

The impact of age on physical functioning after treatment for breast cancer, as measured by patient-reported outcome measures: A systematic review

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Background: Enhanced knowledge on physical functioning amongst older patients post-breast cancer treatment is important to help inform clinical decision making and improve patient outcomes and experiences post-treatment [1, 2]. The PROMs used and variations in language to refer to 'physical functioning' also need to be addressed to provide conceptual and methodological clarity [3, 4].

Aims: This systematic review aims to explore the impact of age on physical functioning post-treatment for early-stage, locally advanced, or locally recurrent breast cancer, as measured by patient-reported outcome measures (PROMs), identify PROMs used and variations in physical functioning terms/labels [5].

Methods: MEDLINE, EmBase, PsycINFO, CINAHL and AMED were searched, along with relevant key journals and reference lists. Risk of bias (quality) assessment was conducted using a Critical Appraisal Skills Programme checklist. Data was synthesised through tables and narrative.

Results: 28,207 titles were extracted, resulting in 44 studies with age sub-groups, and 120 without age sub-groups. Of those with findings on the impact of age, there was variability in the way findings were reported and 21% found that age did not have a significant impact. However, 66% of the studies found that with older age, physical functioning declined post-treatment. Comorbidities were associated with physical functioning declines. However, findings from sub-groups (breast cancer stage, treatment type and time post-treatment) lacked concordance. Twenty-eight types of PROM were used: the EORTC QLQ-C30 was most common (50.6%), followed by the SF-36 (32.3%). There were 145 terms/labels for physical functioning: 'physical functioning/function' was used most often (82.3%).

Conclusions: Findings point towards an older age and comorbidities being associated with more physical functioning declines. However, it was not possible to determine if stage, treatment type and time since treatment had any influence. More consistent use of the terminology 'physical functioning/function' throughout the NHS would aid future comparisons of study results.

References:

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