

# Global mBC Vision 2025 Call-to-Action

An ESO initiative to improve mBC patient care by 2025

## INTRODUCTION

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The preliminary *Global mBC Vision 2025 Call-to-Action* was developed to address the most pressing, pertinent, and actionable gaps that patients with advanced/metastatic breast cancer (mBC) face. Based on findings from the *Global Status of Advanced/Metastatic Breast Cancer 2005-2015 Decade Report*,\* this *Call-to-Action* was created by a multi-stakeholder taskforce to ensure that challenges faced by mBC patients rise to the top of the healthcare agenda around the world.

Major gaps exist in the treatment and management of mBC, with median survival remaining at 2 to 3 years after diagnosis.<sup>1</sup> The *Global Status of mBC Decade Report* was developed to further our understanding of mBC, for patients worldwide, and highlight the progress made over the past decade. The report revealed areas of improvement, as well as substantial gaps in care, access to resources and support, and treatment outcomes for patients with mBC. Over the next 15 years, the increase in deaths due to breast cancer is expected to nearly double, underscoring the urgent need to address gaps in current care.<sup>2</sup>

The *Call-to-Action* is essential for **motivating change** across the mBC global landscape. It is intended to help those in the breast cancer community guide policy makers with steps that can be taken to drive best practices in care for a major and vulnerable group of patients.

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## 10 goals over the next 10 years to drive global improvements in mBC care

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Our goal is to unite the mBC community by **catalyzing change to improve mBC patient outcomes**. Healthcare professionals (HCPs), policy makers, members of the mBC community, and anyone whose life is touched by an mBC patient can unite to **take action** at a local level to help achieve the following objectives by 2025.

\*This report was developed by Pfizer Oncology, working collaboratively with the European School of Oncology (ESO) under the framework of the International Consensus Conference for Advanced Breast Cancer (ABC).

# Key Gaps and *Call-to-Action* Imperatives for Improving mBC Patient Care by 2025

## SCIENTIFIC INVESTMENT

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### GAPS:

**Patient Outcomes and Disease Burden:** Patient outcomes in mBC have minimally improved over the past decade, and there is currently no cure. Despite some advances, there is limited understanding of how to achieve disease remissions and also to improve tolerability of therapy and quality of life (QoL) for patients living with mBC. Currently, disease burden and unmet needs are difficult to measure due to widespread lack of accurate, population-based data for patients with mBC.<sup>2</sup>

### CALL-TO-ACTION (1–3)

- 1 Double median overall survival for patients with mBC**
  - Patient outcomes in mBC have had limited improvement over the past decade, and the burden of disease is expected to continue to rise<sup>2,3</sup>
- 2 Improve quality of life for patients with mBC in clinical practice**
  - Limited utilization of QoL tools in clinical practice can be partially attributed to a non-standardized definition of QoL and inadequate measurement tools for metastatic patients<sup>3</sup>
  - Increased focus on development and implementation of mBC-specific QoL measurement tools in clinical practice is essential to improve QoL and care of mBC patients
  - QoL should encompass physical, social, and emotional well-being, supporting the need for a holistic and multidisciplinary approach to care
- 3 Improve availability of good-quality epidemiology and outcomes data for mBC**
  - Generally, cancer registries around the world only collect information about initial cancer diagnoses and mortality; most do not account for the cancer recurrences that represent the majority of mBC cases<sup>4</sup>
  - Readily accessible, good-quality data at the time of mBC progression, recurrence, and survival are urgently needed

## COMPREHENSIVE PATIENT CARE

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### GAPS:

**Patient Care Continuum:** Comprehensive care gaps exist in breast cancer centers along the care continuum, from diagnosis through to end of life. Improvements in supportive care services, such as psychosocial care and access to multidisciplinary teams, are needed.<sup>3</sup>

**Healthcare Provider Communication and Support:** There is a lack of mBC-specific training and educational materials to support HCPs engaging in a two-way dialog with mBC patients. This limits conversations around diagnosis, treatment decisions, and disease progression, leaving patients unprepared for what lies ahead.<sup>3</sup>

### CALL-TO-ACTION (4–7)

#### 4 Increase availability and access to multidisciplinary care, including palliative, supportive, and psychosocial assistance for patients, families, and caregivers

- Patients with mBC require access to multidisciplinary clinical care and specialists<sup>3</sup>
- Support should differ from that for early breast cancer (eBC) patients, particularly regarding types of available information
- A range of materials should be available and tailored to meet patients' specific needs; support should be offered to patients when reviewing the content
- Gaps in support for sexual health should be acknowledged
- Caregivers and families should be offered culturally appropriate support

#### 5 Strive for all patients with mBC to have financial support

- Provide a mechanism to avoid financial catastrophe in the event that patients lose employment
- Work to ensure that patients with mBC have or maintain health coverage, even if unemployed
- Support access to treatment regardless of the ability to pay

## **6 Offer communication skills training to all healthcare providers**

- Communication skills should be included as an essential component of healthcare provider education programs for all HCPs caring for patients with mBC
- Within communication training programs, there should be an emphasis on ensuring that HCPs understand the importance of QoL to patients in order to support and guide them through treatment decisions
- Learnings can be drawn by HCPs from other chronic diseases to drive change in patient perception of mBC—from that of a death sentence to a condition with which patients can live for a prolonged period of time
- There is a need to validate the effectiveness of education and communication tools in different languages

## **7 Provide mBC-specific information tools for every patient**

- Increase access to existing materials rather than creation of new ones; increase networking and sharing of best practice examples
- Materials should be focused on messages most relevant to patients with mBC, such as patients' fears of pain and uncertainties about their disease and its outcome. Materials should assist patients in the decision-making process, including addressing individual patient needs
- It is critical that resources in low- and middle-income countries only provide information about what is available to patients in that region

## SOCIETAL SUPPORT

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### GAPS:

**Public Perception and Stigma:** Stigma and isolation are commonly experienced by those with mBC, highlighting a need for increased support and awareness in the broader community. The general public, though differing by country and region, has misperceptions related to mBC, driven by a lack of education about the disease, the notion of survivorship in breast cancer, and scientific progress made against eBC to date.<sup>3</sup>

**Social and Caregiver Relationships:** Societal understanding of mBC is limited, which can apply additional pressure to the immediate family and caregivers of patients, who may have deeper understandings of the patient experience. This increased burden, specifically on caregivers, results in emotional, financial, and practical unmet needs.<sup>3</sup>

**Advocacy Initiatives:** Many patient support organizations include patients with mBC in their care and outreach. Despite recognition of the greater needs of mBC patients compared to those with eBC, few organizations have adequate resources to support mBC-specific initiatives and policies.<sup>3</sup>

**Workplace Initiatives:** Despite willingness and financial pressures to return to work, patients with mBC often do not have adequate adjustments within the workplace. Many employers have limited understanding of the specific needs and impact of mBC, which could result in insufficient support for their mBC employees during diagnosis and treatment.<sup>3</sup>

**Economic Policy:** mBC has been associated with a significant economic burden to society and healthcare systems. Despite this, there remain limited mBC-focused policies to drive improved levels of cost-effective, quality care.<sup>3</sup>

## CALL-TO-ACTION (8–10)

### **8** Increase public understanding of mBC

- The stigma and isolation felt by patients with mBC can be attributed to limited understanding of the disease by the general public<sup>3</sup>
- There is a need to educate the general public on what the term “metastatic” means. Education is needed to highlight that patients can live with the disease while also transparently conveying the truth, particularly around the median overall survival of 2 to 3 years<sup>1</sup>

### **9** Improve access to non-clinical supportive services for mBC

- Outside of clinical care, patients are often unaware of available services, such as local volunteer/advocacy organizations, to assist with daily activities and living<sup>3</sup>
- Policies are needed to help minimize access barriers to supportive services and assist in efficiently connecting patients to the services they need
- Increased access to and provision of non-medical patient navigators and care coordinators is needed to help patients understand services available and what they are entitled to receive, as well as to facilitate access to those services required

### **10** Protect workforce rights for patients with mBC

- Many patients with mBC want or need to continue working through their diagnosis and treatment; however, there are very few policies and guidelines that focus on employment during cancer treatment for metastatic disease<sup>3</sup>
- Most patients with mBC are not protected in the workplace and are often denied employment flexibility to deal with effects of the disease and its treatment. In addition, patients with mBC may face discrimination based on disease misperceptions<sup>3</sup>
- Protection against discrimination should come from individual employers and the employment system

## MBC VISION 2025 TASKFORCE MEMBERS

The preliminary *Global mBC Vision 2025 Call-to-Action* was created by the Taskforce members, without whom this could not have been possible.

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### References:

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