

Fact Sheet

There are an estimated 1.3 million new cases of breast cancer each year.¹ Breast cancer is the leading cause of cancer death among women worldwide,¹ with an estimated 411,000 annual deaths.² Nearly 30 percent of women diagnosed with early stage breast cancer will eventually develop Stage IV or metastatic breast cancer (MBC)³ – cancer that has spread beyond the breast to other parts of the body, including the bones, lungs, liver and brain.⁴ In developing countries, the majority of women with breast cancer are diagnosed with advanced stage or metastatic disease.⁵ Despite the large number of women living with MBC, their information and psychosocial support needs often go unreported.

Unlike early stage breast cancer, there are no curative therapies for MBC and patients undergo continuous treatment to control the spread of their disease and symptoms.³ Metastatic breast cancer remains a clinical challenge in oncology,³ and while clinical trials are the only way to test potential new treatments,⁶ patient participation in breast cancer clinical trials remains low.⁷

BRIDGE Survey

The BRIDGE Survey (Bridging Gaps, Expanding Outreach – Metastatic Breast Cancer Patient Survey) is a new, wide-reaching global assessment of the needs, experiences and attitudes of women living with MBC, focusing on resources and information, psychosocial support, and clinical trial awareness and experience. The survey was conducted among 950 women* in nine countries: the United Kingdom, France, Spain, Belgium, Poland, the United States, Argentina, Egypt and Mexico. The survey was fielded by Harris Interactive® on behalf of Pfizer Oncology and led by an international steering committee comprised of seven breast cancer thought leaders and advocates dedicated to addressing the unmet needs of the MBC community.

The Global Burden of Breast Cancer

The global burden of breast cancer is significant, with incidence rates rising in most countries and regions of the world in recent decades.⁸

- An estimated 182,000 new cases of breast cancer occur among women in the United States annually,⁹ with approximately six percent of patients presenting with Stage IV disease.¹⁰
- Breast cancer is the most commonly diagnosed cancer among women in Europe,¹¹ with higher rates observed in Northern and Western Europe, compared to Southern and Eastern European countries, where incidence rates are low to intermediate.⁸
- While the incidence of breast cancer in Latin American countries is lower than that in more developed countries, deaths from the disease are higher.¹²
- Breast cancer is the most prevalent type of cancer among women in Egypt, with the majority of cases diagnosed at advanced stage disease. The average age of breast cancer diagnosis in Egypt is one decade younger than in Europe and North America.¹³

*Throughout this document, the terms “women” and “women with MBC” are used interchangeably.

Methodology

- Respondents were women 18 years of age or older diagnosed with MBC.
- The survey was conducted between September 16, 2008 and February 18, 2009 using a combination of telephone, mail or in-person methods.
- Total sample data are not weighted and therefore representative only of the individuals interviewed.

◇ Survey Sample (Figure 1)

Country	Number	Survey Mode
United Kingdom	100	Telephone
France	100	Telephone
Spain	100	Telephone
Belgium	108	Mail, Telephone
Poland	130	Telephone, Face to Face
United States	107	Telephone, Mail
Argentina	100	Face-to-Face
Egypt	105	Face-to-Face
Mexico	100	Face-to-Face
Total	950	

Top-line Global Survey Results and Country Comparisons

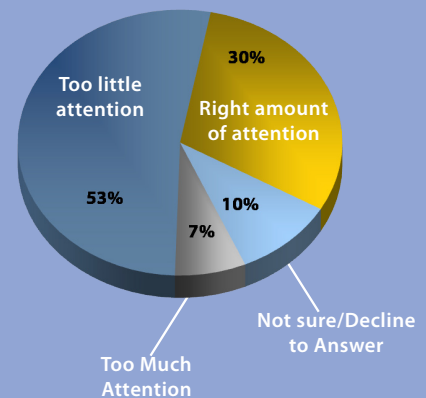
INFORMATION, ATTENTION & PSYCHOSOCIAL SUPPORT FOR MBC

Overall, global survey findings demonstrate the need for more public attention about MBC in an effort to make women feel more included among the broader breast cancer community. Despite the negative impact of their disease, a majority of women still enjoy life and desire public attention that recognizes their unique experiences.

MANY WOMEN BELIEVE MBC RECEIVES TOO LITTLE PUBLIC ATTENTION

- One in two women (53 percent) believe MBC receives too little public attention, especially among the media, celebrities and government (Figure 2).
- Respondents in Poland (76 percent), Argentina (66 percent), the United States (64 percent), and the United Kingdom (60 percent) are more likely to think that MBC receives too little attention.
- Nearly seven in 10 women (67 percent) desire increased public awareness of MBC, such as increased media attention of people living with MBC (53 percent) and recognition of public figures with MBC (49 percent) (Figure 3).
- Respondents in the United States, Argentina and Mexico were more likely to desire more MBC-related activities.

◇ Public Attention Given to MBC (Figure 2)



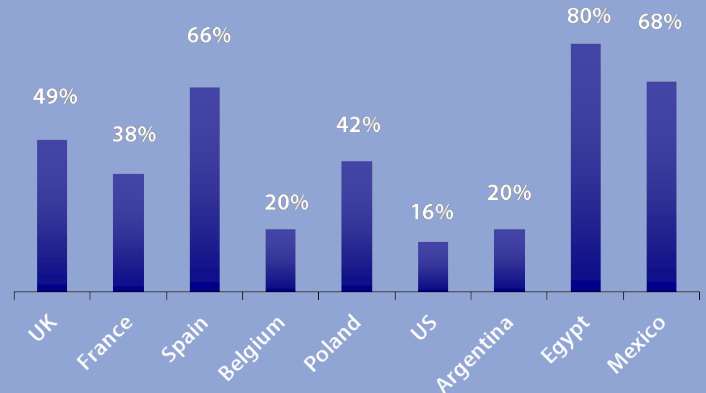
◇ Types of Activities and Resources Women with MBC Would Like to See More of (Figure 3)

- ◆ Written materials (67 percent)
- ◆ Support groups for people with MBC (62 percent)
- ◆ Educational public service announcements (58 percent)
- ◆ Assignment of a patient navigator (57 percent)
- ◆ Conferences held for people with MBC (56 percent)
- ◆ Inclusion of people with MBC in the media (53 percent)
- ◆ Research efforts to determine how long people with MBC are currently living (53 percent)
- ◆ Recognition of public figures with MBC (49 percent)
- ◆ Websites (48 percent)
- ◆ Free telephone workshops or teleconferences (43 percent)

WHILE PSYCHOSOCIAL SUPPORT EXISTS, SOME WOMEN ARE AFRAID TO TALK OPENLY ABOUT THEIR DISEASE

- Women rated oncologists (83 percent) and nurses (78 percent) highly in terms of the emotional support they provide.*
- In contrast, women report that they do not receive enough emotional support from other groups, including parents (12 percent), co-workers (32 percent), advocacy, voluntary and/or charitable organizations (28 percent) and religious leaders/communities (33 percent).*
- Forty-four percent of respondents report being afraid to talk openly about MBC, and 52 percent say their friends and family are uneasy talking about the disease (Figure 4).
- Respondents in Egypt (80 percent), Mexico (68 percent) and Spain (66 percent) are more likely to feel afraid to talk openly about their condition.

◇ Women Afraid to Talk Openly About their Experiences with MBC (Figure 4)



* Statistics based on respondents who did not select "Not Applicable"

NEGATIVE IMPACT OF DISEASE DOES NOT NECESSARILY MEAN NEGATIVE OUTLOOK ON LIFE

- While the majority of respondents (67 percent) recognize that MBC has negatively impacted most parts of their lives, most (66 percent) also say they are still able to enjoy life, and 50 percent consider themselves to be a cancer "survivor" (Figure 5).
- Respondents in the United Kingdom (92 percent), Spain (93 percent), France (89 percent) and Egypt (85 percent) were more likely to feel that MBC has negatively impacted their lives.
- Women in Argentina (99 percent), the United States (90 percent), Poland (88 percent), Mexico (81 percent) and Belgium (82 percent) were more likely to report that they were able to still enjoy their life, despite having MBC, with women in Argentina most likely to feel this way.

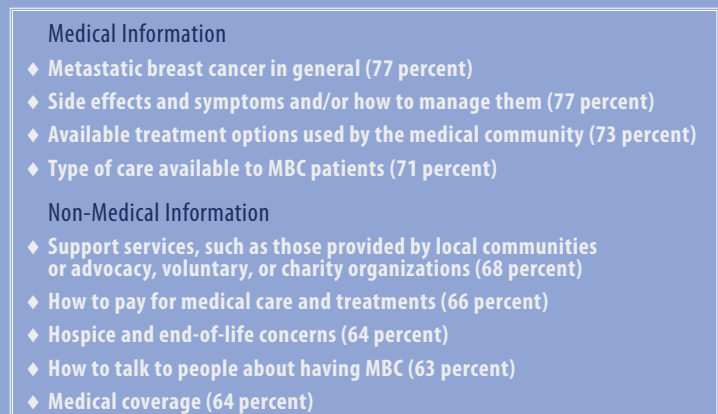
◇ Outlook on Life (Figure 5)



INFORMATION PLAYS AN IMPORTANT ROLE IN HELPING WOMEN COPE WITH MBC

- Information plays an important role in helping women cope with MBC, with updates on new research and treatment options the most desired (82 percent) (Figure 6).
- While 75 percent of respondents proactively seek out information on their own to learn about MBC, more than two in five (45 percent) encounter difficulties locating information, and about one in two (51 percent) report that existing information does not meet their needs.
- Women in the United States (70 percent), Argentina (65 percent), Belgium (65 percent) and Mexico (72 percent) are more likely to find it easy to locate information, compared to respondents in Spain (19 percent), France (25 percent) and the United Kingdom (29 percent).
- While women in Argentina find information easy to locate, they were the most likely to say available information does not meet their needs (75 percent).

◇ Types of Information Women with MBC Find Important (Figure 6)



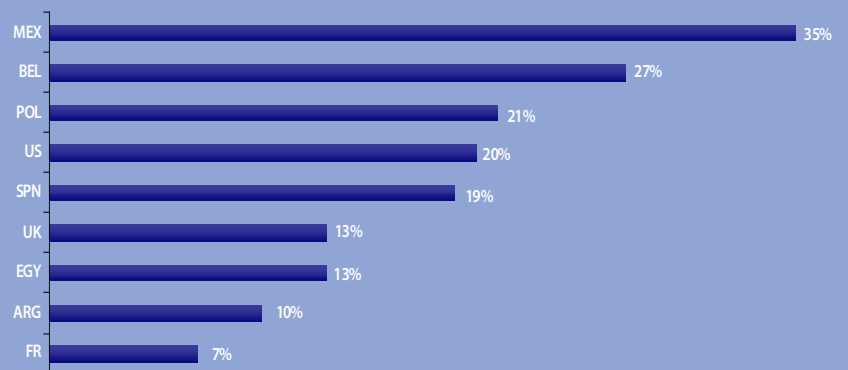
CLINICAL TRIAL AWARENESS & EXPERIENCE IN MBC

Despite the critical need for new treatment options, most women surveyed with MBC have never participated in a clinical trial for their disease. Of these women, primary reasons for not participating include never having been invited to consider a clinical trial and never having been recommended a clinical trial by their healthcare provider. However, being invited does not always lead to participation. A number of women who were invited to consider a clinical trial by a healthcare provider did not participate due to fear of side effects and not wanting to be part of an experiment. The survey also found that women who actively seek information on clinical trials are more likely to participate in trials.

HEALTHCARE PROVIDER KEY CONDUIT TO PARTICIPATION

- Most women (78 percent) have never participated in a clinical trial for MBC. Of these women, more than half (56 percent) were never invited to consider a clinical trial and one-third (30 percent) were not recommended a clinical trial by their healthcare provider.
- Women in France (7 percent), Argentina (10 percent), Egypt (13 percent) and the United Kingdom (13 percent) were the least likely to have participated in a clinical trial for MBC. Conversely, women in Mexico (35 percent), Belgium (27 percent), Poland (21 percent), the United States (20 percent) and Spain (19 percent) were the most likely to have participated (Figure 7).

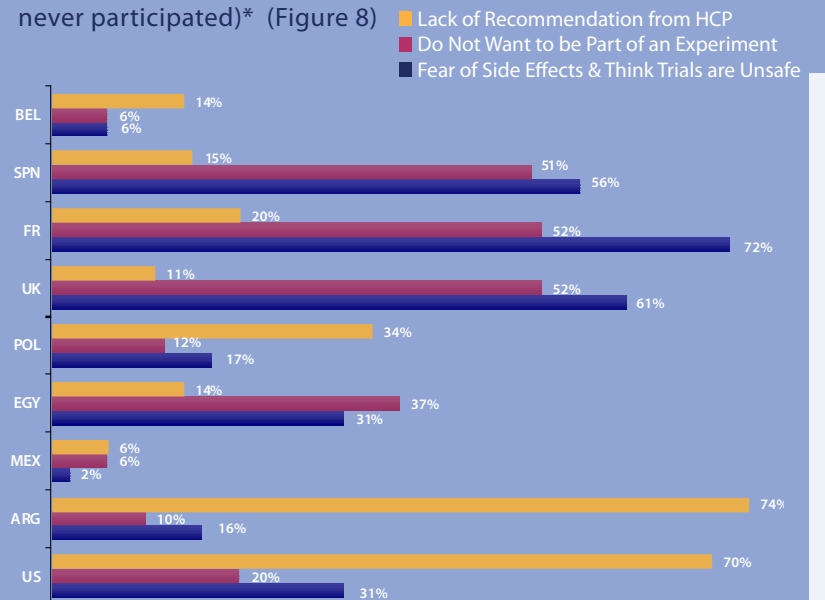
◇ Women with MBC Who Have Participated in a Clinical Trial (Figure 7)



REASONS FOR NOT PARTICIPATING IN A CLINICAL TRIAL (AMONG THOSE WHO HAVE NEVER PARTICIPATED)*

- Among those who have not participated in a clinical trial, women in the United States (70 percent) and Argentina (74 percent) were the most likely to say it was due to lack of recommendation from their healthcare provider (Figure 8).*
- Respondents from the United Kingdom, France and Spain were the most likely to cite concerns with safety and not wanting to be part of an experiment as primary reasons for not participating in a clinical trial (Figure 8).*
- Less than one-fifth of respondents (18 percent) have ever enrolled in a clinical trial. Of these women, 77 percent cited encouragement from their healthcare provider as the primary reason for participating, followed by the belief the trial could help them live longer and/or ease symptoms (67 percent), and the belief that the trial would advance scientific research on cancer and ultimately benefit other people with MBC (54 percent).
- Among the 23 percent of women who had ever been invited to consider a clinical trial by a healthcare provider, 31 percent* did not participate, for reasons including fear of side effects (38 percent), not meeting screening requirements (31 percent), belief that they would not benefit from the trial (30 percent) and not wanting to be part of an experiment (26 percent).*

◇ Reasons for Not Participating in a Clinical Trial (Among those who have never participated)* (Figure 8)

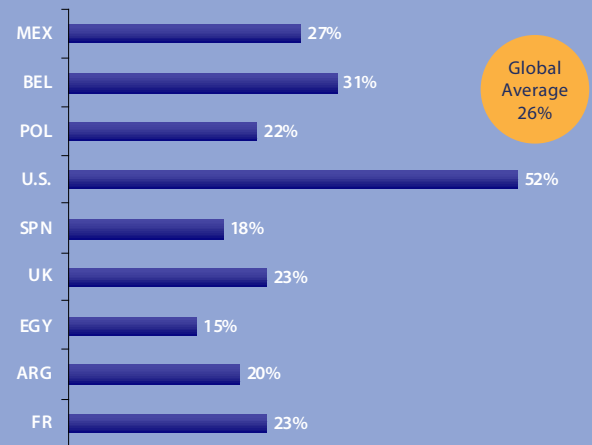


*Subgroup findings should be considered directional and qualitative in nature where the base size is below 100.

THE ROLE OF INFORMATION AND “INFORMATION SEEKING” WOMEN

- Approximately one quarter (26 percent) of respondents have proactively searched for information on clinical trials. Of these women, nearly half (46 percent) had been invited to consider a clinical trial by a healthcare provider and 34 percent had enrolled in a clinical trial, compared to those who had not sought out information, 15 and 13 percent, respectively.
- Women in the United States (52 percent) were twice as likely as the global average (26 percent) to have searched for information on clinical trials (Figure 9).
- Among women who had participated in a clinical trial, more than half report that information about the benefits and risks of participation (57 percent), as well as potential side effects (54 percent), were helpful in getting them through the clinical trial process.
- Additional resources women cited as helping them through the clinical trial process include support from their treating healthcare provider (74 percent), follow-up calls from a staff-member involved in the clinical trial (54 percent), information materials written for people who are not medical experts (51 percent) and assistance with enrollment or informed consent forms (48 percent).

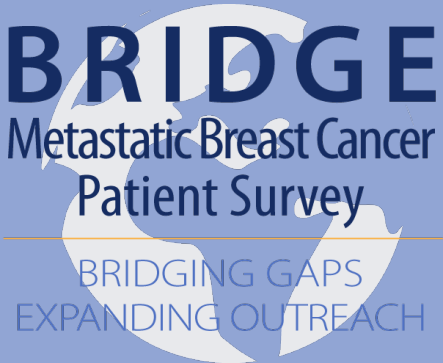
◇ Respondents Who have Looked for Information on Clinical Trials (Figure 9)



The BRIDGE Survey Steering Committee

An international steering committee was responsible for the development of the BRIDGE Survey questionnaire and interpretation of the results. The BRIDGE Survey Steering Committee includes:

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- 🌐 Lesley Fallowfield, Bsc., DPhil., FMedSci., director, Cancer Research U.K., Sussex Psychosocial Oncology Group and Sussex Health Outcomes Research and Education (SHORE), Brighton and Sussex Medical School, United Kingdom
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- 🌐 Adrian Huñis, M.D., assistant professor of internal medicine, University of Buenos Aires School of Medicine; head professor of oncology, Maimonides University, Argentina
- 🌐 Musa Mayer, M.S., M.F.A., author and patient advocate, founder, AdvancedBC.org, United States
- 🌐 Ruth Oratz, M.D., F.A.C.P., clinical associate professor of medicine, NYU School of Medicine, United States
- 🌐 Patricia Spicer, L.M.S.W., breast cancer program coordinator, Cancer Care, United States



BRIDGE
Metastatic Breast Cancer
Patient Survey

BRIDGING GAPS
EXPANDING OUTREACH

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¹⁴BRIDGE Metastatic Breast Cancer Patient Survey, Harris Interactive, sponsored by Pfizer (2009).