

Predicting Health-Related Quality of Life Changes and Endocrine Therapy Under-Utilization in Breast Cancer

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Abstract

Women with breast cancer (BC) experience HRQOL decrements following diagnosis, which can extend into treatment and survivorship. Poorly managed HRQOL during primary treatment is associated with under-utilization of adjuvant treatments. As such, preemptively identifying women who are at risk for poor HRQOL and providing targeted management early in the care continuum may support women to appropriately receive adjuvant therapies, thus improving outcomes.

The objectives of this dissertation were to 1) identify HRQOL patterns after diagnosis and treatments and determine predictors of patterns, 2) examine racial/ethnic differences in HRQOL throughout the care continuum, and 3) assess if early HRQOL patterns were predictive of under-utilization of endocrine therapy (ET) during survivorship. This dissertation used the Carolina Breast Cancer Study, a population-based study including 3,000 women diagnosed with BC from 2008-2013 across North Carolina.

In Aim 1, we identified four subgroups of women with BC who experienced different HRQOL trajectories from 5- to 25-months post-diagnosis. We found younger age, lack of social support, and having public insurance or being uninsured was associated with an increased likelihood of poor HRQOL.

In Aim 2, we assessed if racial disparities existed between Non-Hispanic White and Black women in physical, social, emotional, functional, and spiritual well-being, and BC specific domains between 5- and 25-months post-diagnosis. At 5-months, White women reported better physical and functional HRQOL, but Blacks reported greater spiritual well-being. At 25-months, White women's HRQOL scores rebounded above U.S norms, but Blacks reported physical HRQOL scores below U.S. norms and their White counterparts.

In Aim 3, using HRQOL subgroups identified in Aim 1, we estimated associations between 5-month HRQOL and ET use among women with hormone-receptor positive tumors. Poor HRQOL was not significantly associated with a woman's likelihood of ET initiation, but was significantly associated with lower likelihood of adherence.

This dissertation's contributions have important implications for clinical practice, health policy and future research. Our findings provide insights on targeted HRQOL management for women with BC. We identified associations between poor HRQOL and under-use of adjuvant treatment. Developing more equitable approaches to managing HRQOL for women with BC has the opportunity to improve outcomes.

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