Access to Systemic Anti Cancer Therapies (SACT) for Secondary Breast Cancer – Findings from a Systematic Review of the Literature

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Background:
Access to and receipt of guideline concordant treatment with systemic anti-cancer therapies (SACT) for secondary breast cancer (SBC) is a key determinant in overall survival. It is acknowledged that disparities in treatment receipt exist however this remains poorly understood for women with SBC (1). This review aimed to identify and examine factors associated with access and receipt of SACT treatment for women with SBC.

Results:
Findings from 13 included studies identified individual, clinical and contextual factors associated with receipt of guideline concordant treatment, these included:
- **Age**: Younger patients were more likely to receive treatment in a timelier manner than older patients.
- **Race/ethnicity**: Patients of white origin were more likely to receive treatment in a timelier manner than patients of non-white origin.
- **Socioeconomic status**: Patients with higher socioeconomic status including private health insurance were more likely to receive treatment than those with lower socioeconomic status.
- **Comorbidities**: Patients with fewer comorbidities were more likely to receive treatment than those with a greater number of comorbidities.
- **Place of care**: Patients treated at teaching and research and private institutions were more likely to receive timelier treatment.
- **Geographical location**: Treatment receipt varied by geographical location though this variation was non-specific.

Conclusion and implications for practice:
Review findings were consistent with existing literature for early stage breast cancer. However due to limitations in overall methodological quality, inconsistency in measures and limited transferability to UK populations findings should be interpreted with caution. Further research in this area is required though preliminary findings may indicate a requirement for targeted interventions which address diverse individual, clinical and contextual factors.

The review protocol has been registered in PROSPERO CRD42020196490 and is available at: https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=196490

References:

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