## **Cohort Profile**

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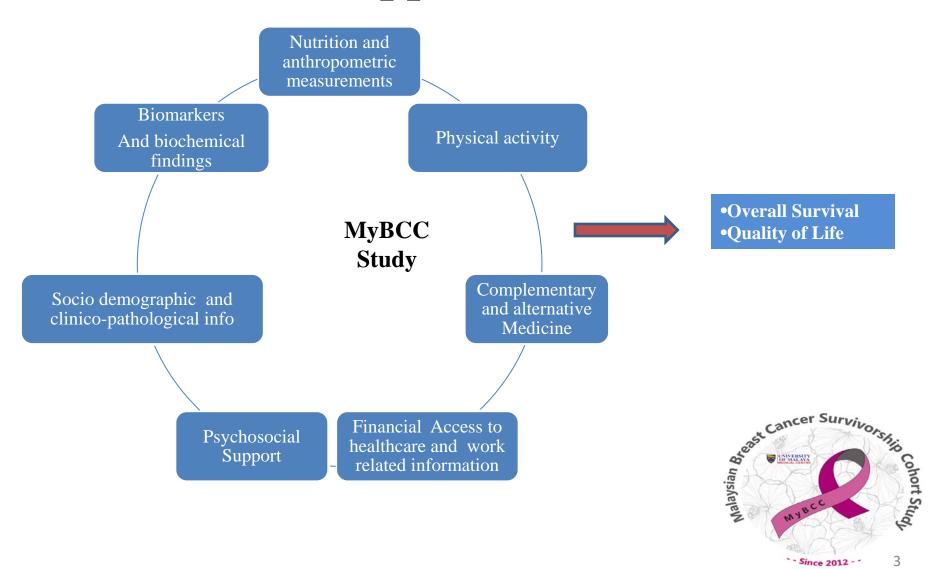
## Why was the cohort set up?



- ❖ In Malaysia, there is marked **ethnic differences** in breast cancer **incidence**, **disease presentation**, **treatment patterns**, and **survival**.
- ❖ The age standardized incidence is **highest among the Chinese**, followed by the Indians and lastly the Malays.
- ❖ Furthermore, **Malay ethnicity** is associated with **higher risk of death** following breast cancer, even after accounting for demographic factors, tumor characteristics and treatment.
- ❖ Studies investigating the impact of mediating factors related to lifestyle on survival following diagnosis of breast cancer are scarce, particularly in Asia.

MyBCC Cohort was set up to determine the association between demographic, socio-economic status, lifestyle factors (dietary intake, physical activity), body composition, psychosocial factors, return to work, as well as complementary and alternative medicine use, and overall survival as well as Quality of Life (QoL) among multiethnic breast cancer survivors.

## MyBCC Study- Multidisciplinary Approach



## Malaysian Breast Cancer Survivor (MyBCC) Cohort Study

Cancer Survivorship Conort Street

**Principle Investigator**: Professor Nur Aishah Mohd Taib

Core Members
1. Prof. Liam Murray (QUB)
2. Dr Marie Cantwell (QUB)
3. Prof. Nur Aishah Mohd Taib (UM)
4. Prof. Samsinah Hussain (UM)
5. Prof. Maznah Dahlui (UM)
6 . A.P. Tin Tin Su (UM)
7. A.P. Nirmala Bhoo-Pathy (UM)
8. A.P. Ng Chong Guan (UM)
9. A.P. Hazreen Abdul Majid (UM)
10. A.P. Mohd Nahar Azmi Mohamed
(UM)

Subprojects (6)	Project leader
1. Nutrition	A.P. Hazreen Abdul Majid
2. Physical Activity	A.P. Mohd Nahar Azmi Mohamed
3. Cost and Quality of Life	Prof. Maznah Dahlui
4. Psycho-social Support	A.P. Ng Chong Guan
5. Financial Access to Healthcare and Return to Work	A.P. Tin Tin Su
6. Complementary and Alternative Medicine	Prof. Samsinah Hussain

### Who Is In The Cohort?



- **\*** The MyBCC is a **hospital based prospective cohort** study.
- Designed to recruit a total of 1000 newly diagnosed patients with breast cancer and managed in the University Malaya Medical Centre(UMMC) since February 2012.
- ❖ The UMMC is a tertiary academic hospital, which provides service to a predominantly middle-class urban population. And participants are being followed up at 6 months, and 1, 3 and 5 years after the date of recruitment.

## Who Is In The Cohort?



#### **Inclusion Criteria**

- All women who are newly diagnosed with primary breast cancer in (UMMC):
  - Aged 18 years and above
  - Within 4 months of diagnosis
  - TNM stage 0- IV breast cancer.
  - Malaysian and able to converse either in Malay, English, Mandarin, or Tamil.

#### **Exclusion Criteria**

- Patients with prior history of any other cancer.
- Patients whose attending physician certifies them as unfit due to other prevailing medical condition
- Bedridden at time of recruitment.

Flow Chart Of Overall Study Design

**Breast Cancer patients at UMMC breast clinic** 

**Screening** 

Eligible patients in Surgery and oncology department for **MyBCC** study

consent given

Interview for MyBCC questionnaire (Baseline-within 4 months of diagnosis), clinical and demographic data BMI, WHR and BFA are measure

Blood and tissues (normal and tumor tissue) are collect and sent to bio-bank and molecular lab

Follow up at 6 month (6-9 months of study entry)

**Questionnaire and BMI and BFA measurement** 

Follow up at 1 year (12-18 months of study entry) Questionnaire, food diaries, BMI and BFA measurement, blood collection

Follow up at 3 year (± 6 Months -30 Months-42 months)

Questionnaire, food diaries, BMI and BFA measurement

Follow-up at 5 year ( $\pm$  6 months - 54 months to 66 months of study entry) Questionnaire, food diaries, BMI and BFA measurement



Measurement domains and data collection time points

Theme	Instruments	Baseline	6 Months	1 Year	3 Years	5 Years
Demographic and socioeconomic characteristics	- Socio-demographic -Social- Economy background (Questionnaire)	×	×			
Quality of Life	<ul> <li>European Organization for Research and Treatment of Cancer Core quality of Life questionnaire (EORTC QLQ-C30)</li> <li>European Organization for Research and Treatment of Cancer Breast Cancer Quality of Life Questionnaire (QLQ-BR23)</li> </ul>	×	×	×	×	×
Body weight and Nutrition	<ul><li>Anthropometric measurement (BMI, WHR)</li><li>Food diary and mini food album</li></ul>	×	×	×	×	×
Physical Activity	- Global Physical Activity Questionnaire (GPAQ)	×	×	×	×	×
Complementary and alternative Medicine (CAM)	- CAM questionnaire	×	×	×	×	×
Psychosocial factors	<ul><li> Hospital Anxiety and depression Score (HADS)</li><li>&amp;</li><li> Distress Thermometer (Questionnaire)</li></ul>	×	×	×	×	×
Work related factors	<ul><li>Return to work self-efficacy scale (RTW-SE)</li><li>Readiness for return to work scale</li></ul>	×	×	×	×	×
Clinical, histological and biological factors	- Clinical registry and Biobank (Blood and tissues)	×	×	× × (only blood)	<b>x</b> 8	×

## What has been measured until 28/9/2017

TIMELINE	COMPLETED	PENDING	NOT DONE	DEFAULTED
BASELINE STATUS	725	-	-	-
6 MONTHS FOLLOW-UP STATUS	465	76	162	28
1 YEAR FOLLOW UP STATUS	431	136	109	49
3 YEAR FOLLOW UP STATUS	193	356	87	89
5 YEAR FOLLOW UP STATUS	39	577	-	109

**Our Response Rate is 73%** 

## What has been measured

# Township Cohort Study

#### Food Dairy Information (5.10.2017)

1 Year(Baseline)				
404 FD given	299 returned			
3 Year Fo	ollow -Up			
178 FD given	107 returned			
5 YEAR Follow -UP				
33 FD given	13 returned			

#### Biobank

• Plasma, serum, urine and tumor tissue.

#### Molecular Lab (CDL)

• Cholesterol, HDL, LDL, Ca, Mg, PTH



#### Socio demographic and some preliminary finding at baseline

Variable	Provided variable data at baseline, n	Baseline n (%)
Age (Mean, SD)	725	56.17 ±11.5
Ethnicity Malay Chinese Indian Others	725	240 (33.1%) 337 (46.5%) 142 (19.6%) 6 (0.8%)
Education No formal education Primary Secondary College/University Unknown	684	16 (2.3%) 162 (23.7) 317 (43.7%) 162 (23.7%) 27 (3.9%)
Occupational status Working Not working Unknown	725	275 (37.9%) 402(55.4%) 48 (6.6 %)

What has been found?			Cancer Survivorship
Variable	Provided variable data at baseline, n	Baseline n (%)	* Since 2012 - *
Stage Stage 0 Stage 1 Stage 2 Stage 3 Stage 4	650	61(8.4%) 160 (22.1%) 252 (34.8%) 133 (18.3%) 38 (5.2%)	
BMI (Mean, SD)	610	26.4 ±5.62	
Life Status Alive Deceased Unknown	725	673(92.8%) 44 (6.1%) 8 (1.1%)	
Recurrence (725) Yes No Unknown		8(1.4%) 707 (97.5%) 8 (1.1%)	12



#### ☐ Publications:

- 1. Islam T, Bhoo-Pathy N, Su TT, Majid HA, Nahar AM, Ng CG, Dahlui M, Hussain S, Cantwell M, Murray L, Taib NA; MyBCC study group. "The Malaysian Breast Cancer Survivorship Cohort (MyBCC): a study protocol." BMJ Open. 2015;5(10):e008643.
- 2. Islam T, Dahlui M, Majid HA, Nahar AM, Mohd Taib NA, Su TT; MyBCC study group. "Factors associated with return to work of breast cancer survivors: a systematic review". BMC Public Health. 2014;14 Suppl 3:S8.
- 3. Ng, C. G., Mohamed, S., See, M. H., Harun, F., Dahlui, M., Sulaiman, A. H., Zainal, N. Z., Taib, N. A., My, B. C. C. Study groupet al. "Anxiety, depression, perceived social support and quality of life in Malaysian breast cancer patients: a 1-year prospective study. Health Qual Life Outcomes. 2015;13(1):205.



- 4. Ng, C. G., Mohamed, S., Kaur, K., Sulaiman, A. H., Zainal, N. Z.Taib, N. A., My, B. C. C. Study group. "Perceived distress and its association with depression and anxiety in breast cancer patients." (*ISI-Indexed*)
- Majid HA, Majid, H. A., Keow, L. P., Islam, T., Su, T. T., Cantwell, M., Taib, N. A., My, B.
   C. C. Study Group et al (2017), "Nutritional status of breast cancer survivors one year after diagnosis: A preliminary analysis from the Malaysian Breast Cancer Survivorship Cohort (MyBCC) study". Journal of the Academy of Nutrition and Dietetics (in press) (*ISI-Indexed*)
- 6. Aina Farhana Zulkipli, Tania Islam, Maznah Dahlui, Hazreen Abdul Majid, Samsinah Hussain, Nur Aishah Mohd Taib et al; "Use of Complementary and Alternative Medicine among the Newly Diagnosed Breast Cancer Patients in Malaysia- An early report from MyBCC study; Integrative Cancer therapies" (*ISI Indexed* Accepted September 2017)

## What Are The Main Strengths And Weaknesses?

**Strengths** of the MyBCC study include the novelty and uniqueness of the project

❖To the best of our knowledge, this is the **first study in a multiethnic Asian setting** to determine the association between socio-demographic and lifestyle factors on overall survival and Quality of Life (QoL) in breast cancer survivors.

❖ Our study can provide **imminent insights** into association between patient's nutrition, BMI, body composition, physical, mental and socioeconomic status, on their quality of life and overall survival. We will also be able to assess the **influence of ethnicity** on these associations





❖ Novelty of our study: None of the return to work (RTW) paper has included lifestyle modification factors like diet, physical activity. In our cohort we explore RTW with lifestyle factors

- ❖ Our study provides long-term storage of patient's blood, serum, plasma, urine and tissues in the **UMMC Biobank for future research**.
- ❖ Our cohort Biobank follows **firmly international standards**

## Weakness of the Study



- ❖ Our cohort comprising mostly of **urban residents attending a tertiary hospital**, our findings may not necessarily reflect the overall situation of breast cancer survivors in Malaysia.
- ❖ Another limitation is that we will be using a three-day food diary that depends on the respondent's full co-operation
- ❖ Our study based on single hospital based cohort so the recruitment is slow.

## **Key Massage**



- ❖ The MyBCC is a **multidisciplinary** breast cancer survivors study.
- ❖ This multi-ethnic cohort is providing a wide range of information on extensive number of exposures, outcomes and covariates of breast cancer survivors among the major ethnic groups in Malaysia
- ❖ The MyBCC cohort is relatively small breast cancer survivors cohort, nevertheless, it will shed light on multi-ethnic Southeast Asian/Malaysian survivor's socio-economic factors, lifestyles, body composition, psychosocial, work related factors and impact of these factors on survival as well as quality of life.
- **Specific proposal for collaboration** are welcomed.



## Thank you