Advisory Committee on Breast Cancer in Young Women (ACBCYW)

MENTAL/ BEHAVIORAL HEALTH WORKGROUP

Members

Mylin Torres, MD (Workgroup Co-chair)
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Shonta Chambers, MSW
Ricki Fairley
Jean Rowe, LCSW, OSW-C, CJT
Marisa C. Weiss, MD

Charge

Provide the Committee with an overview of current issues in mental/behavioral health, including resources, gaps, and evidence-based interventions for young women facing breast cancer.

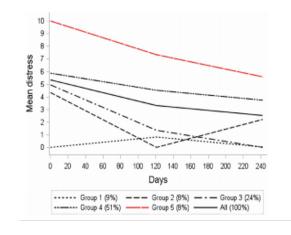
Approach

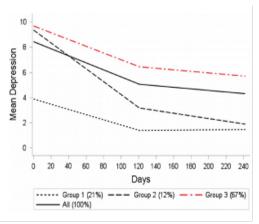
- Pubmed and web search for evidence and available resources
- Interviews with Experts and Thought Leaders in Mental Health and Young Women with Breast Cancer
 - Brad Zebrack, PhD, MSW, MPH, FAPOS, Professor, University Of Michigan Social Work
 - Patricia Ganz, MD, Professor of Medicine, Professor of Health Policy and Management, Director of Cancer Prevention and Control Research, UCLA
 - Ann H. Partridge, MD, MPH, Founder and Director, Program for Young Women with Breast Cancer, Director, Adult Survivorship Program, Professor of Medicine, Harvard Medical School, Dana Farber Cancer Institute

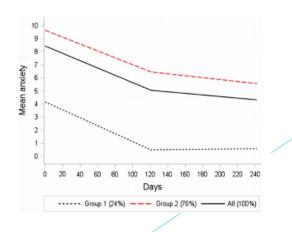
Mental Health Challenges in Young Women with Breast Cancer

- ► Fear of recurrence (~50% of patients 5 years after treatment)
- Depression (highest at diagnosis and through treatment, ~26% but some studies indicating ~30% of women with signs of clinical depression 6 years out from treatment)
- Anxiety/Distress (Rates improve after completing treatment but impacts ~50% of patients 5 years after treatment; 44% of metastatic patients, associate with physical symptoms)

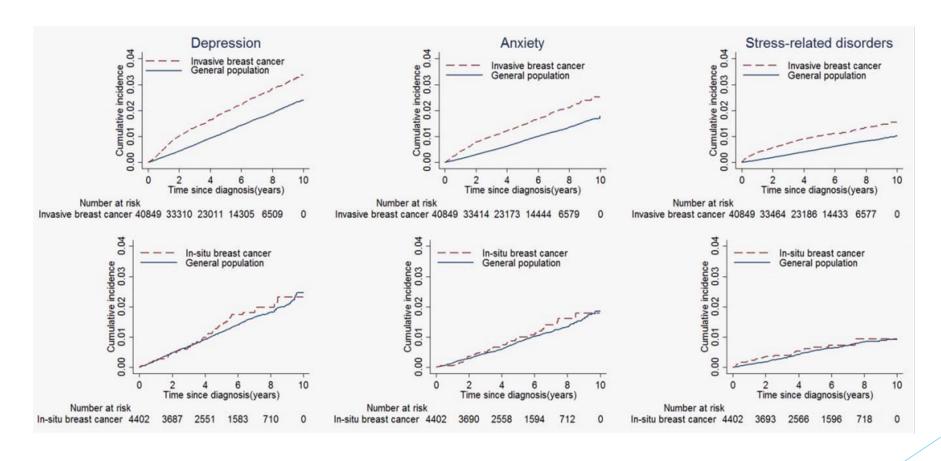
Stress







Depression, Anxiety, and Stress



 Presence of comorbidities associated with increased risk of depression and anxiety ~3 years after diagnosis

Mental Health Challenges in Young Women with Breast Cancer

- Survivors may experience moments of depression several years after treatment, some data (personal communication with Dr. Patricia Ganz) to suggest increased rates of attempted suicide 2 years after completing treatment
- Fatigue
- Sleep Disturbances
- Non-specific pain
- Childhood trauma impacts ability to cope with diagnosis and treatment
- Cognitive dysfunction may be influenced by post-traumatic stress
- ▶ PTSD symptoms (mean of 3-4) may impact patients at diagnosis (97%), after completion of chemotherapy (62%), and up to 1 year after diagnosis (50%)

Resources

ABCD (After Breast		
Cancer Diagnosis)	https://www.abcdbreastcancersupport.org/	Peer Matching
American Psychological	https://www.apa.org/helpcenter/breast-	Reference
Association	cancer	Find a Psychologist
Association of Oncology	www.aosw.org	International professional society
Social Workers		with 1400 members. OSWs are
		often a consistent support and
		contact with patients
Breastcancer.org		Go to for research, information
	https://www.breastcancer.org/	and education
Breast Cancer Now	www.breastcancernow.org	Educational materials for Fear of
Research and Care		Recurrence, anxiety, depression
Charity (England and		
Wales)		
Cancer Care	www.cancercare.org	Education, information, support
Cancer.net	www.cancer.net	Education, information, support
Cancer Support		Education, information, support
Community	www.cancersupportcommunity.org	
Triple Negative Breast	https://tnbcfoundation.org/living-with-	Education, information
Cancer Foundation	tnbc/survivorship	
Dana Farber Young &	https://www.dana-farber.org/young-and-	Education, information, support
Strong	strong-program-for-young-women-with-	
	<u>breast-cancer/</u>	

Resources

Organization	Primary Link	Services		
For the Breast of Us	https://www.breastofus.com/	Educate, inspire, connect		
Friend for Life (cancer support network)	https://www.friend4life.org/	Peer Matching		
Gulf States Young Breast Cancer		Education, information, support		
Survivor Network	https://survivedat.org/history			
Know Cancer	https://www.knowcancer.com/	Portal Directory		
Living Beyond Breast Cancer	https://www.lbbc.org/	Education, information, support		
National Suicide Prevention Lifeline	1-800-273-8255	Crisis counseling and support		
SHARE	https://www.sharecancersupport.org	Education, information, support		
Sisters Network	https://www.sistersnetworkinc.org/	Education, information, support		
Stupid Cancer	www.stupidcancer.org	Education, information, support		
Triple Negative Breast Cancer Foundation	https://tnbcfoundation.org/	Education, information, support		
Cancer.gov	https://www.cancer.gov/about- cancer/coping/adjusting-to- cancer/spouse-or-partner	Education, information to address partners, relationships of cancer patients		
Susan G. Komen	https://ww5.komen.org/BreastCa ncer/AboutBreastCancer.html	Education, information to address partners, relationships of cancer patients		

Gaps

- Lack of patient awareness regarding mental health resources and support services
- Lack of provider awareness regarding prevalence of mental health challenges in young women with breast cancer and available mental health resources and support services
- Use of mental health resources/support services is low, even among patients who are aware of their availability:
 - Difficulty finding time and resources to take part in such resources due to competing responsibilities
 - ▶ Feelings of guilt when taking time to take care of themselves when they have children
 - Research indicates that young women prefer online resources
- Unclear who needs resources and when (at diagnosis, during or after treatment)
- Under appreciation, lack of research on how many women continue to suffer from mental health issues as survivors
- Research on PTSD
- Range and variety of mental health challenges based on geographic location (urban vs. rural), race, culture
- Lack of research on co-morbidities in these patients, particularly alcohol and opioid use

Evidence-based Interventions (Current)

- Mindfulness meditation 6 weekly, 2 hour classes
- Cognitive Behavioral Therapy
- Greater physical health, yoga, exercise
- Better social support/larger social networks married or partnered women
- Better emotional and physical functioning related to QOL

TABLE 2. Adjusted Means and Results for Psychological and Behavioral Outcomes^a

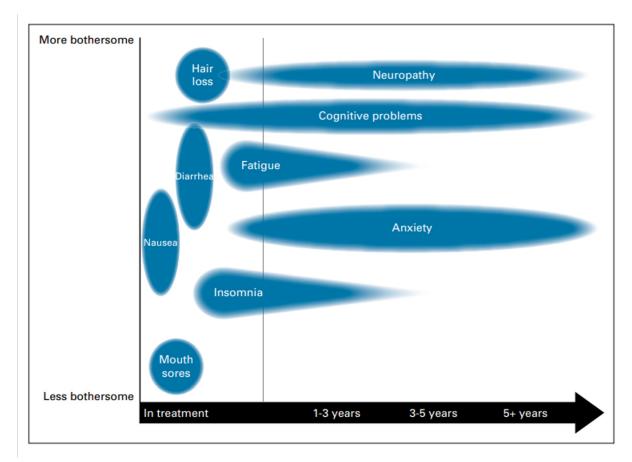
	Baseline, n = 71 Mean Score ± SD		Postintervention, n = 65 Mean Score ± SD		3-Month Follow-Up, n = 59			
						Mean Score ± SD		
Outcome	MAPS Group	Control Group	MAPS Group	Control Group	P ^b	MAPS Group	Control Group	Pc
Primary outcomes								
Perceived stress: PSS	18.05 ± 0.99	18.42 ± 1.12	14.25 ± 1.04	19.15 ± 1.14	.004	17.42 ± 1.09	18.21 ± 1.16	.796
Depressive symptoms: CES-D	14.50 ± 1.58	19.25 ± 1.75	9.99 ± 1.64	18.47 ± 1.80	.095	14.17 ± 1.70	17.92 ± 1.82	.664
Secondary outcomes								
Fatigue: FSI	4.18 ± 0.24	3.56 ± 0.26	3.61 ± 0.25	4.08 ± 0.27	.007	4.15 ± 0.26	3.30 ± 0.27	.572
Sleep quality: PSQI	8.13 ± 0.62	8.39 ± 0.70	6.48 ± 0.65	8.70 ± 0.71	.015	7.27 ± 0.67	7.86 ± 0.72	.647
Pain: BCPT	1.31 ± 0.17	1.56 ± 0.19	1.27 ± 0.17	1.37 ± 0.19	.444	1.17 ± 0.18	1.38 ± 0.19	.881
Hot flashes/night sweats: BCPT	1.24 ± 0.19	1.31 ± 0.22	0.94 ± 0.20	1.53 ± 0.22	.015	1.20 ± 0.20	1.22 ± 0.22	.827
Fear of recurrence: QLACS	11.61 ± 0.86	10.68 ± 0.94	9.67 ± 0.88	10.42 ± 0.96	.128	8.94 ± 0.91	10.26 ± 0.97	.048
Intrusive thoughts: IES	1.59 ± 0.17	1.39 ± 0.19	1.34 ± 0.18	1.34 ± 0.20	.385	1.12 ± 0.18	1.67 ± 0.20	.002
Positive affect: PANAS-PA	29.60 ± 1.03	31.65 ± 1.15	31.99 ± 1.08	30.50 ± 1.18	.033	29.94 ± 1.13	31.99 ± 1.20	.996
Meaning and peace: FACIT	16.86 ± 0.60	17.95 ± 0.67	18.43 ± 0.63	16.53 ± 0.69	.001	18.26 ± 0.65	17.65 ± 0.70	.069

Evidence-based Interventions (Current)

- Educational information and support provided to partners/family members lowers anxiety, depression, and marital distress
- Internet-based interactive content may be effective in providing educational interventions and reach a large number of people
- Existing research supports use of psychoeducational support interventions to improve symptoms and emotional wellbeing for 6-12 months
- Educational interventions show greater promise than relaxation-based or supportive group therapies

Evidence-based Interventions (Promising)

Enhanced communication with visual tools



Conceptual Diagram of potential treatment effects over time

Recommendations

- Advocate for screening method to identify high risk patients and survivors for mental health issues; "Ask, advise, refer" (AAR model used by health care providers to assess tobacco use and initiate linkage tobacco cessation support)
 - Use a short, validated clinical instrument to identify mental health issues in patients and survivors
 - Routine screening could enhance patient-provider communication
 - Make appropriate referrals as needed
- Funding for Dedicated Research on Mental Health in Young Women with Breast Cancer
 - Why are mental health issues underutilized?
 - When is the best time for intervention and what are the best interventions?
 - What is the best medium for providing help (in-person, online, support groups?)
 - What is the most effective communication strategy in routine discussions about treatment risks and potential impact on quality of life?
 - What are long-term outcomes related to treatment effects and accurate post-treatment expectations (need for large, longitudinal studies)?

Thank You