Patient-Reported Reasons for Discontinuing Adjuvant Endocrine Therapy: A Survey of Early-Stage Breast Cancer Survivors

Ana Dugonjić Okroša[1], Tajana Silovski[2,3], Natalija Dedić Plavetić[2,3], Domagoj Kifer[1], Anuška Budisavljević[4], Hrvoje Silovski[2], Ana Šešelja Perišin[5], Renata Kelemenić Dražin[6], Marko Skelin[7], Lana Jajac Bručić[7], Josipa Jović Zlatović[7], Iva Mucalo[1]

[1]Faculty of Pharmacy and Biochemistry University of Zagreb, [2]University Hospital Centre Zagreb, [3]School of Medicine University of Zagreb, [4]General Hospital Pula, [5]School of Medicine, University of Split, [6]General Hospital Varaždin,[7]General Hospital of Šibenik-Knin County

Background

Adjuvant endocrine therapy (AET) for early-stage breast cancer (eBC) profoundly reduces the risk of recurrence, but the literature consistently reports high rates of non-adherence and discontinuation. This study aimed to identify the patient-reported reasons for discontinuing therapy.

Methods

A self-administered, cross-sectional survey comprising open-ended questions was conducted among female survivors of eBC who had been prescribed AET for a minimum of three months.

Conclusion

Although physicians rarely recommend discontinuing AET due to AE, such effects remain the leading cause of patient-initiated treatment cessation. Effective side effect management and personalized support are crucial for improving patients' QoL and, in turn, promoting adherence to and persistence with AET.

References

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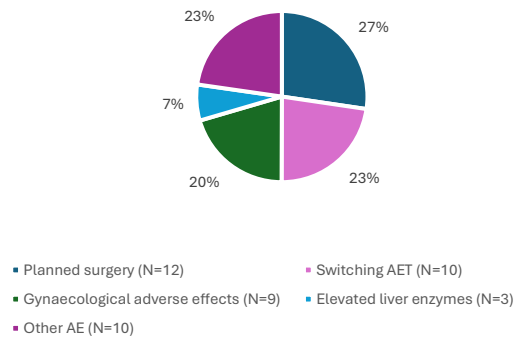
Results

A total of 920 female survivors (median age 53 years) diagnosed with eBC were included in the study. The median time since diagnosis was 2 years (IQR: 1.00–4.00), with 62% premenopausal at diagnosis. The reasons provided by 165 patients who discontinued or considered discontinuing AET without consulting their physician are summarised in the table below. In their open-ended responses, patients explained that despite experiencing significant adverse effects (AE), they chose to continue AET, with fear of cancer recurrence serving as the primary motivator. However, they also reported contemplating discontinuation due to diminished quality of life (QoL), emotional and cognitive challenges, and concerns about the long-term effects of the therapy.

Patient-reported reasons for discontinuing or considering AET discontinuation without consulting a physician (N=165)	Percentage %
Musculoskeletal pain (bone, joint, muscle pain, reduced mobility)	24.8% (N=41)
Severe side effects (general)	18.8 % (N=31)
Menopausal symptoms (hot flashes, night sweats, vaginal dryness,, osteoporosis)	15.5 % (N=25)
Psychological effects (depression, mood swings, memory problems, irritability)	13.3 % (N=22)
Gynecological issues (uterine polyps, ovarian cysts, endometrium thickening)	7.9% (N=13)
Insomina	7.3% (N=12)
Weight gain/metabolic changes	7.3 % (N=12)
Fatigue and weakness (persistent tiredness and lack of energy)	6.7 % (N=11)
Pregnancy planning	6 % (N=10)
Neurological symptoms (dizziness, headaches)	4.2% (N=7)
Lack of belief in the therapy or understanding of therapy	4.2% (N=7)
Elevated liver enzymes/metabolic Issues	3 % (N=5)

N=number of patients. Some patients reported multiple side effects; thus, totals exceed 100%.

Reasons for Temporary and Permanent AET Discontinuations Made in Agreement With Physicians



Most discontinuations, made in agreement with a physician, were temporary treatment interruptions. However, 13 patients permanently discontinued treatment after consulting their physician due to medical reasons.