

Quality of Life in Younger Breast Cancer Survivors

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Abstract

Breast cancer occurs in a significant number of young women. Approximately 9% of breast cancers occur before age 45. The survival rate for women younger than 45 is 89%, thus a significant number of young breast cancer survivors exists. Little or no research has examined the differential impact of breast cancer in younger women. The primary purpose of this study is to compare breast cancer survivors who were age 45 or younger at diagnosis with a group of survivors who were 55 to 70 at diagnosis. Additionally they will be matched with an acquaintance control group of well females (age matched to younger group) on the quality of life variables of physical functioning, psychological functioning, social functioning, and spiritual functioning. Type of surgery and presence or absence of hormonal therapy and time since diagnosis will be used as covariates. A second aim is to compare the male partners of younger breast cancer survivors with male partners of the older survivors and controls on the same quality of life variables. We will explore the relationships between quality of life variables (physical functioning, psychological functioning, social functioning, and spiritual functioning) mediating variables (self efficacy, perceived control, and social support) and antecedent variables (demographics, disease, and treatment). Additionally we will explore the impact of partner QOL variables on survivors QOL. All participants must be 18 years of age or older and continuously disease free for three years after initiation of treatment. Eligible women will have participated in ECOG trials that extended from 1993 to 1998. Controls will be matched for age within 5 years, education, and race. A cross-sectional research design will use mailed survey, telephone survey, and medical record data to obtain information. Survey data will be collected using computer assisted telephone interviews by highly trained female interviewers.

All variables will be measured with instruments that have been tested for reliability and validity. Power calculations indicate an adequate sample size. Regression and Anova models will be used for primary comparison between breast cancer survivors groups and younger breast cancer survivors and controls. Partners will be compared with parallel analyses. Regression models will be used to assess relationships between antecedent, mediating, and outcome variables. By identifying long-term adverse effects of disease and treatment on breast cancer survivors who are age 45 and under at diagnosis, we will be better able to proactively treat and counsel patients to promote better quality of life.

Performance Site(s)

Indiana University School of Nursing
Indianapolis, Indiana

Key Personnel:

Victoria L. Champion	Indiana University School of Nursing	Principal Investigator
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