

## Project Shirley: Fear of recurrence and risk communication in Australian HR+ HER2– early breast cancer patients.

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**Background:** Fear of cancer recurrence (FCR) significantly affects survivors of hormone receptor-positive (HR+), HER2-negative early breast cancer (eBC), with psychological, social, and functional impacts. Despite advancements in treatments, recurrence risk remains a key concern for patients, often exacerbated by poor communication between patients and their healthcare providers (HCPs). **Methods:** This study surveyed 96 Australian patients diagnosed with HR+ HER2– eBC (Stages I–III). Participants were recruited through HCP referrals, patient advocacy groups, and online platforms. The quantitative questionnaire explored demographic, clinical, and psychosocial factors, focusing on experiences with FCR, HCP communication about recurrence risk, and unmet support needs. **Results:** 96% of participants reported that living with breast cancer had a negative impact on their mental health, with 50% stating that the uncertainty of breast cancer resulted in a significant or very significant impact. Fear of recurrence or a sense of uncertainty was the most prevalent key challenge cited by eBC patients. Younger patients ( $\leq 45$  years) and those diagnosed  $> 2$  years prior reported the highest levels of fear, underscoring the ongoing burden of FCR. Two-thirds of participants expressed dissatisfaction with the level of emotional support received from the healthcare system, citing mental health support and recurrence risk information as key areas of unmet need. Thirty percent of patients did not recall discussing risk of recurrence with their HCP and most of these patients stated they lacked a good understanding of recurrence. Individual risk of recurrence was highlighted by patients as a key topic they wished to discuss. Despite this, only 27% of patients reported understanding their specific risk of recurrence well. Participants stated that their HCP conversations often focused on cancer type and stage, as well as their current treatment outcomes and side effects. However, half of respondents wanted more information on any treatments that may lower their risk of recurrence. Furthermore, 75% of patients expressed willingness to accept new treatments to reduce recurrence risk, regardless of potential side effects, costs, or duration. **Conclusions:** The findings underscore the ongoing impact of fear of recurrence and the need for personalised communication about risk of recurrence to address FCR. HCPs must adopt a patient-centred approach, integrating emotional support and proactive education about recurrence into standard care to improve survivorship experiences. Comprehensive, multidisciplinary strategies are essential to mitigate the psychological burden of FCR and address gaps in support for eBC patients. This study will help inform future interventions which empower patients and HCPs through enhanced shared decision-making. Research Sponsor: Novartis Pharmaceuticals Australia.