PS1-03-07 The association between adverse childhood events and pain, subjective cognitive decline and psychosocial distress over time in patients treated for early breast cancer.

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Introduction

Chronic pain, subjective cognitive decline (SCD) and psychosocial distress (PD) are reported by > 40-60 % of patients recovering from breast cancer (BC). We previously reported that adverse childhood experiences (ACEs) are associated with increased pain and SCD before treatment. The effect of ACEs on pain and SCD during follow up has not been explored.

Methods:

An ongoing prospective study to assess if ACEs increase chronic adverse effects in patients with localized BC and identify mediating mechanisms. Patients with stage I-III BC, age 18-75 without a history of prior cancer are recruited before starting oncological treatment and assessed every 6 months by validated questionnaires, including ACEs, the brief pain inventory, FACT-COG and FACT-ES (measuring PD)

We tested ACEs are associated with pain, measured as a composite of pain intensity and interference, SCD and PD 6 months after treatment initiation, and with changes in these symptoms over time.

Results:

Of 116 patients, 68.1% were treated with chemotherapy, 62.9% had an academic degree, and 97.4% were employed prior to diagnosis. Distribution of the number of ACEs is shown in table 1.

There was no association between demographic or treatment factors (including surgery type, chemotherapy) and symptoms at 6 months (p's > .14).

Pain and SCD increased between baseline and 6 months, but PD did not (figure 1).

A higher number of ACEs was with worse pain, higher SCD, and higher PD on both timepoints [F_{pain} (1,113) = 13.43, p = .009, partial η^2 = .11; F_{SCD} (1,113) = 6.97, p = .009, partial η^2 = .06; and F_{PD} (1,113) = 7.96, p = .006, partial η^2 = .07] (figure 2).

There was no interaction between ACEs and time, meaning that a higher number of ACEs was not associated with a greater increase in symptom severity over time.

Number of ACEs	n (%)
0	31 (26.7%)
1-2	47 (40.5%)
3-4	21 (18.1%)
5-6	9 (7.8%)
7+	8 (6.9%)

Table 1:
prevalence of number of ACEs per patient

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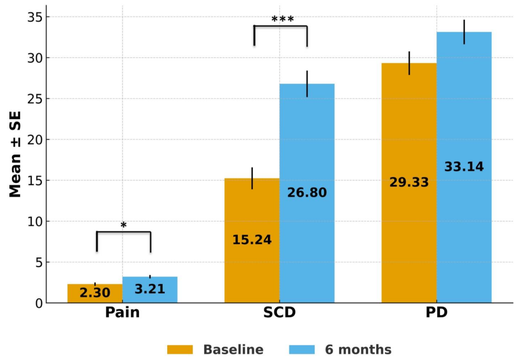


Figure 1. Changes from baseline to 6M in pain, SCD & PD. *p < .05, ***p < .001.

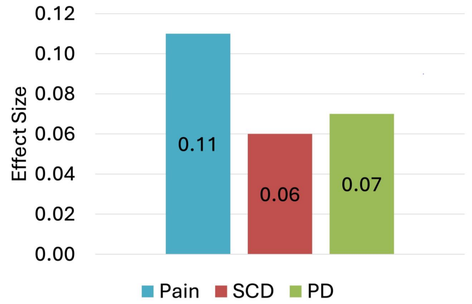


Figure 2. The main effect of ACEs on pain, SCD, and PD across 6M among BC patients. Bar heights represent effect sizes (Partial η^2) for each outcome.

Conclusions

In patients treated for localized BC, the number of ACEs is associated with severity of pain, subjective cognitive decline and psychosocial distress across 6 months from therapy initiation.

ACEs should be addressed to decrease symptom burden of these patients.

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References

1. E. Sher-Cenzor, M. Makarov, A. Shai The impact of adverse childhood experiences on pain and subjective cognitive decline in patients treated for localized breast cancer: The mediating role of sense of coherence, sense of danger, and psychosocial distress and danger. The Breast 2025; 80: doi: 10.1016/j.breast.2025.103884

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