and Duke Cancer Institute (USA).

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> Adult (age ≥ 21) Diagnosis of breast cancer stage IV Speak and read English Able to attend outpatient appointments 	<ul style="list-style-type: none"> Active serious mental illness Visual, hearing, or cognitive impairment that may interfere with therapy

Figure 1. Basic Study Design.



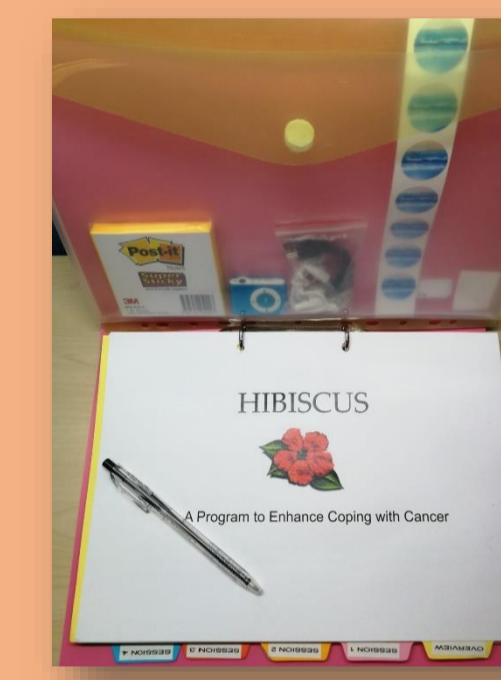
Intervention

Therapeutic strategies used in the protocol include:

- Values-based discussion on life meaning
- Mindfulness training
- Behavioral management of pain and fatigue
- Pursuit of meaningful activities
- Cognitive reframing to manage worries

Patient participants are given a folder that contain:

- Summaries of each session
- Guides of how to complete practice after each session
- MP3 player with mindfulness training recording
- Stationery to facilitate some cognitive exercises

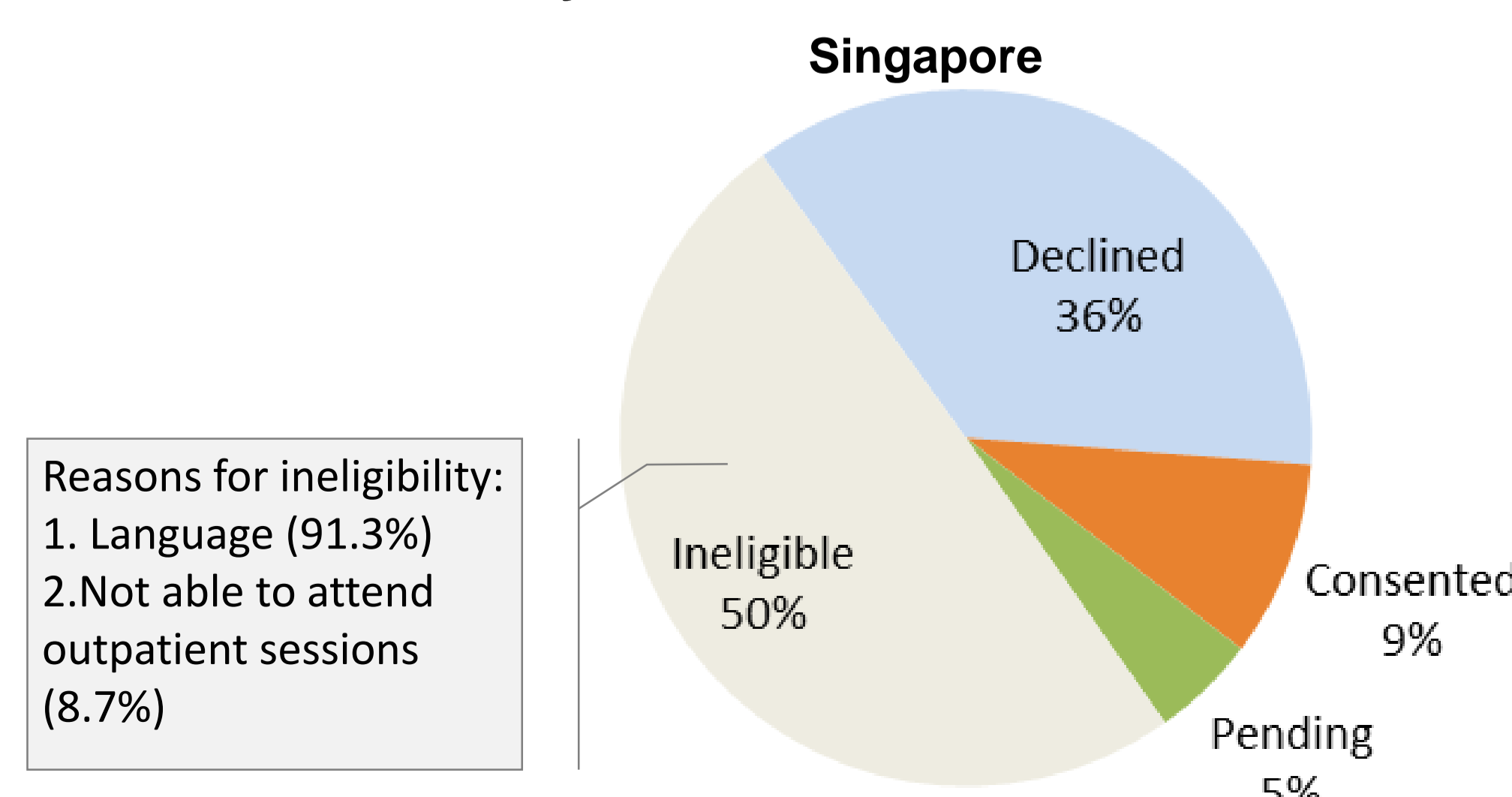


RESULTS

- We present the interim results from data that has been collected from Sept 2016-October 2017.

		Singapore (n=46)	USA (n=28)
Race	Singapore- Chinese	65%	-
	Malay	22%	-
	Indian	13%	-
	USA- White	-	79%
	Black	-	21%
	Others	-	-
Marital status	Married	57%	71%
	Separated/widowed	11%	18%
	Single, never married	33%	11%
Treatment	Surgery	66%	32%
	Chemotherapy	89%	82%
	Radiation therapy	63%	71%
Edu level	High school and lower	41%	14%
	Above high school	59%	86%
Work status	Full-time	30%	18%
	Part-time	17%	-
	Not able to work	11%	28%
	Retired	20%	46%
	Homemaker	22%	4%
	Other	-	4%

Recruitment Feasibility



Protocol Acceptability

Post-intervention report	Singapore	USA
Attendance	All participants who started the program completed 4 sessions of the protocol	All participants completed the protocol
Program satisfaction (Client Satisfaction Questionnaire, range 1-4)	3.6 (Satisfied-Very Satisfied)	3.6
Cultural Sensitivity (4 items, range 1-4)	3.3	3.6
Dropouts	<ul style="list-style-type: none"> N = 5 Most dropouts (n = 4) were from waitlist arm Reasons include loss of interest, due to illness, death No demographic differences between those who enrolled and who dropped out 	<ul style="list-style-type: none"> N = 1 Due to illness
Misc	<ul style="list-style-type: none"> Participants rescheduled an average of 1.5 times throughout the protocol 	<ul style="list-style-type: none"> Minimal rescheduling; only 3 participants rescheduled

DISCUSSION

- It was feasible to recruit and retain participants through duration of the protocol.
- Patients satisfaction scores indicated they were Satisfied-Very Satisfied with the protocol.
- Patients report protocol is relevant and understandable in their cultural setting.
- Preliminary findings suggest that interventions focusing on psychological and behavioral strategies to manage symptoms such as distress, pain, and fatigue is feasible to conduct in diverse cultural settings.

Clinical implications

- Medical team have a formal program to refer patients to
- Development of evidenced-based behavioral intervention specially for advanced cancer patients

Future directions

- Plan a confirmatory Phase III trial to establish efficacy of the behavioral multi-symptom management protocol by including a larger sample size and assessing longer-term patient-reported outcomes.